



THE COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF BRITISH COLUMBIA COMMUNICATOR

WINTER 2008/09

IN THIS ISSUE

Learning around the world

The art of leadership

Report from Malta





Dorothy Jennings, RPN

Message from the Chair, CRPNBC Board of Directors

In thinking about a theme for this message in the CRPNBC newsletter, I settled on the role of the Registered Psychiatric Nurse as a leader in mental health. This is an area of professional and personal interest and passion to me and I just wanted to share some thoughts and experiences about what leadership is and how it can be effective in shaping who we are and what we do as Registered Psychiatric Nurses.

As a Registered Psychiatric Nurse in a leadership role in British Columbia over the past 37 years, I have been provided with experiences and opportunities that have been integral in the development and implementation of programs and labour adjustment strategies; in the development, implementation and evaluation of clinical programs; in the initiation and implementation of collaborative programs and organizational initiatives related to the downsizing and the redevelopment of Riverview Hospital; and in the participation of the redesign and integration of adult mental health services and programs in areas of clinical practice in community and hospital settings.

Leadership is about assuming responsibility and accountability for operational and strategic planning, implementation and evaluation of mental health services; human resource planning; resource management; program and service delivery. Leadership is about communications and inter-personal relationships with key stakeholders; quality improvement; systems development and mental health review, reform, development and redevelopment.

As a dedicated mental health professional I am keenly aware of the critical importance of the necessity to integrate practice, education and research to attain positive health/mental health outcomes and evidence-based/best practices. As an active participant and change agent

leadership roles and responsibilities also include advocacy for the psychiatric/client populations that we serve, setting directions to improve health/mental health services and championing the profession of psychiatric nursing in British Columbia, nationally and internationally.

Healthcare, as we all know, is complex and expensive. Traditionally the bias in health care/mental health care has been to provide the majority of services from within our own organizations and resources. However, in today's world of growing demand and shrinking budgets, there is an even greater need to create

“...the Art of Leadership is about people; about acting with integrity and trust, building a team environment and fostering the potential of others.”

partnerships with other organizations and individuals in the public and private sector to gain expertise, promote clinical education and research, provide access to operating and capital resources and increase our influence with our stakeholders.

Communities have always played an important role in building health/mental health services. The need for continued partnership with our communities and health service providers will work toward building a more balanced health system and to ensure communities have an opportunity to identify their health/mental health needs. Partnerships will help to support a responsive and sustainable health system and improve population and patient/client outcomes.

Collaboration with educational institutions and academic and research partners can improve the care that we provide to patients/clients and add value to the resources and expertise to enhance health/mental health care services.

Opportunities to facilitate professionals' abilities to contribute to student practice, clinical supervision and scholarly pursuits will result in improved health outcomes and increased involvement in research activities.

Opportunities for collaboration and partnership are many and include, but are not exclusive to:

- embracing new partners as team members and collaborators;
- a focus on outcomes and evidence based/best practices and the implementation of these best practices in clinical, operational and administrative areas;
- a commitment to work to inspire people and to make collective contributions;
- building community capacity and community engagement;
- shared care for mental health;
- integration of hospital and community centres of excellence;
- collaboration with business and community;
- a philosophy of inclusiveness and involvement of consumers, clients, patients, families and front-line staff in decisions impacting mental health service delivery;
- forging strong ties with educational, academic and research facilities;
- adoption of best practices that continue to evolve;
- individual, community, consumers/clients/patients and families participation and control over determinants of health, knowledge of health issues and choices about health care;
- creative and flexible ways to link people and health services;
- redesign of clinical services;
- focus on health promotion and prevention;
- better use of technology and innovation to support management and clinical decision making; and
- academic partnerships with universities, colleges, councils and provincial and national agencies.

Partnerships and collaboration with the public and private sector will help to support a responsive and sustainable health system and improve population and health outcomes.

Partnerships with communities play an important role in creating healthy communities and in promoting changes needed in our health/mental health system.

Partnerships promote innovation, support clinical priorities and help make the strategic shifts to more

integrated health care.

As I reflect back, the Art of Leadership is about people; about acting with integrity and trust, building a team environment and fostering the potential of others. Leadership is about leading change, striving for personal mastery, leading with vision, inspiring, engaging and promoting innovation. Leadership is about partnerships with those who receive our services and with stakeholders. Leadership is about challenging the status quo, taking risks and demonstrating a continuous spirit of enquiry. Leadership is about demonstrating accountability in meeting end results and about accepting responsibility for one's own behaviours, attitudes, decisions and outcomes. Leadership is about establishing courses of action for one's self and others. Leadership is about living the values and ethics in which we believe.

*Respectfully submitted
Dorothy Jennings, RPN*

Registration renewal time is coming!

You will likely have received your renewal by now. Please take the time to read everything enclosed and remember you **MUST** fill out and return your renewal form in order to maintain your registration regardless of your method of payment. We are required to have a copy of your annual renewal on file.



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**College of
 Registered
 Psychiatric Nurses
 of British Columbia**

Mission

The mission of the College of Registered Psychiatric Nurses of British Columbia is to serve and protect the public. The CRPNBC is responsible through self-regulation to assure a safe, accountable and ethical level of psychiatric nursing practice. It is accountable to the public through government regulation.

Logo

The logo is a graphic symbol to convey an individual striving for his/her personal best, set against a background of four squares. They represent physical, psychological, social and environmental needs, but are set out of alignment to symbolize the dynamics of each individual situation. We believe the theme represents Registered Psychiatric Nurses helping people achieve their personal best.

IN THIS ISSUE

Message from the Chair	2
From the Executive Director/Registrar and Deputy Registrar/Practice Consultant	5
Learning around the World	7
Report from Malta: Horatio Festival of Psychiatric Nursing 2008	8
Atypical Antipsychotic Monotherapy for Schizophrenia	12
Quality Assurance Program	14
Life-long Learning	15

Message from the Executive Director / Registrar and Deputy Registrar / Practice Consultant

Our role at the CRPNBC is to superintend the practice of the profession.

As many of you know the demand for Registered Psychiatric Nurses in BC is strong. All health authorities, federal and provincial corrections services, forensic services, educational institutions and private facilities comment on the shortage. Nurse recruiters from Nunavut, Alberta, Saskatchewan and Manitoba are also recruiting RPNs. Internationally educated nurses from the United Kingdom continue to come to BC.

Scope of practice

The BC government is aware of the shortage of ALL health care providers. In 2009 the scope of practice for LPNs, RNs and RPNs will be reviewed together before an official document comes out. There is much overlap with these three nursing bodies and also much difference. One way to tackle the shortage is to look at these skill sets (this includes resident care attendants and home support workers) and utilize the skills where they are best suited. In other words, why have an RN or RPN do a duty that can be well served by an LPN, RCA or HS worker? This would free up the RN and RPN for higher level duties. Currently we operate under the scope of practice as listed in March, 2001 by the *Health Professions Act*. A working group of RPNs is near completion of their review of our Scope of Practice and will be sending this out for validation soon.

The College is working collaboratively with the three education schools for psychiatric nursing; Stenberg College, Kwantlen Polytechnic University and Douglas College. Although our numbers remain fairly constant, with retirements, the number of graduates from these schools does not meet the needs of the consumers we serve.

Registration

November 18, 2008 Registration statistics	
Practicing Members	2226
Non-Practicing Members	265
Total	2491

Examination statistics (March 1 - November 18, 2008)

Number of examination sittings	34
Number of candidates	90
Number of candidates failed	7

Internationally Educated Nurses

The Internationally Educated Nurse task force met in Ottawa in late October. The goal of this meeting was to provide advice and recommendations to the Advisory Committee on Health Delivery and Human Resources (ACHDHR) and promote the development of a continuum of initiatives to support the effective integration of IENs into the Canadian nursing workforce. Initiatives that are taking place across Canada were shared at that time. Registered Psychiatric Nurses of Canada has three members on this task force; one from BC and two from Manitoba. One nurse educator from BC represents psychiatric nurse educators at this important Federal task force meeting.

The provinces of Alberta and British Columbia have been awarded a project to help UK Psychiatric Nurses wishing to work in Canada. This project will help them meet the regulatory requirement for General Nursing Competencies. This project will remove barriers to Registered Psychiatric Nurses in the UK who wish to register with BC and Alberta.

The bridging program will be accessed in the UK. Applicants will be encouraged to pursue registration in BC/Alberta as they will not face the inconvenience of having to complete courses after arriving in Canada.

The bridging project will be offered on the assumption that it will not be necessary to offer the minimum 225 hours of theory related to general nursing as all applicants are likely to have some courses which relate to general nursing. There will be some flexibility through modules which can be added or subtracted as required. Modules will vary according to specific competencies required by the nurse to meet registration requirements.

A minimum of 150 hours of clinical

Internationally educated Psychiatric Nurses	
United Kingdom	27
Germany	1
Nigeria	1
Ireland	1
South Africa	2

Complaints to the Enquiry Committee (March 1- November 18, 2008)

Complaints received by the Inquiry Committee ..	7
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**Dr. Jacquollyne Keath,
RPN, RN, CPMHN(C), MA, PhD**



Linda Syssloff, RPN



practice will need to be provided to acquire the competencies at the level regulatory organizations require of entry level psychiatric nurses in BC and Alberta.

Education Day

This year's education day took place in Victoria and was well attended. The Island was well represented on the panels and a lot of information was shared. Highlights included the presentations: *Lost in the Transition* – Detective Fiona Wilson-Bates; *Forensics Services: The Continuum of Out-Patient Services for Children, Youth and Adults* – Ellen Haworth; *InSite and OnSite: A Supervised Injecting Facility and Withdrawal Management Program* – Russ Maynard; and *Burnaby Centre for Mental Health & Addictions and the New Community Court* – Lorna Howes and John Jacobson.

Planning for the World Congress for Psychiatric Nurses in Vancouver for 2010 is well underway and will be held at the Westin Bayshore March 18-20, 2010. Keep checking the websites at www.crpnb.ca and www.rpnc.ca for ongoing updates, calls for abstracts and registration information.

REGISTERED NURSES & REGISTERED PSYCHIATRIC NURSES

EATING DISORDERS • CHILD & ADOLESCENT PSYCHIATRY • CAPE

BC CHILDREN'S HOSPITAL, VANCOUVER, BRITISH COLUMBIA, CANADA

BC Children's Hospital (BCCH) cares for the province's most acutely ill or injured children and youth, provides developmental and rehabilitation services to children and youth throughout BC, and offers a broad range of health services. Sunny Hill Health Centre for Children (SHHC), a leading provincial facility offering specialized services to children and youth with developmental disabilities from birth to age 19, works collaboratively with BCCH. SHHC focuses on the child and their family while supporting health care professionals in their community. BCCH also operates a wide number of specialized health programs, is a leading acute care teaching facility, and conducts research to advance health and care through the Child and Family Research Institute and in partnership with the University of British Columbia.

BCCH is an Agency of the Provincial Health Services Authority (PHSA) which plans, manages and evaluates specialty and province-wide health care services across BC. PHSA embodies values that reflect a commitment to excellence. These include: Patients first • Best value • Results matter • Improvements through knowledge • Open to possibilities.

Your mandate will see you report to the Program Manager, and provide and coordinate nursing care services such as patient assessment, patient and family teaching, and health promotion activities for mental health pediatric in-patients and their families. You will work within our established policies and standards of practice in order to ensure that all of our patients and families benefit from the most progressive level of care in an environment where excellence is a key value. In order to maximize positive outcomes for our young patients, you will work with an inter-professional team for key activities in assessment, diagnosis, consultation, referral, and care for children with complex and challenging mental health issues.

You are committed to fostering a collaborative environment where individual contributions and teamwork are expected. As the ideal candidate for this position, you will have a baccalaureate degree in Nursing along with current practicing registration, or eligibility for registration, as a Registered Nurse with the College of Registered Nurses of BC or the College of Registered Psychiatric Nurses of BC. Your proven expertise is supported by at least one year of related experience working in a child or adolescent psychiatric mental health setting, where your exceptional communications and relationship-building skills were utilized. Your education and experience are supported by critical thinking and conflict resolution skills, and proven dedication to adolescent and child mental health.

We invite you to apply online for this position at <http://careers.phsa.ca>. Applications will be accepted until the position has been filled. For more information about the Agency visit www.bcchildrens.ca To learn more about our opportunities, call collect to Linda Hand at 604-875-7216 or email: lhand@phsa.ca

The PHSA is committed to employment equity and hires on the basis of merit. We encourage applications from all qualified individuals, including women, Aboriginal peoples, persons with disabilities and members of visible minorities.



www.phsa.ca

www.bcmhas.ca

www.bcchildrens.ca

In April 2004 I attended my graduation ceremony and accepted my Masters Degree in Nursing (Urban Health) with Distinction from the University of Sydney. When I reflected back on my journey up until then, I was amazed and proud to be standing on that stage.

I completed my diploma in Psychiatric Nursing in 1993 at Douglas College. Shortly after completing this I left on a working holiday to Australia and 12 years later I returned to Canada.

I always like a challenge and when I look back on those years it took me to complete my Advanced Diploma in Psychiatric Nursing by correspondence it definitely was a challenge. During those years I worked in a variety of health care settings targeting marginalized populations and I continued to backpack throughout Australia and South East Asia. Remember, this was before the explosion of Internet cafes and emails. I was completing the beginning courses while backpacking through Indonesia. I remember constantly planning my trip so that I would arrive in a town with a phone the night before my conference call was to take place. At this time the program had scheduled conference calls, which you needed to participate in for marks. Before one call I arrived in the town and was informed that their phone line had been washed away with the last flood (probably about a year ago). I then spent hours trying to find out from the locals where the nearest town was that would have a phone line and then traveled all night on the bus to get to that town. On arrival I had never been so happy to see a phone. I think the locals thought I was crazy. When I finally completed my Advanced Diploma, I remember one instructor telling me that my Mum should be receiving the Diploma as well. How many times had my Mum contacted my instructors after she had been woken in the middle of the night with me asking her to “contact my instructor to find out what was meant by this or what they wanted for that.” Thank goodness for the development of emails.

After completing my advanced diploma in 2001, I thought if I could make it through that, nothing can stop me. I applied for, and was accepted into the Degree and Masters Degree

Nursing Program (Urban Health) at the University of Sydney in 2001. I had been working as the Street Outreach Nurse / Clinical Nurse Consultant at the Kirketon Road Center (KRC) since 1998. KRC is a Primary Health Care service located in Kings Cross, Sydney. The service targets marginalized population including at risk youth, injecting drug users and sex workers. Shortly after commencing the Masters Degree program my Nurse Unit Manager at KRC nominated me for the Australia Nursing Awards. The applicants were to have demonstrated professional excellence and innovations made within their practice. My supervisor wrote about the initiatives that I had developed while in my role. These included:

- Starting parlour outreach to massage parlours and strip clubs to talk about health issues, provide education and initiate treatment where necessary;
- Introducing Hepatitis vaccinations to target populations on outreach;
- Working with the Cancer agency to develop a sun smart awareness program targeting marginalized populations, which included providing sunscreen on outreach.

I was shocked when I was informed that I was one of the finalists. I arrived at the presentation ceremony and spoke a few words – the award committee was in shock... “How could they have not noticed that the Australian Nursing awards finalist was Canadian?” I then had to spend the next few minutes reassuring them that I had actually become an Australian citizen earlier that year. Receiving that award was amazing as it fully funded my Masters Degree and all expenses related to it.

Since receiving my Masters Degree in 2004, I have expanded my practice and continued to concentrate my efforts on health education, health promotion, research activities and community development projects for marginalized populations. I have returned to Vancouver and I am now working as the Nurse Educator and Integration Project Coordinator at Hepatitis Services, BCCDC.

Was it worth it? Definitely! What’s next? Believe it or not I am contemplating undertaking my PhD. Wish me luck.

– *Sandi Mitchell, RPN, ADPN, MSc (Urban Health)*



Sandi Mitchell,
RPN, ADPN, MSc –
**Learning around
the World**

Report from Malta: Horatio Festival of Psychiatric Nursing 2008



Melodie Hull, RPN

Horatio is the European Association of Psychiatric Nurses, and in early November this year, approximately 250 attendees from 35 countries congregated in Malta for this exciting celebration of psychiatric nursing.

The vision of Dutch psychiatric nurses Ber Ooman and his colleagues, Horatio was born only four years ago but has quickly become influential and prominent in psychiatric/mental health nursing practices and policy making in the European Union. It has quickly risen to international recognition. Their mission is to share expert knowledge and take responsibility for advocating and influencing mental health policy in the EU through cooperation and collaboration of member states.

Inspired by their work, non-EU psychiatric nurses also came to Malta from Australia, Scandinavia, Greece, the United States of America, Finland, Lithuania, Iceland, Turkey and of course, Canada. A good number of Canadian Registered Psychiatric Nurses were in attendance, from all of the Western provinces and Ontario.

Many, many topics were covered in concurrent and workshop sessions as well as in posters hung in the conference hallways. A gallery of paintings by mental health consumers and/or family members offered an artistic perspective of the lived experience of mental illness and mental health care.

This article will offer just a few highlights of the festival/conference proceedings.

The Welcome Address was given by Mrs. Gonzi, wife of the Prime Minister of Malta. She spoke to the importance of developing a Mental Health Act for each country that speaks to patient rights, developing Crisis Intervention Teams for psychiatric emergencies and expanding community mental health services. She spoke of the need to combat stigma for mental health consumers as well as for

psychiatric/mental health nurses.

Mr. D. Kavanagh, President of Horatio identified the organization's ambitions: enhancing psychiatric nursing education and training; sharing best practices and innovations in mental health care between and across countries; enhancing advocacy efforts for the mentally ill client; and enhancing our own expertise and knowledge regarding influencing policy and governments.



Ber Ooman and Melodie Hull

Canada was given a very warm welcome as the first non-European group of psychiatric nurses to have supported Horatio and its initiatives.

Following the welcoming, an extremely talented Maltese psychiatric nurse sang *Ave Maria* and had the audience spellbound. She was followed by a choir consisting of other Maltese nurses who entertained us with songs in Maltese, English and Italian. Folk dancers provided colour and flair after that. In a traditional ceremony, the Grand Master of Malta arrived in the company of Maltese knights and courtesans to complete the welcome to delegates.

Each day of the Festival was long but inspiring. There was plenty of time to meet and network with colleagues from around the world. There was so much to do, to hear, and to talk about!

A plenary session on development of The European Unions Mental Health Pact for Europe told us about new initiatives and the need for mental health-focused promotion and prevention programs, citing statistics on the cost to the economy for every

day lost in many countries of the EU due to mental health/mental illness. For example, stats were provided that show the highest suicide rates in the world: Japan is highest, then Finland, Belgium, France and Austria. Canada rates 15th; USA 18th; and the UK 22.

The EU Core Mission in Mental Health policy is focusing on a number of major themes: social determinants of health, health information and education, diversity, policy and decision-making initiatives; and addressing inequalities of mental health funding for care and services across EU nations.

Another plenary presented information on Mental Health Europe, a non-governmental organization dedicated to influencing EU Mental Health policy development and the roles of psychiatric nursing and advocating for the mentally ill and their families, with a strong emphasis on community.

Dr. Cutcliffe provided a plenary discussion on hope, its history and its application to psychiatric nursing care, a subject he is researching. He says "it is the duty of psychiatric nurses to inspire hope in those with whom they work."

A theme on day one was that of stigma for clients with mental illness and those who care for them. An interesting session from Australia talked about the need for more psychiatric nurses and increased opportunities for psychiatric/mental health nursing. Burnout, retirement, and ambivalence about a career in this field have greatly affected the number of psychiatric nurses in practice there. Semantics and stigma were identified as partial reasons for this. Terminology for how we, even as professionals refer to each other and our clients each day is still rife with negative connotations.

From the UK, we heard about an interest in student mental health at the university level. Psychiatric Nurse A. Sammit of Malta spoke from a different

perspective on the same subject: attitudes of Maltese nurses to psychiatric nursing and psychiatric patients. His research found the need to enhance the profile of psychiatric nursing and decrease the stigma of mental illness for the patients and those who care for him/her.

Malta, as with other countries, spoke to the importance of specialized education for psychiatric nurses, and the need for continuing education for professionals. A nursing presentation from Turkey addressed the same subject and provided findings of their own research that the

mentally ill in Turkey self-stigmatize and isolate themselves just as society does this to them. A concurrent session from Germany looked at how mental health nurses view their own clients and found that many nurses working on in-patient psychiatric units burned out quickly, didn't really want to be working there after the first few years, and were apathetic about the work. Another German presentation talked about how this kind of burnout occurs, finding through research that rewards for caring (from management and peers) needed to be in balance with the work effort put in or work effort diminishes.

D. MacInness of the UK talked about his research findings, debunking a number of myths about why first year university students in particular fail to complete their studies. They identified areas of stress as 64% difficulties with study skills; 74.8% ongoing coursework requirements; 59.1% had difficulties concentrating. Interestingly, when students felt highly stressed or overwhelmed they did NOT seek out a counsellor, friend or family for support. The research showed they sought out academic tutors, ill equipped to deal with what was actually going on with the student. Students reported little relief from this attempt to get help.



BC delegates in lobby of Corinthia San Gorg Hotel at Horatio Festival Malta





Roberta Jkanovich and Melodie Hull



Artwork from clients and/or family with mental health challenges

Day two of the Horatio Festival brought more discussion and a variety of topics. The morning plenary was delivered by Professor Valimaki of Finland. She spoke on the use of coercive interventions. These include full body restraints, Posey belts, seclusion rooms, four point restraints and keeping patients on locked wards. Many subsequent concurrent sessions also talked about this important issue. Across the EU there is a wide variety in policy and scope of use of coercive interventions and as Horatio brings the member states closer together, they are examining these practices, hoping to find a way to standardize them in the least restrictive ways.

A team of psychiatric nurses from the Netherlands presented two sessions on the use of seclusion (coercion). Across this tiny country there is also a great deal of difference in the policies of facilities related to this. To try to standardize and develop best practices, this team has developed a work exchange program whereby a psychiatric nurse exchanges to another facility for a couple of weeks or more to share experiences, consult, collaborate, and develop new ways of working with clients. This program has become quite successful and sought after in Holland.

Robyn Brou-Hatheway of the USA spoke about the effects of Hurricane Katrina on the elderly population of New Orleans where she grew up and works as a psychiatric nurse. 65% of the elderly population at the time of the hurricane were living alone, had no evacuation plan for themselves, no family supports and were eventually trapped and died in their attics. 584 deaths occurred in people 60 years

and older. Today, many are still homeless, living in little trailers provided by the government and dealing with all of the hardships of PTSD and trying to adjust to multiple changes and losses in their lives. Robyn advises psychiatric nurses are welcome to volunteer to spend some time in New Orleans helping.

Days 3 and 4 of the Horatio Festival were equally informative. There were sessions on psychiatric nursing leadership, educational initiatives and best practices. Psychiatric nurses availed themselves of psychiatric nursing research and all attendees were encouraged to do research, publish and present it to enhance and improve our own professional profile and value to the world, but also to develop best practices and advocate for the mental health client at the individual, family, community and policy-making levels of governments.

The Festival closed with a fabulous presentation by Registered Psychiatric Nurses of Canada inviting the world to our World Congress in Vancouver, BC, 2010.

Melodie Hull, RPN

RELEVANT TRAINING FOR PSYCHIATRIC NURSES SPRING 2009

New Frontiers in Trauma Treatment

with **Dr. Bessel van der Kolk, M.D.**

April 3 & 4, 2009 | Friday & Saturday | **COQUITLAM**,
British Columbia
Executive Plaza Hotel | 405 North Road
8:30 am - 4:00 pm

During this past decade an enormous amount has been learned about the differences between memories of everyday experiences and those of overwhelming events. These memories are different, depending on the age at which the trauma occurs, and the social support of the victims.

Recent neuroimaging studies suggest where in the brain these memories are stored and what the mechanisms might be of the recovery of traumatic memories. While ordinary memory is an active and constructive process, traumatic memories are stored in ways that are different from the memories of every day experience, namely as dissociated sensory and perceptual fragments of the experience.

Using both research studies and clinical examples, this lecture will present basic data on the nature of traumatic memories and examine the implications of this knowledge for clinical practice. It also reviews appropriate standards for approaching traumatic memories in clinical work.

This workshop will also explore the effects of trauma on cognitive, psychological and interpersonal functioning and review the research on the profound effects of trauma on cognition, affect regulation, and on the development of "self" and interactions with others. Dr. van der Kolk will discuss how trauma and disruptions in attachment bonds affect the development of people's identity and how this is expressed socially as difficulties in affect modulation, destructive behavior against self and others and in negotiating intimacy.

Discover our new on-line bookstore at: www.jackhirose.com

We at Jack Hirose & Associates are pleased to partner with Self-Connection Books in launching our new Mental Health and Education on-line bookstore. Self Connection Books, has been in business for the past 30 years and has gained a reputation for providing a wide range of mental health and education resources, along with excellent customer service. Any product ordered can be shipped anywhere in Canada. The link will take you to our Self Connection fulfillment centre.

Neurodevelopmental Perspectives in Learning

with **Dr. Mel Levine, M.D.**

April 15, 2009 | Wednesday | **VICTORIA**, British Columbia
Victoria Conference Centre | 720 Douglas Street
9:00 am - 3:30 pm

Dr. Levine will present an optimistic and scientifically supported approach to dealing with individual learning differences among school age children from kindergarten through college. He will provide an overview of eight key areas of brain function entitled "The Neurodevelopmental Constructs." These areas include controls of attention, temporal-sequential ordering, spatial ordering, memory, language, neuromotor function, social cognition and higher order cognition. Within this framework, different children possess distinct profiles of the eight areas. Included are: the rate of processing, the ability to handle large amounts of information, the capacity to make good use of strategies to facilitate function, the use of self-monitoring, the habit of thinking about thinking while thinking, and the influences of specific kinds of subject matter on the functions themselves. He will talk about the pivotal implications of this model for pedagogy and for the future of education.

All the Rage: Helping Adolescent Girls in Crisis

with **Dr. Martha Straus, Ph.D.**

May 14 & 15, 2009 | Thursday & Friday | **VANCOUVER**, British Columbia
Norman Rothstein Theatre, Jewish Community Centre |
950 West 41st Avenue
9:00 am - 4:00 pm

Many adolescent girls today are in a crisis of rage and despair. Some try to disappear through starvation; others carve indecipherable symbols onto their arms or run away from home; still others bully and get bullied, hide weeping in their rooms, or attempt suicide. How can mental health professionals become more effective with this volatile population?

This highly practical workshop will explore 10 vital principles underlying effective practice with adolescent girls. It will offer concrete strategies and methods for helping girls in crisis and examine the limitations of old standards of care, such as self-harm contracts and confidentiality rules. You'll learn what questions to ask and how to rally support for the girls from their extended family and relationship networks. You'll also find out about a variety of practical strategies that work, including harm reduction, inviting resistance, and developing a protective circle of adults. You'll hear about interventions specifically addressing some of the most vexing problems encountered by all mental health professionals working with adolescent girls, including self-harm and social aggression. By the end of this workshop, you'll know what it takes to stay connected to these struggling adolescents as you help them become competent, inter-dependent young women.



The Canadian Agency for Drugs and Technologies in Health

Atypical Antipsychotic Monotherapy for Schizophrenia: clinical review and economic evaluation of first year of treatment

Assessment of impact on health and health care costs of using atypical antipsychotic medications for schizophrenia by The Canadian Agency for Drugs and Technologies in Health (CADTH)

Community-based individuals diagnosed with schizophrenia experience significantly more mortality and serious morbidity; they can manage their disease when there is early intervention and sustained treatment. Medication is typically used to treat schizophrenia and most people with the disease need to take medications indefinitely.

In North America, atypical antipsychotic medications (AAPs) are typically part of a treatment plan for patients. In Canada, prescription medication costs for schizophrenia increased from C\$48 million in 1996 to C\$150 million in 2004, partially driven by the increased use of AAPs. In order to estimate the impact that the use of AAPs has on Canada's health care system, The Canadian Agency for Drugs and Technologies in Health (CADTH) evaluated the comparative clinical effectiveness and health care costs of risperidone, olanzapine, quetiapine and clozapine for the first-line treatment of schizophrenia.

The best available evidence of comparative clinical effectiveness suggests that differences exist among AAPs and that olanzapine and risperidone are superior to quetiapine. While olanzapine is less well tolerated than risperidone, it is associated with a lower risk of relapse and of treatment discontinuation. Findings also highlighted that clozapine reduced the risk of suicide in high-risk patients, compared to olanzapine.

CADTH's economic evaluation suggests that there is little difference in the first-year health system costs of both risperidone and olanzapine and these agents are associated with less cost than quetiapine. However, generic and brand-name olanzapine would require a larger investment by drug plans, than either quetiapine or risperidone. This additional

investment would be offset by reduced costs for hospitalization of patients with schizophrenia.

Given the lack of high-quality evidence, these findings may change as more comparative effectiveness data become available. This assessment, based on currently available information, can assist in identifying which of the AAPs represents optimal treatment for first-line therapy and the long-term clinical and economic consequences of AAP therapy in patients.

The Canadian Agency for Drugs and Technologies in Health (CADTH) is a national body that provides Canada's federal, provincial and territorial health care decision makers with credible, impartial advice and

evidence-based information about the effectiveness and efficiency of drugs and other health technologies. For more information about CADTH's products and services, please contact Ann Vosilla, BC Liaison Officer at annv@cadth.ca

This summary is based on a comprehensive health technology assessment available from CADTH's web site (www.cadth.ca): Farahati F, Boucher M, Moulton K, Williams R, Herrmann N, Silverman M, Skidmore B. Atypical antipsychotic monotherapy for schizophrenia: clinical review and economic evaluation of first year of treatment



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Rodger Travale
Prince George, BC
September 12, 2008

College of Registered Psychiatric
Nurses of British Columbia

Re: Award

I would like to extend my sincere appreciation to the College of Registered Psychiatric Nurses of British Columbia for their financial contribution to the Student Peer Award at Stenberg College. It is a humbling experience to be recognized by ones peers in such a way.

The passion for learning and those individuals we aspire to work with in our profession is often the driving dynamic behind our work and acts. Awards such as this serve to fuel, inspire and remind us to achieve excellence in the pursuit of our profession. Again, thank you!

It is with much disappointment that I am unable to receive this award in person today, but please know my appreciation and regret are sincere.

Rodger Travale RPN

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Life-long Learning

You've sure come a long way, Jim! Since starting his nursing career at the Brandon Mental Health Centre in Brandon, Manitoba, back in 1974, Jim has worked in almost every psychiatric area possible – forensic, behavior modification, adolescent, acute, rehabilitation and mental disabilities.

Jim completed his nursing diploma from Ponoka in 1981 after a lengthy absence from the field. He has worked in Brandon, Calgary, Edmonton, Ponoka, Wetaskiwin and Coquitlam. He has had many opportunities to be a nurse, learn, grow and teach others. Working in Calgary at the Calgary General hospital and at the Holy Cross Hospital provided many beneficial experiences for Jim.

Jim returned to Brandon University

and obtained a five year education degree in three years. Jim first taught special education classes for the Calgary Board of Education.

Upon coming out to BC he worked in a home for the mentally disabled, psychiatric boarding home, acute in-patient psychiatry as well as geriatric and rehabilitative psychiatry. Jim has also taught practical nursing at the Canadian Health Care Academy.

In September, 2008, Jim completed his Masters Degree in Education. His career path now finds him working at Kwantlen Polytechnic University as faculty in the Bachelor of Psychiatric Nursing program. Teaching has always been a passion for Jim.

As a life-long learner Jim's next venture may well be a doctorate degree!



Jim Morton, RPN, MEd



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