



2015
Banff
Canada
May 20, 21, 22

RPNC World Congress for Psychiatric Nurses®

Wednesday May 20, 2015

5:30 – 8:00 pm	Registration
6:00 – 8:00 pm	Opening Reception

Thursday May 21, 2015

7:30 – 8:30 am	Registration / Continental Breakfast
8:30 – 9:00 am	<p>Opening Ceremonies: Welcome & Introductions</p> <p><i>Greetings from the Ministry of Health</i> Valerie Grdisa, Senior Nursing Advisor, Alberta Health</p> <p><i>Opening Remarks & Introductions</i> Chris Watkins, President, RPNRC and CRPNA Elizabeth Taylor, Practice Consultant & Deputy Registrar, CRPNA</p>
9:00 – 11:00 am	<p>Keynote Speaker: Augusten Burroughs</p> <p>Augusten Burroughs will speak about his own lifelong interest in the nursing profession and the unexpected and powerful role several nurses have played in shaping him as both a person and as an author.</p>
11:00 – 11:30 am	Health Break & Exhibits
11:30 – 12:15 pm	Augusten Burroughs Book Signing
12:15 – 1:30 pm	Lunch
1:00 – 1:30 pm	Poster Displays with Authors
	Concurrent Sessions: Oral Presentations
	Theatre
1:30 – 1:50 pm	<p>Personal Safety Plans: An Effective Tool to Reduce Seclusion?</p> <p>Isabelle Jarrin, Winnipeg Regional Health Authority Debbie Frechette, Health Sciences Centre Annette McDougall, Health Sciences Centre Bonita Fanzega, Health Sciences Centre</p> <p>Initiatives to reduce seclusion, like the Six Core Strategies for Seclusion and Restraint Reduction, recommend the use of personal safety plans. Personal safety plans assess patients' triggers and coping preferences on admission to inpatient psychiatric units. An overview of the quality improvement process for revising the personal safety plans will be provided. Concerns and benefits of using personal safety plans that were identified during the implementation will be shared.</p>
1:50 – 2:10 pm	<p>Relational Security as a Framework for Humanized Safety</p> <p>Sarah Flogen, Toronto General Hospital; University Health Network Andrea Waddell, Toronto General Hospital; University Health Network</p> <p>The conceptual framework of Relational Security undergirds the policies, practices and quality measurement in our adult inpatient unit. This presentation will describe the framework and the related organizational systems and practices that have been implemented, such as a Patient Handbook, a unit based Quality and Safety committee and Healthy Work Environment committee, engagement through the use of a clinical practice model called Behavioural Activation. An overview of workplace incidents will be provided.</p>
2:10 – 2:30 pm	<p>Creating Safety: Client Centred Care or Unit Centred Care?</p> <p>Isabelle Jarrin, Winnipeg Regional Health Authority Debbie Frechette, Health Sciences Centre</p>

	<p><i>Annette McDougall, Health Sciences Centre</i> <i>Bonita Fanzega, Health Sciences Centre</i></p> <p>Acute mental health units strive for ways to create safe environments while moving away from seclusion and restraint. Introducing new initiatives can often create challenges. Staff have identified a challenge in addressing the needs of individuals while minimizing the potential traumatic impact on others. One strategy to acknowledge this reality is ongoing open and transparent dialogue between leadership and staff to identify issues related to the change and explore solutions.</p>
	D.C Coleman Room
1:30 – 1:50 pm	<p>“New Normalising” for Internationally Educated Psychiatric Nurses: The Transition to Registered Psychiatric Nursing Practice in Canada <i>John Collins, John Collins Consulting, Inc.</i></p> <p>This presentation examines the experiences and transitions of internationally educated registered psychiatric nurses (IEPN) in Canada and Europe. Applying the grounded theory “New Normalising” and its requisite stages, John is able to describe the social and psychological process that IEPNs face in making their transition. The presentation also includes recommendations for immigration, education and regulatory policy changes to support and effect this transition in a more progressive fashion.</p>
1:50 – 2:10 pm	<p>Enabling the Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses: Entry to Practice Competencies <i>Laura Panteluk, College of Registered Psychiatric Nurses of Manitoba</i></p> <p>The Registered Psychiatric Nurse Regulators of Canada (RPNRC) launched the Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses project seeking to address the assessment and integration of internationally educated psychiatric nurses wishing to practice in Canada and the recognition of the profession’s qualifications in Canada. One of the three components of the project was the development and validation of national entry-level competencies for Registered Psychiatric Nurses and the creation of a tool that maps the entry level competencies to curriculum in Canada. This presentation will discuss the challenges to the mobility and assessment of Registered Psychiatric Nurses in Canada and the role the competencies play in addressing some of these challenges.</p>
2:10 – 2:30 pm	<p>A Comparative Approach to the Assessment of Psychiatric Nursing Education Across National Boundaries <i>John Collins, John Collins Consulting, Inc.</i></p> <p>This presentation discusses and critiques the research method used to assess the registered psychiatric nursing education of international applicants to Canada. With the implementation of the National Nursing Assessment Service (NNAS), and the intent to conduct ‘comparative assessment’, the tools developed from this research are considered in the light of their ability to match the desired principles set out at the beginning of the NNAS project.</p>
	Sir Edward Beatty Room
1:30 – 1:50 pm	<p>The Use of Comic Books to Describe Mental Health Issues <i>Martin Ward, University of Malta; Horatio: European Psychiatric Nurses</i></p> <p>Cultural portrayals of mental health problems are increasingly being depicted in such things as graphic comics, webcomics and Japanese Manga, supplementing that of pathographies and graphic literature. This short session will consider some of the key features of the comic book genre and discuss how clinicians can use this knowledge to improve communication between themselves and certain sections of the mental health community. It will also ask the question: What place does this modern approach to describing mental health conflict have within mental health care?</p>
1:50 – 2:10 pm	<p>People with Mental Illness: Their Use Patterns with High Energy Drinks and Prescribed Drugs <i>Shirley Smoyak, Rutgers University</i></p> <p>At the end of this presentation, the participant will be able to:</p> <ol style="list-style-type: none"> 1. Understand the caffeine content in coffee, tea and HED. 2. How FDA’s role in regulation and handling adverse effects is changing will be understood. 3. Use the findings reported by consumers of mental health services about their use of HED and psychoactive drugs. 4. Explain the hazards of HED & ETOH, and combined use with psychoactive drugs. 5. Engage professional peers, patients, and families in discussions of HED and prescribed drugs.

<p>2:10 – 2:30 pm</p>	<p>Mental Health Promotion in Vulnerable Community Schools Using a Practice Framework <i>Ann Ranson Ratusz, University of Alberta</i> <i>Teresa Stangeland, University of Alberta</i></p> <p>Authors of this paper describe Mental Health Promotion (MHP) initiatives (community projects) undertaken by third year students, University of Alberta, Baccalaureate of Nursing Program. To guide their work with vulnerable persons in a wide variety of practice sites the BScN students utilize a MHP Practice Framework and the Nursing Process. For the purposes of this paper the focus is on MHP within school environments. Initial evaluation: School staff value the projects. Outcomes need evaluation.</p>
<p>Baron Shaughnessy Room</p>	
<p>1:30 – 1:50 pm</p>	<p>Social Inclusion and Poverty Reduction: Evaluation of a Community-Based Social Enterprise <i>Cheryl Forchuk, Lawson Health Research Institute; Western University</i></p> <p>Our Community-University Research Alliance centres on understanding the lived actualities of those experiencing poverty, mental illness, and social inclusion/exclusion. The ultimate goal of our research is to find new ways to promote meaningful and sustainable community-based social inclusion and capacity building for those stigmatized by poverty and mental illness. Social enterprises can be a strategy to provide employment and thereby address both poverty and social inclusion. This presentation will focus specifically on “Impact Junk Solutions” social enterprise.</p>
<p>1:50 – 2:10 pm</p>	<p>Emergency Department Utilization Among Formerly Homeless Adults with Mental Disorders After 1-year of Housing First: A Randomized Controlled Trial <i>Angela Russolillo, Simon Fraser University</i></p> <p>Homeless individuals represent a disadvantaged and marginalized group who experience increased rates of physical and mental illness. Housing First (HF) integrates housing and support services in a client-centered model and has been shown to reduce acute health care use among homeless populations. The present analysis is based on participants enrolled in the Vancouver At Home Study (n= 297). Our results suggest that HF produces significantly lower hospital emergency department visits among homeless adults with a mental disorder.</p>
<p>2:10 – 2:30 pm</p>	<p>Living Well in the Fourth Age: Applying Self-Determination Theory to Create Quality Initiatives to Support Happiness for Residents Living in Continuing Care Centres <i>Irene Coulson, MacEwan University</i></p> <p>Happiness (eudemonia) is a positive concept that is fundamental to maintaining health and well-being. However few studies have examined eudemonia in persons who are over the age of 80 years (fourth age) and living in a continuing care centre This study used a mixed methods approach and self-determination theory, which culminated into twelve eudemonic propositions designed to foster a culture focused on three important elements of eudemonia: Autonomy, Competency, and Relatedness.</p>
<p>Van Horne Ballroom C</p>	
<p>1:30 – 1:50 pm</p>	<p>When Mental Health and the Law Intersect: A Concept Analysis of "Least Restrictive" <i>Celeste Waldman, University of Manitoba</i></p> <p>In 2014, an Act to amend certain provisions of the Criminal Code that govern persons deemed Not Criminally Responsible (NCR) on account of a mental disorder was passed in the House of Commons (Bill C-14, 2014). A key amendment to this code includes: the replacement of “least restrictive” with a newly worded standard, “necessary and appropriate,” with public safety emphasized as being the paramount consideration (Dupuis, MacKay, & Nicol, 2013, p.3). The intent of this presentation is two-fold: first, to assist the disciplines of psychiatry and the law to clarify the concept of “Least Restrictive.” Second, to use this clarification of the concept of "least restrictive" to gain a better understanding of how the new terminology, “necessary and appropriate," will impact forensic psychiatry, the justice system, and the person deemed NCR.</p>
<p>1:50 – 2:10 pm</p>	<p>Improving Health Outcomes for Dual Diagnosis and Revolving Door Clients in Acute Psychiatric Care Settings <i>Kofi Bonnie, Douglas College</i> <i>Julie Campbell, Providence Health Care – St. Paul’s Hospital</i></p> <p>Clients with concurrent substance use and mental disorder and those admitted repeatedly are respectively referred to as dual diagnosis and revolving door, are known to have complex challenging needs with poor health outcomes. To examine their healthcare, a retrospective review of 300 client’s charts was completed. The results will report key characteristics of clients</p>

	with these conditions and the interrelationships between the identified characteristics. Findings could inform policy, resource allocation and further research.
2:10 – 2:30 pm	<p>Who is Hurting Whom? Views of Service Users and Nurses of the Impact of Self-harming Behaviours in a Secure Forensic Unit <i>Peter Thomas Sandy, University of South Africa</i></p> <p>This study explored the impact of self-harming behaviour on nurses and services users of a forensic mental health setting in the United Kingdom. It adopted a qualitative multi-method design. Individual interviews were used for data collection. Data analysis revealed that self-harming behaviour and can cause distress in service users and nurses.</p>
2:30 – 3:00 pm	Health Break & Exhibits
3:00 – 4:00 pm	Concurrent Sessions: 60-Minute Workshops
Theatre	<p>Post-traumatic Stress Disorder and Recovery in Canadian Forces Veterans: A Phenomenological Approach <i>Amber Gilberto, Brandon University Operational Stress Injury Clinic at Deer Lodge Centre (DLC)</i> <i>Carlyle London, Brandon University</i></p> <p>PTSD within Canadian Forces Veterans is complex and uninformed by a substantial body of evidence. Deployment and veterans are increasing, with ramifications for prevalence and treatment, yet current interventions are insufficient to support Recovery. This study explores the lived experience of combatants' recovery from PTSD and informs of recovery-oriented interventions that complement treatment for PTSD. The background, challenges, Interpretative Phenomenological Analysis and methodological issues in this study, will be explored.</p>
D.C Coleman Room	<p>Caring for the Caregiver <i>Debra Paches, Alberta Caregivers Association</i></p> <p>A National survey in 2002, indicated that approximately 2% of the Adult population provides care for a family member or friend living with a serious mental illness. Providing care for someone with mental illness can be an unpredictable and lengthy journey and is compounded by stigma and barriers to family involvement and support. This can create a significant burden that can affect the health and well-being of these caregivers. Caregivers need to be recognized and supported early in their caregiving journey through access to information, guidance, acceptance and support to allow them to be effective caregivers.</p>
Sir Edward Beatty Room	<p>Developing a Multidisciplinary Simulation Course to Address the Physical Health Agenda in Mental Health: Recognising and Assessing Medical Problems in Psychiatric Settings (RAMPPS) <i>Zead Said, Health Education Yorkshire and the Humber</i> <i>Gary Jordan, NAViGO</i></p> <p>The RAMPPS simulation program provides opportunities to assess and manage deteriorations in physical health in safe environments, where learner needs are paramount, using high-fidelity manikins, remote simulation technology and standardised patient-actors to reproduce scenarios based upon real-life incidents. We aim to improve effective communication, clinical safety and collaborative skills while testing technical competencies, handover and team dynamics. It reflects ways situations unfold in real life with Health Care Assistants, Nurses and Psychiatry Trainees working simultaneously.</p>
Baron Shaughnessy Room	<p>Nursing Care of Individuals and Families with Transsexual, Transgender, and Gender-Nonconforming Family Members <i>Claire Winson-Jones, Douglas College</i></p> <p>Dr. Claire Winson-Jones is a member of the British Columbia Transgendered Clinical Care Group (BCTCCG) and a qualified service provider with approval to do assessments for a variety of gender affirming treatments and surgeries. The session reviews the WPATH SOC (7th ed.; Coleman et al., 2012) protocols for the diagnosis and clinical management of Gender Dysphoria in children, adolescents and adults. These guidelines include use of cross-sex hormones and a variety of gender conforming surgeries. The session will also include a case study exemplar (adolescent) that illustrates clinical practice needs and challenges nurses' understanding of the costs of not advocating early treatment.</p>
Van Horne Ballroom C	<p>Psychiatric Nursing Education in Canada: Provincial Perspectives Panel <i>Brian Larson, Moderator, Brandon University</i> <i>Anna Helewka, Douglas College</i> <i>Brian Parker, MacEwan University</i> <i>Sue Myers, Saskatchewan Polytechnic</i></p>

	<p><i>Renee Robinson, Brandon University</i></p> <p>Psychiatric Nursing education in Canada is progressive and innovative. The Canadian educational institutions that offer Psychiatric Nursing education are leading the way forward. This panel presentation, with a representative from each of the four western provinces, will outline their perspectives on both the current and future of Psychiatric Nursing education. The panelists will address the question of how their respective educational programs prepare psychiatric nursing students to become competent and professional RPNs.</p>
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Friday May 22, 2015	
7:30 – 8:15 am	Continental Breakfast
8:15 am	Welcome to Day 2
	Concurrent Sessions: Oral Presentations
	Theatre
8:30 – 8:50 am	<p>Values Based Mental Health Nurse Education <i>Pepsi Takawira, Anglia Ruskin University</i></p> <p>A review of psychiatric nursing by the Chief Nursing Officer (2006) suggested that the values held by nurses working in mental health services directly influence their practice and in order to practice in an effective manner it is essential that these nurses develop strong values-based skills and supporting knowledge during pre-registration nurse education. Influences on practice indicate that psychiatric Nurses need to work with people with mental health difficulties, families, care-givers, in a collaborative, empowering and value driven manner.</p>
8:50 – 9:10 am	<p>The Wave of the Future: Psychiatric Nursing Students Integrating Concept Mapping with the Tidal Model <i>Lacey Bennett, Saskatchewan Polytechnic</i> <i>Catherine New, Saskatchewan Polytechnic</i></p> <p>Have you ever wondered about how to design care plans from a recovery approach? Our presentation will introduce the integration of the Tidal Model of Recovery and Reclamation (TMRR) into care plans through concept mapping. Uniting the TMRR with the concept map offers a blended approach that may enhance person-centered care and collaboration between the service-user and the psychiatric nursing student or nurse.</p>
9:10 – 9:30 am	<p>How to Improve Student Learning Online Using Student Centered Multimedia Environments <i>Kimberley Harrison, Saskatchewan Polytechnic</i> <i>Kathy White, Saskatchewan Polytechnic</i></p> <p>Since 2005, over six million adult Canadians went online for educational purposes and these numbers are swelling. Educators need to enhance their knowledge of using multi-media to meet the needs of modern students. Learners expect engaging and interactive learning that make the best use of available technologies. The aim of this presentation is to support educators in adapting multimedia technology that drives learner centered educational experiences. We will also discuss facilitation of education from an instructor and student’s perspective.</p>
9:30 – 9:50 am	<p>Utilizing the iPad as a Mobile Teaching/Learning Modality in Undergraduate Psychiatric Nursing Education <i>Brian Parker, MacEwan University</i></p> <p>The proliferation of mobile computing is altering the landscape of undergraduate psychiatric nursing education. To date, insufficient research has been conducted to gain insight into the integration of tablet computers (e.g. iPad ©). A study is underway which examines the social-psychological process involved in using iPads in nursing education. This presentation will engage participants in a discussion of the current findings and considerations when integrating this teaching/learning tool into psychiatric nursing curriculum.</p>
	D.C. Coleman Room
8:30 – 8:50 am	<p>Ethical Tensions in Clinical Judgments Related to Seclusion Use <i>Isabelle Jarrin, Winnipeg Regional Health Authority</i> <i>Marie Edwards, University of Manitoba</i></p> <p>Decisions to seclude a require an assessment of risk for harm to the patient or others while attending to the rights of the patient involved. A qualitative study was carried out to explore</p>

	<p>the place of ethics in mental health nurses' judgments about the use of seclusion. Key findings related to the ethical tensions that may arise in these decisions will be explored. Tanner's Clinical Judgment Model provides a useful framework for exploring these tensions.</p>
8:50 – 9:10 am	<p>Belonging, Burdensomeness, Secondary Trauma Stress, Suicidal Ideation and the Acquired Capability for Suicide Among Mental Health Nurses <i>Claire Winson-Jones, Douglas College</i></p> <p>Dr. Claire Winson-Jones reports on the outcome of her research examining mental health nurses ($N = 310$) risk for suicide. The research extends theoretical constructs of the interpersonal psychological theory of suicide (IPTS; Joiner 2005, 2007) by considering the additional role of secondary trauma stress (STS) symptoms. The research findings have important implication related to the relationship of a sense of being a burden and suicidal ideation and the cost of "sucking it up" in increasing the acquired capability to take one's life. Ultimately the findings suggest we are hurting too, and absolute need to break the silence.</p>
9:10 – 9:30 am	<p>Smart Technologies for Mental Health Management <i>Cheryl Forchuk, Lawson Health Research Institute; Western University</i></p> <p>Innovative smart technologies have often been cited as vital to enhancing the efficiency and quality of mental healthcare systems and services. We have developed, implemented, and evaluated several mental health smart technologies with the purpose of improving outcomes for mental health clients, connecting clients with their health teams, and facilitating the integration of data between service providers. Some of these technologies include data integration software, mobile phone applications, and novel methods of identification.</p>
9:30 – 9:50 am	<p>Improving Community Wellness Through the Inclusion of Traditional Knowledge: A Participatory Action Research Study in Nunavut <i>Candice Waddell, Government of Nunavut</i></p> <p>Nunavut communities struggle with a variety of social and emotional challenges. However, this struggle is not congruent with traditional Inuit culture, as many of these issues have only arisen since colonization occurred in the mid 1950's. In an effort to account for this incongruence, this participatory action research project uses the methodology of descriptive phenomenology to interview ten elders from a Nunavut community. The themes that emerge identify values and beliefs that have the potential to improve community wellness.</p>
	<p>Sir Edward Beatty Room</p>
8:30 – 8:50 am	<p>Evolving our Safety Culture <i>Linda Mehew, Hotel-Dieu Grace Healthcare</i> <i>Pauline Reid, Hotel-Dieu Grace Healthcare</i></p> <p>As a tertiary care facility, Toldo Neurobehavioral Institute provides care to patients with mood disorders, schizophrenia and psychotic disorders, dual diagnosis and mental illnesses (dementia) associated with older ages. Many patients have reactive behaviors which can result in injury to the patient, staff and co-patients. We have instituted several new processes and improved teamwork to enhance safety as we continue on our journey toward a culture wired for safety.</p>
8:50 – 9:10 am	<p>Rural Police and Crisis Team <i>Randi Dunlop, Alberta Health Services</i> <i>Robyn Andrusiak, Alberta Health Services</i></p> <p>The Rural Police and Crisis team provides mental health crisis intervention and outreach stabilization to residents 18 years and up in the 13 RCMP detachments of the Provincial Capital District of Edmonton. Each of the two teams pair an RCMP member with an Alberta Health Services Mental Health Therapist. They provide a mobile crisis response with the goal of stabilizing clients in the community and providing early intervention.</p>
9:10 – 9:30 am	<p>Depression as an Inflammatory Disorder: Implications for Care <i>Leonie Hehir, Consultant Psychologist, Melbourne</i></p> <p>Considerable research is known about the inflammatory response and its insidious effects on the body. Techniques for finding and enhancing a quiet inner place, which can enable better integration of sensory perception, cognitive and affective functions, can assist both the patient and the carer to recover. This talk will explore the neuroscience behind recently published research in this area as well as suggest practical ways to translate this information into everyday practice.</p>

9:30 – 9:50 am	<p>Advocates for Those Living with a Mental Illness – Working Together <i>Carol Robertson Baker, Office of the Alberta Health Advocates: Mental Health</i></p> <p>The Office of the Alberta Health Advocates assists patients in dealing with their concerns about services impacting their health and in becoming empowered advocates. It is independent of health service delivery and uses a non-adversarial approach to ensure patients receive treatment and care based on best practice. This session will cite case examples to demonstrate how a legislated office works collaboratively with the psychiatric nursing community to ensure the patient voice is heard and considered.</p>
Baron Shaughnessy Room	
8:30 – 8:50 am	<p>Emerging Nurse Leaders - Learning About, With and From Emerging Psychiatric Nurses <i>Tracy Thiele, Winnipeg Regional Health Authority</i> <i>Bonita Fanzega, Health Sciences Centre</i></p> <p>Two emerging psychiatric nurse leaders from different roles, experiences and knowledge had the opportunity to co-facilitate a class for developing psychiatric nursing students. Learning about, with and from the students and each other offered the facilitators an opportunity to get back to the basics of psychiatric nursing, the chance to cultivate the desirable characteristics of nurse leaders, and aid in creating a solid foundation for emerging psychiatric nurses.</p>
8:50 – 9:10 am	<p>Psychiatric Nurses as Humanitarians on the Global Stage <i>Anna Helewka, Douglas College</i></p> <p>An exploratory participatory action project involving psychiatric nursing (PNUR) students and faculty. The objective is to gather data on creating a global student experience that is meaningful but avoid hazards such as cultural voyeurism and interventionist attitudes. PNUR students and faculty will join an interdisciplinary cohort travelling to Uganda. The goal is to develop a best practices and sustainable approach to global experiences for students. Students and faculty will collaborate on compiling and analyzing data.</p>
9:10 – 9:30 am	<p>Analysis of Mental Health Nursing in Western Canada <i>Jeannine Poston, Canadian Institute for Health Information</i> <i>Allison Lesk, Canadian Institute for Health Information</i></p> <p>Effective human resource planning in psychiatry and mental health requires an understanding of both the workforce and the population. This analysis will begin with an overview of Canadian workforce trends for nurses working in psychiatry and mental health, followed by a more in-depth analysis of trends in British Columbia. Geographic analysis will then explore the spatial distribution of nurses working in psychiatry and mental health alongside mental health hospitalizations among the population.</p>
9:30 – 9:50 am	<p>Overcoming Student Mental Health Stigma: A Therapeutic Recreation Initiative in the Australian Bush <i>Ellie Taylor, University of Wollongong</i></p> <p>A therapeutic recreation initiative, termed the ‘Recovery Camp,’ has been developed as an innovative and immersive learning experience for future health professionals, including undergraduate student nurses. People with a lived experience of mental illness, health students, and academics spend five days in the Australian bush. Participants undertake various challenges – from rock climbing and archery, to a 20-metre high ‘giant’ swing – encouraging positive therapeutic relationships and teamwork. Effects on mental health stigmatisation are explored.</p>
Van Horne Ballroom C	
8:30 – 8:50 am	<p>Mental Health Nursing: One Organization’s Approach to Equipping for this Specialization in Ontario <i>Sarah Flogen, Toronto General Hospital; University Health Network</i></p> <p>This paper will identify the differences in mental health education in Western and Eastern Canada, and specifically the lack of formal mental health education in Ontario. The current undergraduate nursing curriculum in Ontario trains all nurses as ‘generalists’, as well there is no post-undergraduate certificate that provides education for this specialty. One organization’s proposed solution will be described, and an interactive discussion regarding ideas for enhancing mental health education across the country will be facilitated.</p>
8:50 – 9:10 am	<p>Conceptualizing, Measuring and Facilitating Integration of Addictions and Mental Health Services <i>Valerie Grdisa, Alberta Health</i></p>

	<p>Although provincial and national policy emphasizes integration as a means of system transformation, conceptual understanding and measurement of integration remains elusive. Valerie will introduce her doctoral dissertation framework that captures four dimensions of integration. Diverse methodological approaches for analyzing 'integration' data will be illustrated to capture the complexity of human services integration (HSI) research. Finally, Valerie will demonstrate how the HSI framework provided the foundation for system transformation initiatives involving addictions and mental health services.</p>
9:10 – 9:30 am	<p>The Impact of Hearing Voices Simulation on Clinical Practice in Mental Healthcare <i>Maggie Theron, Trinity Western University</i> <i>Renette Aubin-Boisclair, University of the Fraser Valley</i></p> <p>Challenges to reduce the stigma of mental health patients with voice hearing experiences and achieve best practices in mental healthcare continue. A deeper understanding of the voice-hearing experiences of this patient population through simulation may impact the clinical practice of mental health professionals (MHP) and contribute to the patient recovery process. We will discuss our findings regarding the impact of a Hearing Voices (HV) simulation on the clinical practice of (MHP) in a tertiary setting.</p>
9:30 – 9:50 am	<p>Behavioural Activation in a Psychiatry Intensive Care Unit: An Innovative Solution! <i>Sarah Flogen, Toronto General Hospital; University Health Network</i> <i>Laura Hsieh, Toronto General Hospital; University Health Network</i> <i>Aideen Carroll, Toronto General Hospital; University Health Network</i></p> <p>This presentation describes the use of an innovation of a Behavioural Activation approach to manage agitation and boredom in a psychiatric intensive care unit. Our training program, daily schedule, recreation policy will be described. Images of our recreation products will be shown. As well, a summary of preliminary data regarding violence and changes in the milieu will be presented.</p>
9:50 – 10:15 am	Health Break & Exhibits
10:15 am – 12:00 pm	<p>Café Session: Standing on the Shoulders of Giants Shirley Smoyak & Martin Ward</p> <p>Professor Shirley Smoyak, despite her relatively small physical stature, is a giant for psychiatric and mental health nursing! If others can build on her wisdom, this may well be her greatest legacy to the profession. This Café Session will take the form of a discussion between Shirley and Martin Ward, currently the Head of Department of Mental Health at the University of Malta and President of Horatio: European Psychiatric Nurses. Martin will attempt to get Shirley to not only describe her experiences but to give her insights into their meaning for her, and their implications for others. Expect a lively discussion as the two swap anecdotes and banter, disappointments and successes. You cannot repeat history, but by exploring the past it is perhaps possible to inform the future.</p>
12:00 – 1:15 pm	Lunch
12:40 – 1:10 pm	Poster Displays with Authors
1:15 – 2:45 pm	Keynote Speaker: Big Daddy Tazz
2:45 – 3:00 pm	Mini Health Break
3:00 – 4:00 pm	Concurrent Sessions: 60-Minute Workshops
Theatre	<p>"I'm not sick! I'm Transgender!" A Personal Experience of the Transgender Journey <i>Marni Panas, Alberta Health Services, Engagement & Patient Experience</i> <i>Dianne Cameron, Healing All Trauma</i></p> <p>This session explores the many challenges and barriers that transgender people face in society and in health care through the personal experiences of a transgender woman and health care professional. Marni Panas will discuss how every relationship must be renegotiated along this journey to authenticity. She'll share how mental health support has been essential to her successful transition and what you can do to support the needs of this marginalized population.</p>
D.C Coleman Room	<p>It's Time to 'WHISe' Up and Tackle the Comorbid Pandemic in Severe and Complex Mental Illness and Reduce the 20-30 Year Mortality Gap by Improving Holistic Care and Outcomes <i>Chris Payne, NAViGO CiC</i> <i>Anthony Ackroyd, NAViGO</i></p> <p>Those suffering with severe mental illness are often plagued with serious comorbid health concerns, the result is that morbidity/mortality rates remain poor which can lead to premature death (20-30years in the UK). We have seen hundreds of patients using innovative/radical</p>

	<p>equipment (e.g. body-composition analysis) and have trained staff in a wide range of clinical skills not traditionally associated with psychiatric nursing. We detect illness and access treatment and care sooner with dramatic and compelling results.</p>
<p>Sir Edward Beatty Room</p>	<p>Trauma Informed Philosophy Drives Nursing Practice and Care Delivery at BC Children's Hospital Child Psychiatry Unit <i>Sharlynnne Burke, Provincial Health Services Authority, BC Children's and Women's Hospital</i> <i>Emma Gibson, Provincial Health Services Authority, BC Children's and Women's Hospital</i></p> <p>BC Children's Hospital Provincial Child Psychiatry Unit services a population who predominately present with behavioral dysregulation. Undergoing a major redesign that incorporated the principles of Trauma Informed Practice, the unit closed for four weeks providing staff training, adjustments to schedules and programming, increase of the patient to nurse ratio, change to a blended day/in-patient model, and a more robust child and family centered model of care. We are excited to share our experiences and findings.</p>
<p>Baron Shaughnessy Room</p>	<p>Opioid Overdose Prevention in a Rural Community: Learnings from a Successful <i>Take Home Naloxone</i> Program <i>Jessica Bridgeman, North Okanagan Youth & Family Services Society</i></p> <p>Harms associated with opioid overdose, including death, are preventable. This session will cover how a rural town in BC's interior is successfully addressing overdose risk amongst opioid users with BCCDC's provincial <i>Take Home Naloxone</i> program. The process of implementation, community collaboration, and barriers & successes of the program will be addressed; including the development of a Decision Support Tool (DST) for nurses to dispense Naloxone without a prescription.</p>
<p>Van Horne Ballroom C</p>	<p>Seeing the Unseen: Opportunities to Work with Children Who are Traumatized in a Care Giving Relationship <i>Doris d'Hooghe, Trauma Centre Belgium</i></p> <p>In this workshop, I want to broaden the vision regarding attachment trauma and illustrate a treatment model by presenting a clinical case of a 8 year old boy suffering anxiety. This expanded vision might serve as a basis for a new classification which has implications for recognition and assessment and enables us to incorporate this in clinical practice, early intervention strategies and treatment.</p>
<p>4:10 – 4:30 pm</p>	<p>Closing Remarks</p>