

# **ONTARIO CORRECTIONAL NURSES INTEREST GROUP NEWSLETTER**

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### **OCNIG Chair's summer message:**

Summer has just begun and I hope that all of you find time for some rest and rejuvenation throughout these summer months. It is also a great time to share updates and excitement for the next half year, as we continue to excel as a critical interest group of RNAO.

This year we continue to focus on effective engagement of members and strengthening OCNIG by increasing our presence at various forums. Our executive team expanded as we welcomed two new members, Christine and Marta. Discussions included the need for rehabilitative services, changes in programs accessible to inmates, complaints and a recommendation to have Correctional Nursing Representation on the College of Nurses Complaint Review Committee.

Our ongoing projects are working towards formal collaboration with MHNIG to strengthen resources and advocacy, the development of a correctional nursing profile, client profile and the description of the correctional environment, program and services. Other projects include

revising OCNIG objectives, developing workplace liaisons and discussing Certification of Correctional Nursing as a specialty under CNA.

RNAO's Mental Health & Addictions Program had completed an environmental scan to better understand the gaps and opportunities in the Mental Health and Addictions services across Ontario. The results can inform the development of the RNAO Mental Health and Addictions Program's key strategic priorities. OCNIG chair was invited to share thoughts, insights and experiences at a meeting in Toronto to validate these findings and recommendations as well as to prioritize specific actions. I believe that the participation in this important process contributed to increased audience's general understanding of the correctional system, correctional nursing challenges and contributions.

OCNIG participated at RNAO's 88th AGM in April. This year's theme was on Visionary Leadership. Key RNAO focus were on 'Engage with nurses to stimulate membership', 'Advancing the role and image of nurses', 'Speak Out on Emerging Issues', and 'Influence Healthy Public Policy'. Other discussions were on revenue sources and finances, and the auditor's report and opinion on the changes in accounting standards for non profit organizations and health.

OCNIG's exhibit display at the AGM had many visitors who were interested in learning about Correctional Nursing. At our breakfast meeting, Ian Clarke, OCNIG executive member, walked us through both the history of OCNIG and correctional nursing life. Our keynote speaker, Dr. Katy Kamkar, Ph.D., C.Psych., from the Psychological Trauma, and Work, Stress and Health Program of the Centre for Addiction and Mental Health in Toronto, spoke to us on 'Stress in the Work Place - Maintaining Work-Life Balance for Correctional Nurses'. We discussed strategies to connect and engage correctional nurses to learn about challenges and opportunities, including thoughts on supporting nurses to enhance professional practice specific to correctional nursing.

This year, some of our members participated in the Queen's Park On the Road (QPOR) program of RNAO. We met with local MPP's to present "Why Health Matters", the health policy recommendations of RNAO that will improve the overall health of people and help build an even stronger Ontario. The four key areas that we presented and advocated for were poverty, nursing care, environment, and Medicare. In March, there was an opportunity facilitated by Lynn Anne Mulrooney, Senior Policy Analyst of RNAO to meet the Ontario Human Rights Commission provided the advantage to join the team to advocate for nurses with mental illness that are returning to work after recovery. We advocated providing them with fair opportunity and speaking up against stigma at the workplace. Recently we were approached by media to speak about the culture in corrections in response to the recent Ombudsman's report. Although, we

did not participate in this opportunity, we are strategizing about how we can participate in media discussions to benefit correctional nurses, our clients and the public.

Please join us to continue to strengthen our level of collaboration towards an even higher pinnacle of achievement for our members and clients, showing a path that is positive, productive and successful for the future. The entire executive team and I are here to help all of you in any way we can within our mandate to make this year a productive and successful one. Your thoughts, ideas and active participation are vital for us to effectively advocate for correctional nurses, clients and the public. I would like to thank you, the members for your continued support.

Finally, I would like to thank our fine executive committee for their dedication and hard work in moving us forward!

### Subaida Hanifa, Chair, Ontario Correctional Nurses Interest Group

#### Sam's story of her second year working as an ONTARIO CORRECTIONAL NURSE

Coming to the completion of my second year as a registered nurse in the correctional setting, the experiences have continued to further my knowledge and application of nursing standards.

I am continuously supported by the health care team and all of the senior staff who demonstrates leadership and provide mentorship.



Correctional Officer Vickie has called Sam to her module (where she observes female offenders) as she notes some recent documentation regarding a new female. Vickie notes that the female is exhibiting some behaviour which has her concerned with respect to her current mental status. Officers are trained to recognize symptoms that may put offenders at risk of possible suicidal thoughts. It is agreed that Vickie should escort this female to health care so the nurse can further assess her. Vickie then passes on more information gathered to Sam prior to leaving her alone to speak with her.

Below Sam is doing a suicide screening tool to assess this female offender for risks of possible suicidal ideations.



I have encountered many situations where I have utilized my evidence-based practice and have learned valuable new skills. I

have had the opportunity to work closely with other agencies including Canadian Mental Health and have received ongoing training in a variety of areas applicable to the correctional setting.

Below Sam is consulting with CMHA worker Kim.



Kim is one of the CMHA court diversion workers who assist clients with court appearances, discharge planning with release from custody and guiding those eligible with the Mental Health Court. Clients can often be very anxious over their charges and upcoming court dates. Kim is there to offer support and information.

Below Sam is drawing blood with nurse and co-worker Mary-Elan as Correctional Officer Vickie looks on. This is routine for nurses in correctional facilities as there are no lab technicians.



Below Sam is advising Operational Manager (OM) Brian that this female has to go out on a medical temporary leave of absence as she has some medical issues to be addressed at hospital. The OM is reviewing the paperwork and will have to provide CO's (Correctional Officers) to accompany her.



Below Sam consults with social worker/psychometrist Vickie.



My next goal in the correctional setting is to apply for my CNA certification and receive my designation in mental health. I feel this will allow me to further assist and provided care to the patient population I deal with on a day to day basis.

Working as a registered nurse in the correctional setting continues to be a satisfying and rewarding career choice. I encourage any new nursing graduates to consider this as an option when looking for a job or even to the experienced nurse who is looking for a change in their work environment.

### Sam's Story Continues at 2013 Annual General Meeting

To increase awareness of correctional nursing in Ontario, Annette Buzdygan has created a poster presentation about the life of correctional nurses. These illustrated posters discuss the nursing journey of a new graduate nurse named Sam, working in corrections.

## News Brief:

The listing for the Ontario Correctional Nurses Interest Group listing in the RAO Interest Group Brochure was changed to the following:

The 2013-2014 fees are \$30 for Registered Nurse and \$15 for Students

OCNIG empowers nurses in correctional settings to:

Collaborate professionally to promote health in incarcerated communities and continue our professional development through education and advocacy.

## News Flash:

Bill C-54 passed June 18<sup>th</sup> 2013 by the Parliamentary Vote following third reading. This bill amends the mental disorder regime of the Criminal Code and the National Defence Act to specify that the paramount consideration in the decision making process is the safety of the public and to create a scheme for finding that persons who have been found not criminally responsible on account of a mental disorder are high risk accused. It also enhances the involvement of victims in the regime and makes procedural and technical amendments.

## Bill C-54 Background and Information

Until 1990, the provisions of the Criminal Code dealing with criminal acts committed as a result of mental illness reflected the common law approach of treating those offences like any others, subject to the special defense of not understanding the nature and quality of the act. The only verdicts available under the Criminal Code were conviction or acquittal.

An acquittal on the basis of mental illness resulted in automatic detention. Then the provision of automatic indefinite detention of a Not Criminally Responsible (NCR) accused was struck down by the Supreme Court in 1991 on the basis that it violated the accused's Liberty Rights. In response Parliament enacted Part XX.I of the Criminal Code.

Design of the current scheme, for the most part, results from the 1991 enactment of Part XX.I, as interpreted by the Decision of the Supreme Court, particularly Winko (1999).

It was created on application of the prosecutor if the accused is Not Criminally Responsible (NCR) for an offense of serious injury to a victim [672.81(1.3)];

and if the accused is 18 years of age or more. 672.64(1);

and when the court is satisfied that there is a substantial likelihood that the accused will use violence that could endanger the life or safety of another person;

or

if the Court is of the opinion that the acts that constitute the offence were of such a brutal nature as to indicate a risk of grave physical or psychological harm to another person.

In making the decision, the court shall consider all relevant information including:

1. the nature and circumstances of the offence and any pattern of repetitive behaviour associated with the index offence;
2. the current mental status of the accused, the past and expected course of treatment, including the willingness of the accused to follow treatment; and
3. the opinions of experts who have examined the accused.

Bill C-54 also created a scheme for greater rights for the victims of violent crime and introduces increased involvement of the victims. For instance victims have a new right to notification of decisions by the Review Board to grant conditional and absolute discharges. They also are notified when the Review Board refers a High-Risk accused to the Court for review of a High-Risk Designation.

Bill C-54 also compels the Review Board and Courts at each major decision juncture, to make full consideration of the impact of such decisions on victims.

Clinical experience suggests a number of factors that may be predictors of increasingly harmful re-offence:

- High level of psychopathy and other personality factors
- History of carrying and use of a weapon, the nature of the weapon
- History of causing personal injury
- Criminal versatility, particularly with escalation in the seriousness of charges
- Dismissiveness of harm caused to victim(s)
- History of substance abuse/dependence
- Demographic factors (age, gender)
- Intelligence (either developmentally delayed or grandiose about one's own abilities)
- Symptoms factors (depression/suicidality; treatment-refractory delusions)

However, in assessment of the high risk offender's chance of reoffending, it is complicated by the lack of scientific support for the notion that severity of an index offence is a predictor of the

severity of the next offence. In fact, in one of the leading actuarial risk assessment instruments, the Violence Risk Appraisal Guide (VRAG), the severity of the index offence is negatively correlated with the risk of re-offending.

There is little doubt that C-54 will change the relationship of professionals with patients as well as increasing the need for expert assessments. We can expect Forensic Psychiatry in Canada to change: We can expect years for appellant courts to provide a substantial body of decisions that can guide clinicians. The great challenge will be for us to become expert in risk assessment even as we articulate the shortcomings of risk assessments.

## Do you think a Correctional Facility in Ontario should Host an RNAO Best Practice Addictions & Mental Health workshop?

If so, you should respond by July 12th because the application from interested and eligible health care organizations is due soon if there is a desire to be a host site for Best Practice Addictions Champion Workshops. For more information, contact Sabrina Merali at [smerali@rnao.ca](mailto:smerali@rnao.ca) or Glynis Gittens at [ggittens@rnao.ca](mailto:ggittens@rnao.ca)

### Background

Established in 2002, the RNAO Best Practice Champions Network® has engaged thousands of nurses and other health care professionals from across Ontario and hundreds more throughout Canada and the United States. All nurses and allied health providers who attend the one-day Addictions Best Practice Champions Workshops are able to participate in the Network.

The Best Practice Champions Workshop for Addictions provides participants with an overview on how to: a) utilize evidence-based nursing practices related to working with clients with addictions and mental health issues, and b) how to lead the integration of best practices within their organization. Workshop participants will learn about RNAO's best practice guidelines specific to addictions. This session will be taught by expert faculty and will address topics related to addictions, stigma, and social determinants of health and harm reduction. Content will include education and training to assess, plan, implement and evaluate care related to clients with addictions. The workshop will also prepare participants to utilize the RNAO *Toolkit: Implementation of Best Practice Guidelines*, facilitating development and enhancement of skills such as learning how to conduct a needs assessment and gap analysis in order to identify the practice change to be implemented, how to engage stakeholders, assess their organization's readiness and develop a plan for implementing best practice recommendations in their work setting.

Following the addictions workshop, Champions have access to a variety of resources and supports through the RNAO Best Practice Champions Network® and the Mental Health and Addictions Initiative including access to e-bulletins, newsletters, social networking and regular knowledge exchange teleconferences, continuing educational webinars, learning events on relevant topics, access to e-learning modules, membership in the RNAO Addictions and Mental Health Community of Practice and funding opportunities to support further education and networking.

Funded by the Province of Ontario's Ministry of Health and Long Term Care, all Ontario-based Addictions Best Practice Champions Workshops are provided free of charge. Don't miss this opportunity!

### Addictions Best Practice Workshop Objectives

Through participation in the workshop – learners will be able to:

1. Identify the practice, education and policy/organizational recommendations as outlined in RNAO's best practice guidelines related to addictions practice (including *Supporting Clients on Methadone Maintenance Treatment* and *Engaging Clients with Substance Use Disorders Best Practice Guidelines*)
2. Articulate the impact of social determinants of health on addiction and express an

understanding of how to integrate evidence-based addictions care into practice

3. Outline an understanding of effective guideline implementation strategies after reviewing *RNAO Toolkit: Implementation of Best Practice Guidelines (2nd Edition)*.
4. Discover the role of *Addictions Champions* and engage in networking opportunities
5. Describe the RNAO addiction and mental health resources available

## Partnership Description

The RNAO is seeking Host Site Organizations who meet the criteria listed below and who are interested in hosting an Addictions Best Practice Champions Orientation Workshop (conducted on-site). While ongoing communication with and engagement of Host Site Best Practice Champions is expected following the workshop, the duration of this specific partnership opportunity between RNAO and the Organization will conclude following the delivery of the workshop(s).

For your information, here are the eligibility criteria for the host agency:

The host agency must be able to meet the following requirements:

- Demonstrated interest and involvement in evidence-based clinical practice through the implementation of RNAO best practice guidelines.
- Involvement in care delivery related to addictions and/or mental health
- Strong link with other organizations involved in addictions and/or mental health, which will facilitate engagement of workshop participants
- Commitment to supporting a cohort of their own nurses to attend the workshop that will form a critical mass of Addictions Champions within their organization.

## Leadership Opportunities for OCNIG members

We are seeking new executive members to join the Ontario Correctional Nursing Interest Group executive for 2013-2014. We have openings for a new

- Member at Large,
- Student Representative and
- Chair

Responsibilities include a monthly 1 hour teleconference and time to write submissions for the newsletter as well as to attend RNAO meetings. We need people who want to improve nursing in correctional settings.

Attend our executive teleconference on September 5 to find out more about how YOU can be involved.

RSVP to Jody Smith at Home Office at [jsmith@rnao.org](mailto:jsmith@rnao.org) or 1-800-268-7199 x. 220

## **A Correctional Nurse Story**

### **What they didn't tell me in nursing school**

When I was in nursing school my class was among the last ones to complete the three year diploma program, before changes were made to make nursing a four year degree program. The changes to the nursing program came about during my fifth semester, which meant that it was too late for my class to be allowed to switch over. At first, I felt cheated and disappointed, but later on I realized that it wouldn't have mattered whether I completed the three year diploma program or the four year degree program; although both programs covered all the important aspects of nursing, it still would not have been enough to prepare me for all the other things they didn't tell me in nursing school.

What they didn't tell me in nursing school is what a crucial part advocating is not only for our patients but also for us as nurses; what challenges advocating entails when it intertwines with another specialty.

This realization came when I became a correctional nurse. Correctional nursing is the fusion of the health care system (nursing) with the legal system (corrections). Generally, nurses are expected to maintain professionalism at all times, provide care within their scopes of practice, and advocate for their patients without bias. This is a challenge in itself in a regular healthcare setting. In corrections the challenge is two folds: nurses need to advocate not only for their clients but also for themselves.

Correctional nursing is not recognized as a specialty due to lack of awareness for its uniqueness by its governing body as well as the legal system. Judges, prosecutors, lawyers, ombudsmen are unaware how the healthcare system functions within the correctional setting, let alone what a nurse's role entails. This lack of awareness and recognition leads to insufficient resource and support allocation which in turn poses a great challenge for the nurse in carrying out her role effectively.

Security and health care is a delicate co-existence where safety and security always comes first; nursing comes last. In corrections providing unbiased care is the easy part, but providing the right care requires creativity. The closure of mental health facilities led to an increase in client population in corrections. Lack of resources like educational in-services or support systems in place, such as: mental health nurses, psychologist, impedes the nurse's role to advocate on these clients' behalf. How can one advocate for a client with mental illness in a system that focuses on safety and security? How can one properly care for acutely medically ill clients without adequate staffing and resources?

Advocating by raising awareness is the key.

However, before us as nurses can advocate for our clients in corrections, we must first advocate for necessary changes for ourselves. We need to be recognized and supported so that we as nurses can live up to our role to the full extent. It is our right. It is our duty. It is what nursing is about.

**Ildiko Nanai RN is a former OCNIG Executive Member who wrote this in 2012**

## OCNIG Executive 2013

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Evelyn is (A) Nurse Advisor at Corporate MCSCS

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Correctional Services Canada at Beaver Creek and Fenbrook

## What concerns do you have as a Correctional Nurse?

Please share thoughts and letters to the editor with your correctional nurse colleagues by calling or emailing us.

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Reduced rate **RNAO** membership lets you sample our professional offerings at a special low rate of \$50 + HST. Try the award-winning *Registered Nurse Journal*, CNA's journal the *Canadian Nurse*, essential email updates, educational resources, group rate savings on home & auto insurance, effective advocacy that speaks out for nursing ... and more. Yes, even at this low rate, you will receive memberships in the Canadian Nurses Association, the International Council of Nurses and also be eligible for professional liability protection (PLP) through the Canadian Nurses Protective Society (CNPS). We know you'll love being part of the **RNAO** family enough to sign on again in November 2013.

**RNAO** Regional Nurses Association of Ontario  
Association des infirmières et infirmiers  
de l'Ontario  
*Speaking out for nursing. Speaking out for health.*

For details and to sign up:  
[www.RNAO.ca/tryRNAO](http://www.RNAO.ca/tryRNAO) or call 1-800-268-7199

For 80% off HST + \$50.00, a new Ontario resident is required to sign up and receive an email through to October 31, 2013.