H O N O U R I N G  O U R  O W N

Monica McAlduff, Class Valedictorian
Thompson Rivers University Graduation Ceremonies

Monica McAlduff completed the Bachelor of Health Sciences Psychiatric Nursing Degree Program at Thompson Rivers University in April, 2005, having previously received her diploma in Psychiatric Nursing from Douglas College in 1992 and Advanced Diploma in 2002. For the last 12 years Monica has worked as a Registered Psychiatric Nurse at a number of hospitals and health facilities in the lower mainland and is currently employed in the emergency department at Lions Gate Hospital in North Vancouver. She serves on the Occupational Health and Safety Committee at Lions Gate Hospital, as the Health Sciences Association representative, and is the Women's Ministry Team Leader at North Shore Alliance Church. Monica lives with her husband and two children in North Vancouver.

Monica was the class valedictorian at the Celebration of Learning, June 16, 2005 at the Thompson Rivers University Graduation. Congratulations Monica!

Graduating Class – Advanced Diploma in Psychiatric Nursing

by Dr. Jacqollyne Keath and Caroline Hunt
On January 17, 2005, twenty-four brave souls embarked on a Journey that would transform them in a way no one thought possible. The Advanced Diploma in Psychiatric Nursing Program at Douglas College partnered with Riverview Hospital and the Forensic Psychiatric Commission to form the first offering of the Condensed Advanced Diploma in

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I frequently hear about members expressing their gratitude with the way the College handles their issues. This is very apparent with the registration of Internationally Educated Nurses. The staff at the College are very helpful and really go that extra mile to get people registered and working as soon as possible. The College works hard to remove the barriers for Internationally Educated Nurses to practice in B.C., and now it is time to challenge the barriers that exist to prevent Registered Psychiatric Nurses from practicing their profession across Canada.

To write the profession off as an “anomaly of the West” is discriminatory, unfair and all too easy.

In 1995 all of the provinces and 2 territories within Canada entered into the Agreement on Internal Trade (AIT). The objective of this agreement is to reduce and eliminate barriers to the free movement of persons, goods, services and investments within Canada and an open, efficient and stable domestic market. The provisions of this agreement cover many sectors, but specifically for our case, labour mobility. The agreement also outlines a dispute resolution system.

Nunavut is not part of the AIT, yet those same walls that block our practice from the rest of Canada do not exist there. RPNs are welcomed and valued and able to practice there under an agreement that allows individual provinces to register their members and be responsible for their practice.

Presently we are in discussions with Provincial and Federal Labour Mobility Co-ordinators. While everybody agrees that there are barriers that prevent our practice across the country, they will not be coming down easily. The challenge will be to hold the government’s feet to the fire to support its own rules and I expect that there will be much resistance.

The fact that we are ready and willing to confront these issues really tells me how far we have come as a profession.

Congratulations to the Profession of Registered Psychiatric Nursing in B.C. on its new degree the Bachelor of Science in Psychiatric Nursing to be offered through Douglas College. Thank you to all of those RPNs who worked so long and hard to bring this dream to fruition.
Patient Safety
For the past two years the number one professional practice concern expressed by RPNs has been patient safety. These concerns have been reviewed, documented and where possible solutions have been found. The college applied for and received funding from Health Canada, Office of Nursing Policy to host four Patient/Client Safety Forums plus one Patient/Client Family Forum to find answers, solutions and remedies to these serious problems. Please join us and attend these forums and see page 19 for details.

Election Results
Please welcome the three newly elected Registered Psychiatric Nurses to the Board of Directors for the College. They are: Dorothy Jennings, Dr. Jacqollyne Keath and Linda Moyneur. The election ballots were counted on September 15, 2005. The Board of the College consists of six elected members and three public members appointed by the Government. We had six excellent candidates for three vacancies and we would like to thank each candidate for their willingness to run for the Board of Directors positions. The term of office for the Board of Directors Positions is two years. A record number of RPNs participated in the election this year.

Unleash Your Potential and Prepare for the World Congress for Psychiatric Nurses
Unleash your knowledge, skills and imagination and begin preparing your abstract now for THE WORLD CONGRESS OF PSYCHIATRIC NURSES in Calgary May 12 and 13, 2006. The congress will bring together hundreds of Registered Psychiatric Nurses and mental health professionals from across Canada and abroad. You are invited to submit an abstract for a concurrent session and/or a poster presentation. This congress will focus on the practical aspects of psychiatric nursing. Participants will leave with tools, skills and knowledge they can use in their practices. The deadline for submission of abstracts is November 16, 2005. For more information, visit our website at www.crpnc.ca or the World Congress website: www.psychiatricnurse.ca/worldcongress.

Douglas College received final approval to offer a Bachelor of Science Psychiatric Nursing Degree
We are pleased to receive this announcement from Douglas College. The amount of effort that has been generated during the development of this degree program is commendable. On behalf of the CRPNBC I would like to thank the administration, the dean, faculty and support staff of Douglas College for making this possible.

Registration
The number of registrants in the CRPNBC is currently 2,396. The registration renewal forms will be mailed to all RPNs in early December. The annual registration fee remains at $321.00 including GST. It is now a requirement that each RPN advise the college of any change of address and or employer.
Psychiatric Nursing. These students initially came to the classrooms at the Henry Esson Young building located at Riverview Hospital for Monday – Friday 0830-1630 classes. Not only did classroom hours shift as the program went along, but lunch hours, evenings and weekends were taken up with researching evidenced based practice. Books were read, articles located and great discussions took place. Riverview Hospital was a buzz with the new adventure in Advanced Nursing Education that was taking place. Many a tear was shed during this time as the overwhelming amount of studies and papers kept flooding in, but the students persevered.

Students became more comfortable as they went along in group work, academic paper writing and presentations – both individual and group. Many students had not been in school for several years and came into the Advanced Diploma Program with a wide range of abilities and experiences which they shared with others. This hard working, dedicated group was eager to begin and was responsible and accountable for their own learning. It was rewarding to see their confidence grow throughout the program.

The support staff at Riverview Hospital was great- from the printing department, the library and the two secretaries as well as Kathy Finch, Claire O’Quinn and the Unit Managers. Their patience, flexibility and accommodating attitudes towards the students and faculty certainly facilitated the students’ learning.

The Douglas College bookstore, Registrar’s office, library, Winnie Mckitrick, and the psychiatric nursing office staff worked hard to ensure the students were registered and received books and necessary materials in a short turn around time.

Advanced Diploma courses included Student Success and Study Skills, Professional Concepts, Health Assessment 1 and 2, Family Assessment, Community Assessment, Clinical Focus, and Application of Clinical Focus Concepts. Students chose one of three electives: Gerontology, Addictions, or Forensics. These thirty credits of upper level university courses can be applied towards a Psychiatric Nursing Degree. Some examples of clinical practicums included CRPNBC, Langley Memorial Hospital Emergency, Seniors Awareness, Coast Foundation Cottages, Midtown Mental Health, Simon Fraser Youth Day Treatment Program, and the Geriatric Outreach Team in White Rock.

A few of the graduates spoke regarding their experiences in the program. Here are their thoughts and suggestions for future students:

“Very rewarding but very exhausting at the same time. Get your running shoes on. Get your life organized ahead of time.”

“Make sure your computer skills are there. Don’t get behind. I learned a lot and broadened my knowledge about psychiatric nursing. I learned a lot about myself, especially the spirituality part.”

“Very intense but helpful. Good learning experience.”

“The Neuman Systems Model approach helps for individuals, communities, families providing holistic care. Patience is a virtue.”

Proudly, on June 2, 2005 seventeen of the twenty-four students from the Condensed Advanced Diploma in Psychiatric Nursing were in attendance at the Graduation Ceremony held at Douglas College in the performing arts theatre that night. The evening ceremony comprised of General Nursing Diploma Graduates, Psychiatric Nursing Diploma graduates and Advanced Diploma in Psychiatric Nursing Graduates. Of all these Graduates sitting on the stage, five people in the Faculty of Health Sciences received Gold Cords. Four of the Gold Cord Recipients were from the Condensed Advanced Diploma Program: Chad Miller, John Jacobson, Patrick Golding and Heather Sinclair. The fifth recipient, also the Lieutenant Governor’s Bronze Recipient Winner, Marianne O’Brien was from the regular Advanced Diploma in Psychiatric Nursing Program. A Gold Cord is given to honor the graduates holding marks in the top 10% in the Faculty of Health Sciences. The Valedictorian that evening was also a Registered Psychiatric Nurse, Nicole Bennett.

Faculty involved in the project included Jacqollyne Keath RPN, RN, CPMHN(C), MA, PhD, Coordinator Caroline Hunt RPN,RN, BSN, MS Anna Helewka RPN, RN, BSN, MSN Anna Jajic RPN, RN, BScN, MSc Mike Tarko RPN, BA, PhD Mike Miller RPN, BA, MA, PhD Rosalind Baltzer Turje RN, BSN, MA

Graduates
Kathleen Arpink, Leslie Bell, Katherine Campbell, Mary Chan Chiang, Rosalyn Choi, Riola Crawford, Kimberly Fraser, Patrick Golding, Ibolya Illes, John Jacobson, Gurvinder Jaswal, Yvonne Klos, Lorraine Lefebvre, Mary Luciano, Sheinoor Manji, Michelle Mikota, Chad Miller, Phlevia Pong, Kamlawtee, Ramdharry, Nicola Scheu, Kimberly Slack, Heather Sinclair, Joan Smith Robyn Vergara

Continued from front
On September 21, 2005 at the Empress Hotel in Victoria, Karen was the recipient of the Award of Excellence in Service Delivery, from the Vancouver Island Health Authority. This was Vancouver Island Health Authority’s first annual Celebration of Excellence Awards Ceremony. “Karen has consistently demonstrated an extremely high degree of pride, commitment and dedication to advancing and maintaining the quality of care provided in the Residential and Housing Programs. Karen, a front line leader, has one of the largest and most complex areas of responsibility in the Vancouver Island Health Authority, Mental Health and Addictions Services. Karen also led the development of a new and innovative program that had institutionalized mental health clients moving to have their health needs met in a normalized community setting. Twenty individuals who had been long time residents of a large mental health facility were moved to a staffed apartment building and Karen was in charge of making sure this group of vulnerable clients was safe and well supported in this integrated environment. After three years this program has been so successful, a second similar program was developed last year under Karen’s supervision. It is important to note that Karen’s strong nursing skills have helped ensure that a high quality of care has been delivered in these programs. Karen is appreciated for all the skills, perspective and energy she brings to her work and the program. Ultimately, she is a wonderful representative of the organization and it is appropriate she also receives formal VIHA recognition for her efforts.”

Karen Wysiecki, RPN  ▪  Mental Health and Addictions Services Program Coordinator for Residential Care

Glenda Steffler, RPN ▪ Coordinator Island Mental Health Support Team ▪ Vancouver Island Health Authority

On September 21, 2005 at the Empress Hotel in Victoria, Karen Wysiecki was the recipient of the Award of Excellence in the Collaborative Partnerships category of the Celebration of Excellence program sponsored by Vancouver Island Health Authority. “Glenda is very innovative and creative on being able to engage with funding problems and crisis hospitalization. She tends to think out of the box when traditional methods do not work. She handles Island Mental Health Support Teams’ Crisis Stabilization funding in a creative way and is able to keep folks out of hospitals as much as possible and is able to provide support for clients in their own community. Glenda has a natural ability to deal with crisis situations and is able to make quick decisions under great pressure and she is also open to collaborating with social workers, families, caregivers, doctors and other professionals. Glenda has had an enormous amount of impact on my level of standard that I have now set for myself as an employee of VIHA. I look up to her and she gives me great inspiration in maintaining a high level when doing our job. Her energy and commitment in working collaboratively with others is contagious and therefore she is a great role model. Glenda is the “glue” that keeps our team together.”

The Fair Haven United Church Homes in Vancouver is looking for RPNs to work in our Chronic Behaviour Residential Unit.

Regular and casual positions available. Experience in geriatric psychiatry required.

Please fax resume to Director of Resident Services at 604-433-4547 or by e-mail to hli@fairhaven.bc.ca.
Gwen Campbell McArthur RPN, RN – President of the Native and Inuit Nurses Association of BC

April 1990 and it's roots are tied to the Aboriginal Nurses Association of Canada (A.N.A.C.). The objectives of the NINA are to develop awareness of Native and non-native communities of the unique health needs of Native and Inuit people, to actively recruit more people of Native ancestry into the nursing profession and other health professions, and to develop and maintain a registry for Registered Nurses of BC that are Native and Inuit. The rewards of becoming a member come from the relationship with native nurse colleagues. Members can be an RN, RPN, LPN, CNA. Associate membership is available for non-native nurses, students of native ancestry and any native person interested in the nursing profession. (NINA BC Brochure 2005).

Of Métis and Ukrainian ancestry, Gwen's career in health sciences has spanned three decades that began in social work. She graduated as a Registered Psychiatric Nurse in 1978 from the Manitoba School in Portage La Prairie, Manitoba and then as a RN from Grant MacEwan Community College in 1985. Gwen is dedicated to community mental health nursing and has a broad range of clinical skills. She manages a private counselling practice that is culturally appropriate serving several aboriginal communities in the Salmon Arm, Chase and Enderby areas. As a Community Wellness Counsellor and former Interim Director of Health with the Spallumcheen Indian Band, Gwen is a tireless advocate for her clients, families, community members, Elders and colleagues in the field of psychiatric mental health. As an educator and guest lecturer in community based education, she has been involved with the University of Victoria Early Childhood Education and Child and Youth Care – Stress Management training for students, University College of the Cariboo – Sessional Instructor – Community Based Program – Home Support Registered Care Aide Program at Little Shuswap Band, liaison with Elders and community member who participated in cultural education, and Keyano College – Sessional Instructor – Community Based Education – Aboriginal Child and Family Services – Child Welfare, and Practicum Supervisor.

Gwen is the proud mother of two teenage boys and volunteers in the community in many capacities. Her love is with her sons and sports including the high school football team where she has been the team Mom and Medic for the past 4 years. She is also an active member of the CRNBC as a Work Place Rep., is a member in good standing with the A.N.A.C., and is also pursuing her undergraduate degree in the BSN program with a Mental Health specialty at Thompson Rivers University in Kamloops. She is a mentor, field guide, student supporter, faculty at TRU, is active in committee work and is passionate about her life’s work.

**Upcoming Workshops Fall 2005**

- **Western Canadian Conference on Addictions and Mental Health**
  - Dr. Lisa Najavits, Ph.D.
  - Dr. Charles Whitfield, MD
  - Dr. Richard Ries, MD
  - Dr. Dan Bilsker, Ph.D.
  - Dr. Michael Leeds, Ph.D.
  - Dr. Del Curley, Ph.D.
  - Virginia Maxwell, BFA, RPP
  - November 17-19, 2005  Vancouver, British Columbia
  - Topic: "Tools for Transformation"

- **Dr. David Burns, Ph.D.**
  - November 21-22, 2005  Richmond, British Columbia
  - Topic: "Scared Stiff: Fast Effective Treatment for Anxiety Disorders"

- **Dr. Ross Greene, Ph.D.**
  - December 2, 2005  Richmond, British Columbia
  - Topic: "The Explosive Child: the Collaborative Problem-Solving Approach"

- **Dr. John Briere, Ph.D. & Dr. Bessel van der Kolk, MD**
  - December 5-7, 2005  Richmond, British Columbia
  - Topic: "New Frontiers in Trauma Treatment"

- **Dr. David Freeman, M.S.W., D.S.W. & Dr. Richard Ries, MD**
  - December 9, 2005  Burnaby, British Columbia
  - Topic: "Developing a Systemic Model of Counseling"

For more information, or to register for a workshop, please visit our website at [www.jackhirose.com](http://www.jackhirose.com), or contact us at:

**Jack Hirose & Associates**
1770 Orkney Place  Phone: (604) 924-0296
North Vancouver, B.C.  Toll Free: 1-800-676-5424
V7H 2Z1  Fax: (604) 924-0239
jackhirose@shaw.ca
Break New Ground With Interior Health

The province of British Columbia is breaking new ground with its innovative, decentralized model for mental health care. Over the next few years, the current Vancouver-based provincial psychiatric institution will be phased out as patients transfer into our new acute, rehabilitative and residential programs in each of the regions of British Columbia.

Come and grow your career in the Okanagan Valley, and experience an enviable quality of life only the interior of British Columbia can offer. A very desirable four season climate allows people access to affordable outdoor recreation, from skiing and snowmobiling in the winter to golfing, boating and biking in the summer. Famously known as a wine- and fruit-producing valley, the region boasts abundant vineyards and orchards that feed its many wineries. Combined with the opportunities and rewards that Interior Health offers, you’ll find the Okanagan Valley provides a lifestyle to suit everyone’s needs and desires.

Interior Health has responded to the new model of provincial mental health services and is looking for innovative and dynamic people to fill the following key roles:

**Program Manager - Acute Care and Short Term Assessment & Treatment**
**MH-EXC-05-026**
**Penticton, British Columbia**

In this role, you will oversee the Inpatient Unit, Partial Hospitalization, Emergency Mental Health Services, Adult Short-Term Assessment/Treatment team programs and facilitate an efficient and compassionate continuum of care. Qualifications include a Master’s degree in Nursing or a health related discipline, as well as at least five years of progressive leadership experience in an acute care psychiatry or outpatient mental health services environment.

**Clinical Resource Coordinator**
**Psychiatric Inpatient Unit**
**MH-NBA-05-045**
**Penticton, British Columbia**

Reporting to the Program Manager, this dynamic position will find you assuming responsibility for emergency assessment and treatment processes, while lending your leadership ability to the unit. You will become an advocate for best practices by securing mental health nursing practices as the cornerstone of interdisciplinary treatment. The ideal candidate will have a Baccalaureate degree in Nursing or Psychiatric Nursing, in addition to post-basic Mental Health education, and three years of related experience.

Interior Health is bringing health care careers to life and transforming the way quality services are provided. Discover what Interior Health can do for your career, both personally and professionally, by visiting our website at www.interiorhealth.ca

For more information on available opportunities or to apply, please contact Carol Jeffs at carol.jeffs@interiorhealth.ca or by phone at 1.866.972.9299, ext.4713.
Health
Courses, Certificate Programs and Customized Training
2005/06

Douglas College offers a wide range of health courses and certificate programs to suit your learning needs. Courses and workshops can be custom-designed for your group. Visit our Web site at www.douglas.bc.ca/ce for complete program and course listings.

Emergency Mental Health Services Certificate
Designed to prepare professionals for beginning practice in hospital emergency departments, mental health emergency services and outreach programs. Distance education – includes clinical experience. Start anytime. $695

Child and Adolescent Mental Health
New Course in Development. For info call 604-527-5477.

Community Mental Health Worker Certificate Program (CMHW)
No wait-list. A full time program preparing individuals for work in the mental health field. Includes theory, PSR and community-based clinical experience. Applicants must meet admissions requirements. The next CMHW program begins in February, 2006. Registration deadline is January 31, 2006. (380 hrs) $1500

Introduction to Lesbian, Gay, Transgendered and Bisexual (LGBT) Issues for Health and Social Service Providers
Oct 27, 2005 CRN: 31217 $50

Psychosocial Rehabilitation (PSR)
Support recovery in mental health with PSR Principles and PSR Practice. Enhance your knowledge and apply it in these two courses. Courses start in September and January. PSR for Care Aides and PSR for Managers are offered through customized training.

Introduction to Mental Health
A “best practices” approach to mental health care. Courses start in September and January.

Introduction to Assisted Living
Oct 13 – 22, 2005 CRN: 31146 $235

Foot Care
Nov 5, 2005 CRN: 31145 $85

Dementia Care
Nov 17 – 26, 2005 CRN: 31144 $235

Psychiatric and Mental Health Nursing Certificate Program
Self-paced distance education, tutor supported courses and programs that you can start anytime.

Psychiatric Nursing Refresher Certificate Program
Prepares psychiatric nurses who have been non-practicing for at least five years to upgrade knowledge and skills. Funding available through the BC Government Nursing Directorate – for information call 604-527-5477. $2350.

RN Mental Health Nursing Certificate Program
Prepares RNs interested in working in a mental health setting. $1535.

RN Qualifying Certificate Program in Psychiatric Nursing
Prepares RNs educated in other countries to meet the requirements for registration in BC. $1535.

Professional Development Courses in Mental Health Nursing
Distance education, tutor-supported courses offered September to June. Start anytime!

Therapeutic Relationships in Mental Health $250
Assessment and Promotion of Mental Health $250
Disorders of Mental Health $400
Common Physiological Conditions in Mental Health $400
Professional Practice in Mental Health $250

Customized Training
To set up your customized training contact the Faculty of Health Sciences Continuing Education Program Coordinator at 604-527-5047 or streetg@douglas.bc.ca

Information: 604-527-5477 Registration: 604-527-5472 www.douglas.bc.ca/ce
Forty-four years ago this Fall, I walked up four flights of concrete stairs to H4 in Eastlawn Building at Essondale (those of you old enough will be aware that this is now Riverview Hospital). This was one of the last locked wards at the hospital. My three fellow students and I were the first male staff (other than physicians) to work in Eastlawn, which at that time was the 1200 bed female chronic unit. Our instructor, a Psychiatric Nurse (precursor of RPN), stopped at the door to the ward, slipped her keys from under her starched white apron and unlocked the door. She asked us “did you note what I just did?” Of course being brand new brilliant students, we had no idea. “Did you hear my keys rattle or bang?” No, we didn’t. “Always make sure you do the same. These people did not ask to be locked up and do not need to be reminded of it every time a door is opened or closed”. That lesson of caring and respect for others was probably the earliest and most important I learned in my career as a Psychiatric Nurse. At the core of whatever we do are the idea, belief and attitude of caring and all that follows from that fundamental stance.

There are a variety of humanistic theories and conceptual frameworks of nursing at differing levels of complexity which include “Care” as a major component. (Watson, Patterson/Zderad, Parse, Barker, etc.). While they use differing definitions and descriptors for the concept of care, the important point is that caring is integral to them all. What does caring mean? I do not intend to engage in an academic discussion of the differing concepts and definitions. I will state that I think caring connotes an unconditional, thoughtful regard for the other with whom we engage in the process of acting as a caregiver. This includes all the basics of empathy, respect, critical listening, and a strong belief in the rights of the individual. The Tidal Theory (Barker) provides an excellent outline of beliefs/concepts/practices central to the sense of the value of the other.

I believe that Ted Hayes and Dr. John Cutcliffe, in their recent articles in “The Communicator” highlight the negative effects of forgetting or not valuing this “core” component. Both Hayes and Cutcliffe focus on themes related to practices in psychiatry services that are of critical importance to Registered Psychiatric Nurses. In British Columbia, RPNs constitute the largest group of professional caregivers in mental health. We state in our public utterances that we provide leadership in quality mental health care. The primary mandate of the College of Registered Psychiatric Nurses of B.C. is to protect the public. Do we fulfill this mandate if we engage in practices that do not demonstrate a measurable application of caring? My sense is that if we do participate in these types of practices, we are not fulfilling our mandate.

I have occasion to periodically visit an acute psychiatric unit. What I see there unfortunately reflects those kinds of practices noted by Hayes and Cutcliffe. My understanding from discussions with colleagues is that this is the rule rather than the exception in acute psychiatric units in B.C.

While there is no question that there is quality psychiatric nursing care being done, there are also other practices that do

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not reflect a caring focus. Patients on admission are often deprived of their clothing and placed in hospital pajamas, all of which are the same colour. I am reminded vividly of a prison. The patients start at something described as “Level 1” and earn privileges based on behaviour. How is this therapeutic or caring? Again, the similarity to prison is stark. I believe that this kind of clinical environment is an indicator that nurses may have abdicated or been removed from their primary caring role. I believe that we can move beyond this patriarchal, control-focused approach to psychiatric services if we as professional nurses attend to the core or heart of psychiatric nursing. The caring, which in my mind, is fundamental to all psychiatric nursing practice then becomes the key to all our interpersonal relations and to all our nursing actions. This focus would enable us to attend to the expressed needs of the individual as a primacy rather than function as an accomplice role, implementing practices that are clearly not therapeutic. There is significant research evidence appearing which supports the premise that nurses focusing on caring, empowering and experiencing with others can help those others in their quest for recovery. (Barker, etc.). This research is taking place in acute, community and forensic settings, to note a few. What this literature highlights is that by attending to caring, we as professional nurses can make positive change in the places where we provide care and of course make our service to the recipients of care more human and effective.

I have presented my ideas in the form of an “opinion piece” as an attempt to stimulate discussion about our practice as Registered Psychiatric Nurses. There is also, of course, a need for more academic focused papers.

Following are some of the resources that have enriched my thinking.

Resources
The Human Becoming School of Thought: A Perspective for the Nurse and Other Health Professionals Rosemarie Rizzo Parse (1998)
Humanistic Nursing Josepnone E. Patterson; Loretta T. Zderad (1988)
Become part of a leading Mental Health & Addictions (MH&A) Program and make this beautiful & life-affirming place your home

VANCOUVER ISLAND, BRITISH COLUMBIA

Vancouver Island Health Authority (VIHA) is quickly establishing itself as one of Canada’s most innovative providers of comprehensive Mental Health & Addictions services. Changes to the way the province delivers institutional care as well as the advancing age of our population have called for building a program from the ground up – enticing some of the most creative and committed people to join us in this challenging and rewarding area of health care.

Full details of all current opportunities are available on our website. Specific requirements for the following roles include membership or eligibility for membership with the RNABC or CRPNBC. The 2 leadership positions call for 5 - 7 years’ recent related experience, including 2 years’ relevant clinical experience and 2 years in a supervisory capacity.

Coordinator, Crisis Services
Mental Health & Addictions Program
CAMPBELL RIVER/COMOX VALLEY

As clinical program leader, you will be responsible for the operations of the community-based crisis services in both Campbell River and Comox Valley (Courtenay-Comox). These include psychiatric emergency/community crisis response, crisis stabilization and non-medical withdrawal management services. Excellent relationships with First Responders (police, victim services, crisis lines, ER) will be critical to your success in this role which includes directly supervising community crisis nurse teams in each community.

Please apply, quoting reference #10813/NA-RPNA, by July 24, 2005 to: Vancouver Island Health Authority, Employment Services, 300 - 6475 Metral Drive, Nanaimo, BC V9T 2L9. Tel: 250.755.7615; fax: 1.866.740.7920; email: jobsc@viha.ca.

Registered Psychiatric Nurses/Registered Nurses
Mental Health & Addictions Program
Psychiatric ICU/Emergency Services
VICTORIA

Part of an interdisciplinary team, you will deliver patient/client-centred crisis stabilization and/or intensive care involving: conducting mental status assessments; screening for addictions; developing/ carrying out therapeutic care plans; teaching patients/clients and their families; as well as documenting assessments and care.

You are a graduate from a recognized nursing program (degree program preferred) and your professional experience includes 2 years as part of an interdisciplinary team working with persons with acute mental illness.

Please apply online or forward a résumé, quoting reference #1719/RI-RPNA, to: Vancouver Island Health Authority, Employment Services by fax: 250.370.8570 or email: jobs@viha.ca.

www.viha.ca
Check weekly for current opportunities.
When Gambling Stops Being a Game -
Problem Gambling and Concurrent Disorders

For most people in our province, going to a casino, racetrack or bingo hall or buying a lottery ticket is a form of entertainment. However, for a small percentage (4.6%), gambling can become a serious problem. Problem gambling is often referred to as the 'silent addiction.' Unlike other addictions, which eventually have a noticeable impact on physical appearance, problem gambling is much easier to hide. Nevertheless, the impact on health, relationships, career, legal and mental health status can be as severe as any other problem or addiction, sometimes reaching crucial stages before the person reaches out for help or is confronted by friends, family or a professional.

Problem gambling can develop for a variety of reasons, including:

- an unrealistic expectation of winning;
- self-medication;
- the sense of independence or power;
- to escape feelings of loneliness, isolation or boredom;
- to experience excitement and challenge;
- and/or
- mental health issues

A clear connection between mental health issues and problem gambling has been identified in recent studies. Loren Rugle (2001) reported that many problem gamblers suffer from concurrent disorders, including anxiety, attention deficit, personality, substance use, trauma and affect disorders. Likewise, a nationwide U.S. study, “Problem Gamblers and Mental Health Disorders” (Cunningham-Williams, R.M. et al., 1998) found that problem gamblers experience more psychiatric concurrent disorders than non-gamblers. In 1995, a G.A. National study found that one in five pathological gamblers (the DSM-IV term for the most severe form of problem gambling) attempt suicide and two thirds had contemplated suicide. These findings underscore the importance of not only asking gambling clients questions about mental health, but also the importance of asking mental health clients questions about their gambling behaviour.

The most successful treatment of problem gambling and concurrent disorders is through appropriate case management and coordination of services. Help for problem gambling is available anywhere in BC through the Problem Gambling Program’s clinical counseling services (available by contacting the Help Line at 1-888-795-6111). For further education and training on problem gambling and concurrent disorders, please contact Rosemary Usher, Provincial Coordinator of Education and Professional Development at 604-790-0388. All services are free, wholly funded by the Ministry of Public Safety and Solicitor General.

On September 14, 2005 the Patient Relations and Professional Practice Committee of the CRPNBC met with Rosemary Usher and her colleagues from the BC Problem Gambling Program in order to provide this information to RPNs
ANNOUNCEMENT

BACHELOR OF SCIENCE IN PSYCHIATRIC NURSING DEGREE

Douglas College is very pleased to announce that the provincial government has given final approval for the College to offer a Bachelor of Science in Psychiatric Nursing (BSPN) degree. This 4 year degree program has been under development for some time and will begin in September 2006. The curriculum will allow for an exit at the diploma level as well at the degree level. The program will incorporate aspects of the Advanced Diploma in Psychiatric Nursing program that has been offered by Douglas College for many years. The College is grateful for the participation of the CRPNBC and the many representatives of the Health Authorities who provided their advice and support in the development and approval of this new and exciting program. The BSPN program will provide an excellent opportunity for new students and practicing RPNs to gain a strong practice and theory-based baccalaureate degree in Psychiatric Nursing.

Please visit the Douglas College website at for more detailed information as it becomes available this fall.

Douglas College
35 YEARS 1970-2005
www.douglas.bc.ca

MINISTRY OF CHILDREN & FAMILY DEVELOPMENT

Registered Psychiatric Nurses - Burnaby, BC

Youth Forensic Psychiatric Services is mandated to provide in-patient and out patient Court-ordered and Court-related assessment and treatment for young offenders pursuant to the Youth Criminal Justice Act. Youth Forensic Psychiatric Services also provides services to young persons found unfit to stand trial or not criminally responsible due to mental disorder (NCRMD) pursuant to the Criminal Code of Canada.

The Impatient Assessment Unit (IAU) is a 7 bed maximum secure unit that specifically provides assessment services to youth that must be detained. Youth detained in any of the provincial correctional facilities requiring mental health stabilization could be admitted to the IAU. We are currently recruiting to fill the following roles:

Staff Nurse (CF2005:19141)
Under the direction of the Shift Supervisor, you will; provide care to residents concerning medication administration; develop nursing assessments; process doctor's orders; administer patient education; communicate between multidisciplinary team members; make medical appointments; supervise CRPNBC and CRNBC nurses.

The Auxiliary Staff Nurse position is also available and works on an on-call basis.

For more information contact:
Jeri Tomalty at (604)660-5870.

Apply, quoting the appropriate competition number, to MCFD, YFPS, IAU, 3405 Willingdon Avenue, Burnaby, B.C. V5G 3H4 or Fax: (604) 660-5661 Closing date: on going.

Conference Announcement

On May 2 and 3, 2006, Providence Health Care in Vancouver, BC will host Naming and Claiming Spirituality: The Invisible Ingredient in health and healing. The location is the Coast Plaza Hotel in Vancouver. Open to health professionals, leaders, social service providers, religious leaders and others interested in the topic, we invite you to consider participating in the conference.

For more information on the conference contact:
Perminder Sihota
Phone: 604-806-8528
Email: psihota@providencehealth.bc.ca
CALL FOR ABSTRACTS
Calgary will be the site in 2006 for the 3rd World Congress for Psychiatric Nurses. The congress will bring together hundreds of psychiatric nurses and mental health professionals from across Canada and abroad. You are invited to submit an abstract for a session and/or poster presentation. Learning from success as well as planning for our future, this congress will focus on the practical aspects of psychiatric nursing. Participants will leave with tools, skills and knowledge that they can use in their practices.

Conference Themes
It's about People - Unleashing the Potential
System: Mental Health and Health Convergence and Integration along life's Continuum
Practice: Value and Diversity of Psychiatric Nursing throughout the World
People: Making Life Work - Moving Forward

Key Dates
Deadline for Submission of Abstracts: November 16th, 2005
Presenter Notification: January, 2006

Questions?
Email: elizabeth.taylor@rnna.ab.ca or Call: Elizabeth Taylor (780) 434-7666 or 1 (877) 234-7666
Go to www.psychiatricnurse.ca/worldcongress for submission instructions and more information about the congress

ABSTRACT SUBMISSIONS
General Guidelines
• Individuals may submit any number of abstracts with the understanding that, if accepted, they agree to register for the conference, pay appropriate registration fees, and make the presentation(s) as scheduled.
• All submissions must be based on original material by the presenter or permission to present must be obtained from the original author(s).
• Abstracts to be submitted in English. Presentations to be made in English.
• No audio visual equipment will be provided for poster presentations.
• Presentations to be submitted along with the attached form to:
  World Congress For Psychiatric Nurses
  Attention: Program Committee
  201, 9711 45th Ave
  Edmonton, Alberta, Canada
  Fax: (780) 436-4165

Presentation Formats
We are pleased to offer two presentation formats. Each submission should indicate the preferred presentation format on the Abstract Form. To design the most effective program, the Program Committee may ask that submissions be combined or presented in another format in order to be accepted. Each abstract should indicate purpose, format and expected outcomes for participants.

• **Sessions** are designed to be practical and interactive. Each workshop will be 75 minutes in duration. Abstracts should indicate how the presenter(s) plan to make the session practical and interactive.
• **Poster Presentations** will provide visual illustrations of research or practice findings on a 4 x 8 display board. Presenters must be available to answer questions during specified times.

Criteria for Abstract Selection:
• Relevance to the themes of the conference.
• Intention to provide practical information beyond program description.
• Potential contribution to the advancement of research, policy development, and/or practice.
• Quality of the abstract.
Registered Psychiatric Nurses of Canada invites nominations for the Awards of Excellence in Psychiatric Nursing

Registered Psychiatric Nurses of Canada Award of Excellence in Psychiatric Nursing
These awards are granted every two years to four Registered Psychiatric Nurses, one from each professional regulatory body who have made outstanding contributions to the profession of psychiatric nursing and/or who have demonstrated excellence in improving mental health services in Canada.

Award Criteria
Registered Psychiatric Nurses who have made outstanding contributions to the profession of psychiatric nursing and/or who have demonstrated excellence in improving mental health services in Canada.

Examples of areas of excellence may include:
1) Patient/client advocacy
2) Clinical practice
3) Leadership in psychiatric nursing including administration
4) Psychiatric nursing education
5) Research in psychiatric nursing
6) Community service

Eligibility and Nomination Process
The nominee must be a member in good standing with a professional regulatory body for Psychiatric Nursing. The nominator must have a professional working relationship of at least five years with the nominee.

Selection Process
The selection of the award recipients shall be made by each provincial regulatory body.

Presentation
These awards will be presented by the Registered Psychiatric Nurses of Canada at the World Congress May 11 - 13, 2006 in Calgary.

Deadline for Nominations
Nominations must be received by December 30, 2005

NOMINATION
I, ________________________________ nominate ____________________________________
for the Registered Psychiatric Nurses of Canada Award of Excellence.

_________________________________ ____________________________________
Signature of Nominator Signature of Seconder

Supporting Documentation: This nomination form must be accompanied by supporting documentation that demonstrates the nominee meets the criteria.

Please fax, mail or email the nomination to: College of Registered Psychiatric Nurses of British Columbia
Suite 307, 2502 St. Johns Street, Port Moody, B.C. V3H 2B4
Fax: 604.931.5277
Email: terry_roach@crpnbc.ca
In part one of this paper I introduced the issue of specialism or generic preparation for P/MH nurses and proceeded to review the ‘Canadian evidence’; such as it is. I summarized student feedback comment pertinent to this issue and began to respond to the U.Victoria and U.B.C. responses to the proposals to inaugurate a Baccalaureate in Psychiatric Nursing. Part two continues this response, draws upon relevant international evidence, predicates the important differences between generic and specialist nurses and reflects on a few interesting ‘after thoughts’.

Responding to the responses – a postmodernist critique: Why have U.B.C. and U.Vic. responded in the way they have?

The response from the Director of Nursing at UBC is more measured and more thoughtful, but it still contains a number of ‘interesting’ positions, assumptions, assertions and inaccuracies. It is inaccurate, considering the international evidence, to suggest, quote “RPNs augment the RN workforce in mental health service delivery and have never been the sole provider (or indeed the majority provider) of that form of nursing service.”

The European and historical evidence contradicts this statement. The UBC response suggests that there already exists a system for RPNs to obtain a baccalaureate degree, namely through ‘laddering’ into a generic nursing degree. What I find interesting about this is that nowhere in the Douglas/Kwantlen proposals is it suggested that the new BPN would replace existing systems; they would augment them. Accordingly, if an RPN wanted to follow the existing pathway, he/she would be able to do so. However, as the international evidence indicates (see below), not every RPN will want to study for this generalist degree, especially if much of the content is superfluous to his/her interest. Accordingly, one is left wondering – where is the harm in offering greater choices and options to RPNs? Why must we make every nurse fit one particular model? Whose interests are served by prohibiting additional choices and options? At a time when the options for advanced practice (in the various guises that this exists in BC) are higher than ever before, why would we not apply the same philosophy of increased choices at the undergraduate level? Again, I would remind the reader to consider the UBC comments in the context of post-modernist ideas about dominant discourse, power and implicit agendas and thus reach your own answers to these questions.

The UBC response also states “we do not recognize psychiatric nursing as having a separate and distinct knowledge base, such as might justify a separate degree program’. While I totally uphold the view that these authors are entitled to their opinion, I am astonished by this remark. In Canada, the United States, Australia, and some European countries there exist extremely well established, formalized, government endorsed post-graduate specialization programs for psychiatric nursing. This can easily be verified by even the most cursory examination of websites of schools of nursing. Graduate specialist degrees in a variety of forms of P/MH nursing already exist (see Gallop, 2005). Indeed, part of the very basis for the argument of continuing a generalist baccalaureate degree is that specialism occurs at the post-graduate level! Consequently, it is completely contradictory to have a range of post-graduate P/MH specialist courses/ programs widely available and then make...
the claim that psychiatric nursing doesn’t have a separate and distinct knowledge base. Whatever next – statements suggest that psychiatry has no separate or distinct knowledge base to medicine? If UBC’s position was in anyway accurate, there would be no need for post-graduate programs in P/MH nursing.

The UBC response further makes the claims that, “the RPN prepared at the baccalaureate degree again hit a career ceiling” and that “a baccalaureate degree will not produce such leaders”. Interestingly, what defines or constitutes a ‘leader’ is not made clear1 consequently it is difficult to gauge the veracity of this point of view. The reference to a (career) glass ceiling is worthy of more consideration. It may be the case that some Canadian Universities would not allow admission to a masters or post-graduate specialist P/MH nursing program without a generic degree at the moment. However, this is partly explained (rather obviously) because of the hitherto absence of a baccalaureate degree in mental health nursing. It strikes me as rather short-sighted that future admissions decisions to specialist P/MH postgraduate studies will not take account of the achievement of being awarded a BPN. Indeed, in some countries there already exist plenty of examples of nurses gaining admission to a masters program without having the generic baccalaureate degree in nursing (for example, through the means of Assessment of Prior Learning). In fact, not only have these innovative attempts vis a vis admission already been piloted in Ontario (for the Nurse Practitioner Masters program), but they have also already been discussed in BC!! Further, neither the UBC nor the U.Vic nursing program website identify a specialist Masters of Psychiatric Nursing. One may assume that, perhaps, a mental health ‘focus’ might be possible within the Family Nurse Practitioner masters option. Interestingly, Masters in Nursing Leadership degrees are available2.

However, drawing on post-modernist ideas, one could be forgiven for concluding that the views of UBC and U.Vic. are perhaps influenced by the fact that they do not currently offer such a specialist P/MH nursing masters degree.

The arguments about Canadian RPNs being able to register as international students on existing Masters in Psychiatric nursing degrees notwithstanding, I wish to challenge the rather parochial views espoused in the response from UBC. Judging from the Masters options listed on the websites of UBC and U.Vic., both these Universities appear to recognize and uphold the value of diversity, choice and options. I would support such a view. But then these views are opposite to those expressed in the responses to the proposal for a BPN. It needs to be recognized, and the recent creation of a Nurse Practitioner Masters degree is testimony to this truism, that changes and developments in health care create the need for new educational options. To dogmatically advocate on behalf of the status quo (which may coincidently serve the needs of those organizations) is counter-productive to the greater needs of the discipline and the population which they serve. Furthermore, there was no evidence of such a dogmatic reaction when the idea of the Nurse Practitioner Masters degree was first touted. If there is any truth to the claims made in the UBC response that graduates from a BPN would hit a post-graduate (career) glass ceiling (and there is evidence that this view does not hold up when compared to the international situation), then as an academy we need to create additional post-graduate options for these graduates. Providing the academic standards are equivalent to a generic Masters of Nursing (and there is no documented reason to suggest that they would not be), the only thing preventing these emancipatory options would be the lack of imagination on the part of the academy (or the ‘political’ interests of those currently holding the position of the dominant discourse.)

The international picture and evidence Having looked at some of the elements within the responses to the proposals to offer a Bachelors of Psychiatric Nursing, and having highlighted that lack of evidence to support some of the positions adopted within these responses, here I draw upon some of the relevant international literature. Rather than merely positioning myself according to my own agenda or interests, I wish to draw upon work that has arisen either following the removal of specialist mental health nursing programs (e.g. as happened in Victoria, Australia) or where the struggle is still ongoing (e.g. as is happening in the UK).

In a compelling paper, Happell (1997) outlines some of the consequences that ensued following the replacement of specialist mental health training with a generic program. The resultant focus of the curriculum was, perhaps not surprisingly given the nature of general medical/surgical nursing, centred on more fixed or ‘set’ approaches to care; wherein diagnosis leads directly to a treatment which in turn has a predictable outcome. Given the well documented ambiguity that surrounds much of mental health nursing (Ryan, 1997; Barker, 1999;

Continued on page 18
Cutcliffe and Goward, 2000), such approaches to care are not befitting of P/MH nursing and would do much to limit or hinder such practice. On a related note, the relationships mental health nurses form with their clients are qualitatively different in nature to those formed within other domains of nursing (see for example Chambers, 1998; Barker, 1999; Stevenson, 3). Psychiatric nursing is the only specialty to predicate that the nurse her/himself is the principal instrument of nursing (Travelbee, Michael, 1994; Norman, 1998; 2005) and thus, the essence of mental health nursing is the human interaction; the therapeutic relationship formed between the nurse and the client. Norman (2005) has argued recently that the sacrosanct nature of these interpersonal relationships is perhaps best personified or manifestly expressed in the P/MH nurse’s capacity to engage and persevere with people described as the long-term seriously mentally ‘ill’ and/or people that periodically exhibit disturbed and/or aggressive behaviour. Norman (1998) asserts that generic preparation is rooted in the biomedical tradition of general nurses, thus the centrality of the interpersonal relationship is unlikely to be advocated within generic programs. Evidence supporting Norman’s argument exists on the websites of UBC and U.Vic. In their respective statement on ‘Beliefs about nursing’, UBC (2005) begins by stating, “Nursing is a knowledge-driven practice profession, involving the diagnosis, treatment and evaluation of human responses to health and illness.” While the statement continues to indicate that nursing occurs within a communication and interaction context, reference to the primacy of relationship formation is absent. There is even less reference to relationship formation in the U.Vic.(2005) nursing program philosophy statement; and nothing to assert the primacy of relationship formation. That is not to suggest that relationship formation is not regarded as important on these (no doubt high quality) generic programs, but there is little or no evidence to indicate the Peplauvian (1952) notions of the centrality of interpersonal relationships. Generic preparation exacerbates this problem in that psychiatric nursing focused skills are rejected in favor of more universally applicable skills. An argument supported by Chan and Rudman (1998, p144) who point out, “the tendency towards the majority (in nurse education) invariably produces distortion at the expense of academic rigor in the specialities.”

These noted irreconcilable, fundamental differences in emphasis lead to the logical conclusion, that undergraduate generic programs do not adequately prepare nurses for specialist mental health nursing. As Happell (1997, p241) pointed out, the introduction of an integrated curriculum has, “seriously challenged the viability of psychiatric nursing on these courses.”

**A different type of person for a different type of nursing?**

It has been suggested that there are differences in the type of person who is drawn to P/MH nursing rather than generic (medical/surgical focused) nursing. One of the leading P/MH nursing luminaries of her generation, Professor Annie Altschul (1997, p2) was convinced that people who want a career in P/MH nursing are different from those who wish to become generic/general nurses, “I believe the difference in the kind of people attracted to psychiatric nursing remains”. She goes on to state that, “because different people recruit themselves, psychiatric and general nursing should remain separate. Generic training does not make sense the overlap of some elements does not justify a generic approach to nursing.”

This position is supported by Norman’s (1998) findings; who found that generic/general and P/MH nurses are different ‘breeds’. He argued that many would be applicants to nursing specialities are reluctant to apply to nurse preparation while it remains dominated by general (medical/surgical) nursing experiences. Furthermore, the limited body of evidence in this area is consistent in showing fundamental differences in attitude, and these findings support Altschul’s assertions regarding the greater ‘liberal mindedness’ of P/MH nurses (Cutcliffe, 2003). Indeed, such findings led Clarke (2000) to assert that choosing a nursing speciality is not an external, objective act; instead it is a reflection of a person’s core values. Where these educational ‘developments’ have already occurred in some parts of the United States of America (USA), specialist services are rarely seen in the community services (Gournay, 1998). This leads Professor Gournay to declare, “it is clear that mental

**Continued on page 20**
Patient Relations, Professional Practice Committee Report

The College of Registered Psychiatric Nurses of British Columbia invites you to attend forums on patient/client safety.

Victoria, Kelowna, Prince George and Coquitlam.

For the past two years, RPNs in BC have identified patient/client safety as their number one professional practice concern. While patient safety is a major concern in all areas of nursing, Registered Psychiatric Nurses encounter situations with mental health patients/clients that require strategic initiatives and solutions.

The mission of the College of Registered Psychiatric Nurses of B.C. is to serve and protect the public. The College is responsible through self regulation to assure a safe, accountable and ethical level of psychiatric nursing practice. The College is accountable to the public through government regulation under the Health Professions Act.

The practice of psychiatric nursing is guided by a set of values and beliefs that are included in the Code of Ethics, the Standards of Practice and in the expected competencies.

This profession is based on professionalism and competence. Anything that may compromise safe and competent levels of care, must be addressed.

The RPNs have identified a number of patient safety concerns they are encountering in their practice. This information has been compiled by the CRPNBC and additional work is required to address these important safety concerns.

Four one day forums have been planned for Registered Psychiatric Nurses to seek solutions and strategies to address these safety problems.

You are invited to attend a forum in one of the following locations:

- Victoria, October 31, 2005 at Dunsmuir Lodge at 10 am - 3 pm
- Coquitlam, November 4, 2005 at the Executive Plaza Hotel at 11 am - 4 pm
- Prince George, November 16, 2005 at the Coast Hotel Inn of the North at 10 am - 3 pm
- Kelowna, November 23, 2005 at the Coast Capri Hotel at 10 am - 3 pm

If you are interested in attending one of these forums, please contact Terry at the CRPNBC office to register. Phone 1-800-565-2505, or 604-931-5200 or email terry_roach@crpnbc.ca. Each session is able to accommodate 25 participants so please register early to ensure there is space available.

In addition to these forums, one focus group with patients/clients and family members will be held to validate the information and recommendations made by the RPNs.

The other three regulatory bodies for RPNs in Western Canada are collaborating on this project and a national report will be prepared with input from the four professional groups. This information will be shared with all Registered Psychiatric Nurses in Canada, the Office of Nursing Policy, Health Canada, Nursing Stakeholders and other health care professionals.

THE FUNDING FOR THIS PROJECT HAS BEEN PROVIDED BY HEALTH CANADA, OFFICE OF NURSING POLICY.
health services need specialists and that we have to recognize that a creation of a generic nurse will put such people off, as they will not wish to undertake a long and arduous generic preparation in clinical areas which are of little interest therefore, mental health nurses must resist the move to generic preparation with their combined might.”

Interestingly, the founding ‘mothers’ (e.g. Nightingale, Bedford-Fenwick) of nursing were adamant that general nurses were considerably different (and clearly thought they were better trained) than their psychiatric contemporaries. Mrs Bedford-Fenwick for example stated, “Everyone will agree that no person can be considered trained who has only worked in hospitals and asylums for the insane.” (Bedford-Fenwick, 1896).

Interestingly, the undercurrents of Bedford-Fenwick’s views of mental health nurses can be located in the University of Victoria’s Chair of Nursing response to the proposals to offer a Bachelors of Psychiatric Nursing. Leaving aside arguments about ascendancy or pre-eminence of one program over another, it is interesting to note the leading figures from general and psychiatric nursing all agree that these types of nurses are different from one another.

Theoretical and epistemological arguments aside, there may be more pragmatic and persuasive arguments that can be made when one considers the provincial, national and global shortage of P/MH nurses. There is a sizeable literature which suggests that first hand experience of specialist psychiatric clinical placements, not only begins to challenge some of the students’ inappropriate stereotypes and myths about people with mental health problems, but simultaneously, introduces the students to the subtle, somewhat less obvious, rewards of working in this area (Cutcliffe, 2003). Where nursing speciality shortages have been identified in the past, additional access to those specific clinical placements has had a clear impact on the shortage of nurses. If such a relatively small exposure to P/MH nursing has a positive impact on recruitment to the speciality, one might extrapolate that having an educational experience dedicated to P/MH nursing would thus produce the highest chance of retaining the nurse within the speciality after he/she graduates. Of course, such positions are somewhat simplistic, and there are also significant problems in attracting people to specialist psychiatric nursing programs. Never the less, there is an evidence based argument for including (and increasing) psychiatric clinical placements for students as a means to enhance retention.

After thoughts
It strikes me as worthy of note that a number of questions linked to this debate have not yet been asked. Firstly, why is it always P/MH nursing, and not general nursing, that is seen as disposable, less important, something that can be learned in any context? Why is P/MH nursing regarded as the ‘poor relation’? Now, part of this explanation resides in the fact that, in the nursing academy, P/MH is not the dominant discourse. Accordingly, it is disempowered by the dominant discourse; it is seen as less credible, less influential and has less authority. Maybe also this can be explained in part simply because

Continued from page 20
P/MH is a minority group and like other minority groups in nursing, it’s voice is not as ‘vociferous’.

However, as laudable as these arguments may be, there is something else; something more tacit, and this ethereal phenomenon concerns the nature of mental health problems and the ‘mystery’ of the ‘mentally ill’. Mental illness and accordingly, people who experience mental health problems have always been shrouded in mystery. The inscrutable nature of mental illness has given rise to explanations concerning its origins and manifestations including demon possession, prophets and emissaries of Gods, chemical imbalances, genetic disorders and environmental/developmental dysfunction. Despite the proliferation of these explanations it is fair to say that much (most) of mental illness remains arcane and unfathomable. Does this lack of understanding give rise to assumptions about how P/MH nursing can be learned? Given that the responses emanate from Universities who do not (and have never) offered specialist mental health programs, one might conclude that some of the mystery of mental health is lost on the authors of the responses; these responses themselves indicate a lack of understanding.

Conclusions
Drawing on a wide range of evidence, from student feedback to service user empirical evidence to theoretical positions offered by P/MH nursing luminaries, it is argued that generic nurse training, at best limits and at worst prevent students from immersing themselves in P/MH nursing experiences. Along with many P/MH nursing colleagues cited in this paper, I support this well documented position and add that generic nurse preparation challenges the very essence of P/MH nursing (Cutcliffe and McKenna, 2000a;b). It is evident that the case for generic nurse preparation is, at least in part, concerned with producing a mobile and versatile workforce; a flexible resource who can be moved from clinical area to clinical area as the need dictates. Yet, the empirical evidence continues to indicate that there are fundamental differences between RPNs and generic nurses; that service users greatly value the unique service and skill set that they experience in their RPNs. In the absence of compelling empirical evidence to support the case for generic preparation, one must at least consider that the case for generic preparation is an economic and political one rather than a pedagogical and evidence-based case.

Accordingly, if the responses offered by UBC and U.Vic lack empirical and theoretical validity; if they are incomplete representations of the current global situation vis-a-vis nurse education, and yet they make such profound and wide reaching claims, one could be forgiven for concluding that that is there a vested interest driving these responses. That these responses have less to do with pedagogical justifications and evidence-based arguments and may be more to do with maintaining the ‘status quo’ and the hegemonic positions that these two organizations currently hold with regards to nurse education in BC. So to return to the questions posed at the beginning of this paper, If RPNs are replaced by RNs will they still ‘smell as sweet? My response is ‘NO’ and any such plans to replace RPNs should be resisted with our combined might.

References
Bedford-Fenwick, E. (1896) On male attendants Nursing Record 2, 429

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Thompson River University
CYMH Certificate update

Child and Youth Mental Health Clinical Certificate Program
Planned start date: January 2006
The online Child and Youth Mental Health Clinical Certificate Program is designed to enable bachelors and masters prepared social workers, counsellors, child and youth care workers, and nurses to provide assessment, treatment, and referral for clients with mental health disorders. The critical need for such specialists has been identified by British Columbia’s Schools of Social Work, Schools of Child and Youth Care, and Ministry for Children and Family Development, and is consistent with the Child and Youth Mental Health Plan for BC (2004).
For this certificate program, the curriculum will take a multi-modal strengths-based approach for working with children and families with serious mental health concerns. The curriculum will also include a focus on Aboriginal and cross-cultural contexts. The program consists of 4 courses and a clinical internship. Course work has been designed to be consistent with a graduate level of study.
The courses are described below:
Context and Theory in Child and Youth Mental Health Practice
Assessment for Intervention in Child and Youth Mental Health
Intervention in Child and Youth Mental Health
Clinical Internship
Capstone
Program Advisory Committee:
Jim Campbell, MSW, Director, Mental Health, Interior Health Authority
Grant Larson, PhD, Faculty, School of Social Work and Human Service, Thompson Rivers University
Lorraine Hathaway, MSW, Clinical Director of Outpatient Psychiatry, B.C. Children’s Hospital
Shari Laliberte, MSN, Faculty, School of Nursing, Thompson Rivers University
Paule McNicoll, PhD, Faculty, School of Social Work and Family Studies, University of British Columbia
Gayle Read, MSW, Mental Health Consultant, Senior Psychiatric Social Work Specialist, Ministry for Children and Family Development
Contact Information:
Email: student@tru.ca
Phone: 604 431 3300

website: www.tru.ca

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Gournay, K. (1998) Imminent new policy issues poses fresh challenges Mental Health Practice Vol 1, 10, 4
Mental Health Foundation (2000) Strategies for Living Mental Health Foundation, London
National Nursing Competencies Project (1997)
Peplau, H. (1952) Interpersonal relations in nursing GP Putnam, New York
University of British Columbia (recovered 2005) www.nursing.ubc.ca/program/Policy
University of Victoria (recovered 2005) www.web.uvic.ca/nurs/general.htm

1 Indeed, the associated nursing literature has been struggling with such definitions and terms for many years. As an academy, we still have no irrefutable or uncontested conceptualizations of who/what constitutes a ‘nursing leader’.
2 Even though questions might be asked about the unique, separate or distinct nature of nursing leadership knowledge base – especially when compared to P/MH nursing
3 That is not to say better or worse, but the theoretical literature is replete with references to these differences.
4 Often euphemistically referred to as the severe and enduring mentally ill (SEMI) population.
5 And it is difficult to disagree with this assertion given the evidence, provided from a range of sources, contained in this paper.
6 Though it needs to be noted that, despite the unsubstantiated claims evident in the response from the Chair of the University of Victoria nursing program, no randomized controlled trials have been undertaken to examine the effectiveness of RNs versus RPNs in working with clients with mental health problems. Furthermore, any such trials are almost methodologically prohibitive.
7 Though it should be noted that other minority groups actually hold the position of dominant discourse (e.g. medicine and it’s dominant position in healthcare).
8 Even though I am uncomfortable with the use of this term, I use it here purposefully to help illustrate this point.
To whom it may concern:

Re: Cease Sale of Thioridazine in Canada

Health Canada is providing you with an advance copy of a health professional communication advising that all manufacturers of thioridazine products in Canada will be required to stop sale by September 30, 2005. This advanced notification is being sent to you for distribution to your membership.

In June 2005, Health Canada requested that manufacturers of thioridazine products provide evidence for the safe use of thioridazine. Such evidence has not been provided, and has resulted in the direction to cease sales of thioridazine.

While manufacturers must cease sale by September 30, 2005, pharmacies may continue to dispense existing stock of thioridazine. Health Canada anticipates that there will be adequate supplies available in pharmacies to allow a transition period for prescribers to safely switch patients to an appropriate alternate medication.

Health Canada invites you and your members to join the MedEffect mailing list which electronically disseminates the Canadian Adverse Reaction Newsletter and notices of health professional communications or consumer advisories from Health Canada. This service allows health professionals expedited delivery of important drug safety and regulatory information. To receive the Newsletter and Advisories free by e-mail, go to: http://www.hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index_e.html

If you are not the appropriate contact person for this notification, it would be appreciated if you would advise Health Canada to whom in your organization this notice should be directed.

Health Canada hopes this information is helpful to you.

Marketed Health Products Directorate
Email: MHPD_DPSC@hc-sc.gc.ca
The College of Registered Psychiatric Nurses of British Columbia

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Email: info@crpnbc.ca Website: www.crpnbc.ca

Publication Information

All members of the College of Registered Psychiatric Nurses are invited to submit articles, news items, opinions and ideas to the College office.

The College reserves the right to select editorial material and edit content.

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Visit our website at www.crpnbc.ca to see our new display, banner and brochure for the College.

College of Registered Psychiatric Nurses of British Columbia

Suite 307 - 2502 St. Johns Street

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