

Our Voice

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Capital Health Addictions and Mental Health Program

Engaging Families, Improving Recovery

SUBMITTED BY Jenna MacKinnon, Family Work Team

Let's all take a moment and reflect upon what is most important in our lives. I believe most people would look past money, status, and material things and say family. Our partners, our children, our parents, our brothers and sisters, our aunts, uncles, cousins, and even maybe our in-laws!

Let's think about health and what it means to be healthy. Think about how the health of our family impacts our lives. Sometimes every aspect of our daily life is affected when someone we are close to becomes unwell. Think about your own personal interaction with health care when someone you love has needed help. Were your loved one's needs considered on the basis of being a family member? Was the family unit considered when treatment options and recovery were addressed? As a family member, were you satisfied with the service you received?

Now let's think about our caseloads, the people we care for; our clients, patients, consumers, the individuals we serve. Where did they come from? What have they been through? Whose lives have been impacted by their health and recovery? They are connected to people who have raised them, lived with them, and rode the roller-coaster of mental health with them. The people closest to the individuals we serve have lived lives shaped by the presence of a mental illness. How have those loved ones coped? How has their coping impacted their loved one's recovery? How has their coping impacted their own recovery? What support have they received?

Sometimes, as clinicians, it's hard to view people with a different perspective, especially if we have been working with them for a long time and have been through a lot of their "history". Sometimes we are privy to information about their family and the impact their family may have had on them. As much as we don't like to admit, this may influence assumptions we may make about the person, their health, and their recovery. Sometimes we are nervous about opening up potential conflicts within the dynamic of family because we fear negative outcomes for everyone. Sometimes we do not support involving family or only involving family in a particular way because of logistics, system operations, time, and confidence. If we start to view our role as that of support and guidance to families and the individual living with mental illness and/or an addiction, then we are getting on the right track to building capacity within the family unit. Capacity to cope, support, and sustain their own health and wellness.

If we take the time to stop and think about people as extensions of their family, the care they receive will be enriched and meaningful. The impact of this will be felt through the most important aspect of their lives, their family. If we help strengthen and empower families to become active in their recovery, then we strengthen the service we give, the system in which we work, and the community in which we live.

We do have a role in supporting healthy family relationships. Let's think family. Let's ask ourselves what we are doing to engage families in our practice? Let's ask ourselves if we are meeting the needs of the family along with the person? Let's keep in mind that mental health issues tend to be prevalent in families and family members are three times likely to be dealing with their own mental health issue. Let's look at and respect family as equal partners with their loved one's care. Let's start including family in recovery. Wouldn't you want this for your family?

For further reading about involving families and outcomes:

Burbach, F.R. and Stanbridge, R.I. (2007). Developing family-inclusive mainstream mental health services. *Journal of Family Therapy*, 29: 21-43.

Cohen, A.N., Drapalski, A.L., Glynn, S.M., Medoff, D., Fang, L.J. & Dixon, L.B. (2013) Preferences for family involvement in care among consumers with serious mental illness, *Psychiatric Services*, 64 (3) 257-263.

Cohen, A.N., Glynn, S.M., Murray-Swank, A.B., Barrio, C., Fischer, E.P., McCutcheon, S.J., Perlick, D.A., Rotondi, A.J., Sayers, S.L., Sherman, M.D. & Dixon, L.B. (2008). The family forum: directions for the implementation of family psychoeducation for severe mental illness. *Psychiatric Services*, 59(1), 40-8.

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Quality Matters

SUBMITTED BY the CHAMHP Quality Council

The Capital Health Addictions and Mental Health Quality Council and its 9 Quality Teams continually strive to improve service delivery at both the service and program levels. For the past number of years there has been a focus on improving **collaboration** between consumers, families and providers. There have been a number of achievements in this area and work continues to develop.

Transitions of care was added as a second area of focus in recent years. The *Principles for Transitions of Care* were developed to outline the basic practices that support successful transitions. To continue with this work, the Quality Council and Teams have been working closely together to improve transitions at the local level (transitions between CHAMHP Services). As a starting point, the 9 Quality Teams have partnered to develop quality initiatives between services for targeted improvement efforts.

A brief summary of these partnerships and their associated quality improvement projects are as follows:

Partnerships	Quality Improvement Projects
Community Mental Health and Crisis (Psychiatric Emergency Service)	A document has been developed to improve understanding and communication between the services with a focus on consistent expectations and communication at referral.
Specialty (Early Psychosis) and Addictions	With a focus on inter-service collaboration, these services are working to improve how they work together to improve the experience of clients who may need treatment or consultation from both services.
Acute Care and Recovery and Integration	These teams are evaluating the possibility for patients of Acute Care to have the opportunity to visit Simpson Landing as an outing prior to the potential transition.
Seniors and Developmental Disorders	Though these services do not usually transfer clients between services, they share similar experiences in working with external partners and care facilities. They continue to share their ideas, successes and challenges in this regard.
Acute Care, Community Mental Health and Recovery and Integration	Community Mental Health will partake in the early identification process with Recovery and Integration on acute care to help determine which service would best suit the needs of patients after discharge.
Recovery and Integration and East Coast Forensic Hospital (ECFH)	A model of hand-over-hand care is being explored for people at ECFH, who are nearing discharge to begin receiving some services from Connections.

This work is in the early stages and will continue to develop throughout the year. If you would like any additional information, please contact **Laura Ankcorn** at laura.ankcorn@cdha.nshealth.ca.

Core Business Redesign Project - Update

SUBMITTED BY the CHAMHP Core Business Redesign Steering Committee

On Monday, March 2, the Core Business Redesign Steering Committee will meet for a full-day to review all recommendations and begin prioritizing and making decisions about what the five clinical pathways will look like.

Opportunities for feedback from all stakeholders will be announced shortly.

For more information or if you have questions, please contact Shauna Blundon, senior project manager at shauna.blundon@cdha.nshealth.ca.

Newsletter Submissions

Our Voice provides a forum for the exchange of information, ideas and items of general interest to the staff of the Capital Health Addictions and Mental Health Program and our community partners. The next issue of Our Voice will be distributed on March 31, 2015 with the deadline for submissions to be March 23, 2015. Please send all submissions to patricia.dauphinee@cdha.nshealth.ca.

Keeping Kids Safe in a Cyber World

SUBMITTED BY the Mental Health Foundation of Nova Scotia

“Keeping Kids Safe in a Cyber World taught me to think before posting things online.”

The Mental Health Foundation of Nova Scotia is working to *change the way people think* about children’s mental health and online safety.

When we spoke with him, Camden MacKenzie was nine years old, but quick to point out that’s “almost ten.” Like many kids his age, he enjoys hockey and playing games on the computer and online.

Last year Camden’s grade four class took part in a program called Keeping Kids Safe in a Cyber World. It’s an initiative of Family SOS. It’s facilitated in schools by volunteers with education in Social Work, Criminal Justice, Family Studies, Child and Youth Development, and Health and Wellness programs. It’s also proudly funded by a Mental Health Foundation of Nova Scotia Community Grant!

According to the Nova Scotia Task Force on Bullying and Cyber Bullying report, 39% of all elementary, junior high and high school students in Nova Scotia have been bullied online at one point or another, with more than half the students claiming to know someone who has been or is being bullied.

Over six sessions, Keeping Kids Safe covers multiple topics. The program begins with an overview of what children can do to protect themselves online by keeping personal information private, and practicing ‘netiquette.’

Leaders define cyber bullying and how it differs from traditional bullying. Participants are encouraged to become upstanders, rather than bystanders, to online bullying.

The final set of sessions is focused on mental health and self-care. The group discusses anxiety, stress and depression as it relates to childhood, adolescence, and online encounters. The children also learn about self-care strategies and where they can turn for help.

Through Keeping Kids Safe, children and youth are learning to protect and promote their own mental wellness in our increasingly digital world. Camden says he’s become more aware of how his online activity can impact others.

Learn more about how your donation to the Mental Health Foundation of Nova Scotia helps people in our province make mental health a priority: www.mentalhealthns.ca/impact.



Photo credit: Lori Buhlman

Mental Health Minute

The following segments of the Mental Health Minute aired on CTV News at 5:

- **February 3:** Mark Serieys, *Butt Out*, program leader, explains that quitting smoking is a tough ask for anyone, but it can be even harder for those who struggle with mental health issues.
- **February 10:** Deb Phillips, health services manager, Psychiatric Emergency Services, talks about how Capital Health emergency rooms are equipped to provide emergency and urgent care to people who are in a psychiatric or mental health crisis.
- **February 17:** Tips on how to treat post-traumatic stress disorder service dogs from Jocelyn Cousineau, *Paws for Thought*, co-founder.
- **February 24:** Do you know someone who compulsively picks at their skin, pulls their hair, or bites their finger nails? Learn more from Angela Hartlin, dermatillomania author and advocate.

To view all Mental Health Minute videos, click on the link below and go to the CTV News :

<http://www.cdha.nshealth.ca/addictions-mental-health-program-chamhp/videos-mental-health-minute>.

Our People



Drs. Alec Hipwell (left) and Saravana Muthu (right), the dynamic psychiatry duo of Cole Harbour Community Mental Health, have both retired after many years of service.

Dr. Hipwell started work at The Nova Scotia Hospital in August 1984 (30 years), and Dr. Muthu in December 1983 (31 years). Now that's dedication!

Colleagues and friends from Cole Harbour Community Mental Health and from across CHAMHP and the Dalhousie University Department of Psychiatry wish to extend best wishes to them both on a happy retirement.

We will miss their wisdom, guidance and expertise!



Todd Henwood, captain, East Coast Forensic Hospital (ECFH) would like to extend his appreciation for positive team interaction to **Melissa Gordon**, correctional officer (CO), who received a Superintendent Certificate based on exceptional performance.

CO Melissa Gordon (*pictured left holding her certificate and joined by staff from the Rehabilitation Unit's clinical team*) was recognized for her gathering of intelligence which led to a seizure of contraband at the Rehabilitation Unit.

Congratulations to CO Gordon on a job well done, and for being part of this professional culture!



Congratulations to Carmen Dorey (and her husband, Chuck) on the birth of their first child, Hawthorne Charles Dorey, who arrived at 3:46 am on Thursday, February 5 weighing 6 lbs, 13 oz.

Carmen is a library technician working in the Health Sciences Library at The Nova Scotia Hospital.

Welcome baby, Hawthorne!

We love to celebrate our staff!

If you have any staff news that you would like to share, please send an email to patricia.dauphinee@cdha.nshealth.ca. We would be happy to include it in the newsletter.

Common Myths of CAPA Clarified

The Choice and Partnership Approach (CAPA) is a transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modeling, and demand capacity management. CAPA is currently being adopted across the province. CHAMHP Community Mental Health Services implemented this approach in July 2014.

Some of the common myths of CAPA are as follows:

- **Choice appointments do not include assessment:** Sometimes people seem to think that there is no assessment in a Choice appointment. This is untrue. It is not possible to help a service user understand their difficulties and make choices about what to do about them without assessment (including risk assessment). The process of a Choice appointment should feel like a conversation.
- **There can't be long-term work in CAPA:** You can do as much long-term work as a service user needs as long as the goals are clear and regular reviews are held.
- **It is always a Solution-Focused Therapy model:** It is true that CAPA is focused on improving outcomes for the service user by setting goals and reviewing progress. However, the therapy/intervention is up to the clinician and the service user.
- **Choice appointments are usually done by inexperienced clinicians:** You need particular skills and a degree of experience to do Choice well (know the local services, the skills of individual team members and be able to assess and formulate using a variety of models). You should think carefully in your team to ensure the best clinicians are doing Choice.

Watch future issues for more information about CAPA.

Spotlight on *Your Way to Wellness*

Your Way to Wellness is a free six-week program offered in communities throughout Capital Health to help adults with any ongoing (chronic) health conditions learn to overcome daily challenges, take action, stay on track, and gain confidence in their ability to manage chronic health issues and live a healthier life. Understanding that most chronic health issues cannot be completely cured, but can be positively managed, *Your Way to Wellness* offers a group learning experience to help participants develop self-management skills that can make it easier to live a healthy life with chronic conditions. *Your Way to Wellness* is also open to people who provide care or support to a person with a chronic health issue. Trained volunteer peer leaders (who themselves are managing a chronic health issue) host the program which is highly interactive, participatory, and focused on building skills to help adults carry out normal activities, and manage emotional changes brought about by illness such as anger, uncertainty about the future, changed expectations and goals, and dealing with difficult emotions. *Your Way to Wellness* presents strategies as a *self-management toolbox* and offers an opportunity to practice and rehearse each self-management tool with the group.

Your Way to Wellness provides support with pain and fatigue management, physical activity, healthy eating, breathing techniques, relaxation techniques, dealing with difficult emotions, problem-solving, decision making, strengthening communication skills, making treatment decisions, working with health professionals, using medications as prescribed, learning to ask for help when needed, and telling others about challenges and

changes in daily living. In *Your Way to Wellness*, participants meet other people with shared experiences of managing health issues. Together with the group and peer leaders, participants take steps to control of chronic health conditions and make some new friends and connections along the way. In each session participants and peer leaders plan their self-management actions for the week by setting attainable goals and action plans. Participants and peer leaders check-in between sessions, to report successes and challenges to the group at subsequent sessions, and the group engages in group problem solving and feedback. In evaluations of *Your Way to Wellness*, accountability and group support in weekly action plans has been found to significantly increase participants' motivation to continue pursuing self-management activities. *Your Way to Wellness* is developed and evaluated through the Centre for Patient Education at Stanford University. Ongoing evaluations have consistently reported significant improvements in physical activity, cognitive symptom management, communication with health team, self-reported health, and social/role activities limitations.

Sessions are ongoing throughout Capital Health at various community locations, such as libraries and recreational centers. The group meets for 2½ hours, once a week for six consecutive weeks.

To find a program near you, visit www.yourwaytowellness.ca.

To speak with the program coordinator, or to register, please call 902-473-7709, or email yw2w@cdha.nshealth.ca.

Upcoming Events and Education Sessions

Wednesdays, 8:30—9:30 am

QEII Academic Rounds/Dalhousie University Rounds Room 4074, AJL (available via Telehealth)

- March 4: **Dr. Gerald Gray**, "Very Early Onset Schizophrenia: Three IWK Cases and Literature Review" (Child and Adolescent Psychiatry)
- March 11: **Dr. Wade Juneak**, "Managing Severely Disruptive Adolescent Behaviour: A Day Treatment Perspective" (Child and Adolescent Psychiatry)
- March 18: **Dr. Ken LeClair**, "Health Systems Transformation for the Geriatric Population: Moving from Models to What Matters" (University Rounds)
- March 25: **Dr. Curt Peters**, TBA

March 4—April 16, 2015 (no class March 25)

Wednesdays, 6:00—8:00 pm (6 classes)

Affected Others Education Program

**Cole Harbour Community Mental Health
Cole Harbour Place, 2nd floor**

Join us for a 6-week program for family members, partners and close friends of those harmfully involved with drugs, alcohol and/or gambling. For more information: If you are a current Addictions Program client, please call **Tricia Mugridge** at 902-424-4892. If you are new to the Addictions Program, please contact **Central Intake** at 902-424-8866.

March 20 and 21, 2015

Friday, 4:00—7:00 pm and Saturday, 9:00 am—3:00 pm

2015 Winter Group Psychotherapy Workshop

5943 Spring Garden Road, Halifax (parking on Carleton)

Sponsored by GroupWorks. Learn the nuts and bolts of how to successfully lead groups with **Dr. Jacqueline Kinley**. Space is limited. Cost is \$125 (lunch is not provided) in advance or \$150 on-site. For more information or to register, contact GroupWorks at 902-404-3769.

Friday, April 24, 2015

8:00 am—4:30 pm

XXVI W.O. McCormick Academic Day

**The Lord Nelson Hotel, 1515 South Park Street, Halifax
"Emergency Psychiatry"**

Keynote Speaker—**Dr. Peter Zed**, Associate Professor & Associate Dean, Practice Innovation Faculty of Pharmaceutical Sciences UBC, "When Does an Adverse Drug Event Become an Emergency?"

Online registration is available at:

www.eSourceEvent.com/AcademicDay15.

Interesting Tidbits

News from the New Nova Scotia Health Authority

Vickie Sullivan has been named the Executive Director and **Dr. Steven Soroka** has been named the Medical Executive Director of the central zone in the new Nova Scotia Health Authority beginning April 1. This zone encompasses what we now call Capital Health.

The Recovery Letters Website

A website of recovery letters written by clients. This website is not sponsored, and those who contribute their letters are not paid. For more information, go to

<http://therecoveryletters.com/>.

Partnership for Workplace Mental Health

The Partnership for Workplace Mental Health is proud to announce the launch of ICU (Identify, Connect, Understand), a program designed to decrease the stigma associated with the topic of mental health and foster a workplace culture that supports emotional health. ICU was developed by DuPont and delivered to their global workforce of 70,000 employees. DuPont generously donated ICU to the Partnership, which today makes it available to employees across all sectors, industries, and sizes at no cost.

Go to:

<http://www.workplacementalhealth.org/Spotlights/ICU.aspx> to watch the video and learn how to bring this program to your area.

