Essential Psychiatric, Mental Health and Substance Use Competencies for the Generalist Nurse

American Academy of Nursing

International Society of Psychiatric Nursing

American Psychiatric Nurses Association

<u>DRAFT For Review</u>
by
The membership of these organizations.

March 2009

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Forward

The original concept for this document was conceived at the meeting of the Psychiatric Mental Health Expert Panel during the Academy of Nursing 33rd Annual Meeting and Conference, Integrating Physical and Mental Health Care, held in Miami, Florida, November 9-11, 2006. Judith Haber and June Horowitz co-chaired the Expert Panel meeting where the need was identified for a document that centralized the recognized competencies and curricula associated with psychiatric mental health nursing practice. The Expert Panel also recognized the need for a document that identified psychiatric mental health competencies for generalist nursing practice. Catherine Kane and Margaret Brackley agreed to Co-Chair a taskforce to write these competencies. They were joined by Madeline Naegle, Sandra Talley, Marian Newton, Jeanne Clement, Pat D'Antonio, and Liz Poster. Three major factors influenced the decision to write this document. First, NCLEX had reduced the number of PMH questions in the licensing exam, based on a role study that indicated that new graduates did not work in psychiatric settings. Second, the high morbidity and mortality rates of populations with serious mental illness and, third, the Essentials documents were being developed by the AACN.

The initial group was charged with using "a model similar to the Hartford Foundation model for building capacity in geriatric nursing to develop PMH/Behavioral Health Competencies for non-PMH RNs and APRNs." Other contributing members of the Taskforce are Edna Hamera, Elizabeth LeCuyer, Mona Shattell, Geri Pearson, Rebecca Harmon and Theodora Sirota. The Taskforce convened by teleconference on April 13, 2007, and met monthly by teleconference through Fall 2008. A full draft of the document was completed and sent for editing to Geri Pearson and Beth Cole. On March 24, 2009, the Taskforce convened by teleconference and agreed to distribute the draft to the membership of the International Society of Psychiatric Nursing (ISPN), the American Psychiatric Nurses Association (APNA), and the Boards of the American Academy of Nursing (AAN) and the National Organization of Nurse Practitioner Faculty (NONPF).

The draft will be displayed on the websites of ISPN and APNA through August, 2009.

Comments, suggestions, edits and revisions are welcome and can be sent by email to Catherine Kane [cfk9m@virginia.edu] and/or Margaret Brackley [Brackley@uthscsa.edu].
PLEASE WRITE: "RN PMH Competencies" in the subject line of the email.
We thank you in advance for any and all feedback!

Acknowledgements

The Taskforce wishes to acknowledge the University of Virginia for access to COLLAB, where documents could be accessed by all members. The Taskforce also wishes to acknowledge the Schools of Nursing that supported teleconferencing by their faculty members.

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Essential Psychiatric, Mental Health and
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3/24/09

The *Essential Psychiatric, Mental Health and Substance Use Competencies for the Generalist Nurse* provides the framework for educational preparation of generalist professional nurses who can provide appropriate and effective care for persons with mental illness, substance use disorders, and those at risk for these conditions and who can also promote the mental health of all persons in their care. These *Competencies* apply to the preparation of professional nurses in all types of registered nurse education programs. Throughout this document, the term "Psychiatric Mental Health Nursing" also includes nursing care of persons with substance use disorders. Curricula should be designed to prepare students to meet these competencies, and programs must assure the achievement of the described content areas and skill sets.

Introduction

Mental illness affects a majority of people receiving nursing care in the United States. Mental illness affects all age groups, with an estimated 20 percent of children and adolescents age 9 to 17, and as many as 25 percent of those 65 and older suffer from mental illness each year. Of those who experience a mental health problem only a small percentage actually receive treatment (Gamm, Stone, Pittman, 2003). According to the landmark "Global Burden of Disease" study, 4 of the 10 leading causes of disability for persons ages 5 and older are mental disorders. In the United States, mental disorders collectively account for more than 15 percent of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer (Murray & Lopez, 1996). Major depression is the leading cause of disability in the United States. Also, near the top of these rankings are bipolar illness,, schizophrenia, and obsessive-compulsive disorder. Major mental disorders are associated with considerable morbidity and mortality, and suicide represents one of the leading preventable causes of death in the United States and worldwide. Drug abuse and addiction are a major burden to society. Estimates of the total overall costs of substance abuse in the United States—including health- and crime-related costs as well as losses in productivity—exceed half a trillion dollars annually (NIDA, 2008). Almost 20 million (8.3%) Americans 12 years and older are current users of illicit drugs and roughly 7 million Americans are abusing prescription drugs. There is a growing appreciation that mental health, and the brain and behavioral disorders that affect it, are dynamic, ever-changing phenomena that, at any given moment, reflect the sum total of every person's genetic inheritance and life experiences.

The majority of individuals who are diagnosed with mental illnesses and substance use disorders seek help outside of specialty behavioral health systems (Hoge et al., 2005). Nurses are likely to encounter persons with mental illnesses and substance use disorders or those at risk for these conditions in a variety of settings, especially in primary care. Therefore, it is essential for generalist nurses to be prepared to recognize the symptoms of mental illness and to intervene appropriately. Further, nurses are also likely to encounter persons experiencing mental health needs related to the stresses of dealing with medical conditions and persons with prior substance use experience that could become problematic under the stress of physical illness. Although these persons may not be diagnosed with specific psychiatric disorders, appropriate responses by generalist nurses can enable individuals in stressful situations related to acute or chronic physical conditions to cope effectively with the mental health risks associated with these stressors. Inappropriate responses or failure to recognize possible mental health needs can lead to ineffective coping and possibly lead to the onset of mental illness or exacerbation of prior mental illness.

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Psychiatric nursing was the first area of nursing practice to be identified as a nursing specialty and has a long history of preparing nursing specialists to care for people with mental illnesses. Hildegarde Peplau, the eminent psychiatric nursing scholar, first documented the importance and efficacy of strong interpersonal skills for psychiatric nurses in her seminal book, *Interpersonal Relations in Nursing*. Peplau emphasized that these skills were important for all nurses to acquire in order to effectively care for any patient, not just psychiatric patients. Peplau recognized that mental health problems could occur across all nursing specialty areas and all clinical settings. Further, The Annapolis Coalition (Hoge et al, 2005) recommended that for the vast number of the helping professions, behavioral health competencies must be identified, training systems developed, and provider competencies assessed for these caregivers with the same sense of urgency that is applied to the specialty behavioral health workforce. This directive applies even more urgently to those generalist nurses across all health care settings. Without appropriate education and experience, the generalist nurse will not consider the possibility of psychiatric illness being involved when a patient presents for routine or emergency care. Recognition of psychiatric symptoms and illnesses can enable the generalist nurse practicing in a non-psychiatric setting to intervene to encourage the individual to seek appropriate mental health care, to support the individual's family in managing the onset and exacerbations of psychiatric symptoms and to promote the healing process as individuals recover their cognitive and functional abilities during psychiatric treatment.

Despite the urgent need for education that prepares all nurses to recognize and intervene in the area of mental health, most generalist nurses practicing today have limited preparation in the principles of psychiatric nursing care. Many nursing education programs no longer have a required course in psychiatric nursing and fewer than ever teach appropriate therapeutic interactive skills or emphasize these skills across all clinical courses. To meet the current need, A renewed focus on psychiatric, mental health and substance use treatment skills is needed in professional nursing education and practice. Thus, the purpose of this current document, *Essential Competencies for Psychiatric, Mental Health and Substance Use Nursing For the Generalist Nurse* will help nurse educators to incorporate specific psychiatric nursing content into nursing curricula.

The International Society of Psychiatric Nursing (ISPN), and The American Psychiatric Nurses Association (APNA) have identified a core curriculum and terminal objectives for entry level professional nurses in the area of psychiatric and mental health care. AACN's *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) provided a framework for developing, defining, and revising the competencies in the present document. This document addresses the professional values, core competencies, core knowledge, and role of the professional nurse caring for persons with psychiatric and substance use disorders and persons at risk for mental illness. These core values, competencies, and knowledge are vital in ensuring that all generalist nurses are prepared to provide accessible, evidence-based, quality psychiatric, mental health and substance use disorder care for all persons.

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Essential I: Integration of Liberal Arts into Educational Programs for Generalist Nursing Practice

Rationale

Liberal education in the humanities, social sciences, and natural sciences provides the intellectual and social tools that broaden nurses' ways of thinking about and being in the world. Its ability to engage nurses in a life-long process of understanding self provides the foundation for what the American Nurses' Association characterizes as the "artful use of self in therapeutic relationships," one of the critical competencies needed for generalist nursing practice. Its emphasis on engagement with local and global communities also provides the foundation for moving beyond self and toward understanding the meanings constructed by and the experiences felt by those across different life spans, cultures, and contexts. This broad experience is a hallmark of generalist competency that supports therapeutic communication, critical reasoning, healing relationships, and culturally meaningful care.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, behavioral health and general care settings, to:

1. Integrate knowledge from the humanities, social sciences, and natural sciences to inform self-reflective and relational processes of practice and leadership.

2. Build on knowledge from the humanities, social sciences, and natural sciences and address the social justice issues surrounding the stigmatization of patients with mental illnesses, substance use disorders, and common psychological syndromes; the disparities in access and inequities in resources in mental health delivery systems; and the ways in which these issues impact on vulnerable persons

3. Engage in critical reasoning and creative thinking when structuring individualized and collaborative healing relationships with individuals, families, and communities

4. Engage in effective communication with individuals and families at all points across their lifespans, cultures and contexts.

5. Integrate knowledge to understand contexts of care as including the site of care, the nature of the care, and the religious, spiritual, historical, political, social, and professional perspectives brought to bear on that care

6. Analyze the complicated intersection of clinical, legal, and ethical issues involved in the care of patients (both adults and children) with mental illnesses

7. Broaden the traditional clinical paradigm to include prevention, early intervention, rehabilitation, and recovery and resilience-oriented approaches to care.

Sample Content:

- Selected concepts and ways of knowing from a broadly defined body of knowledge in the humanities, social sciences, and natural sciences.

- Coursework to move toward competence in a second language

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- Active reflection upon knowledge and insight gained in learning experiences outside the nursing curriculum when practicing in a variety of cultures, organizations, and communities.

- Integrated meanings constructed in memoirs, biographies, auto-biographies, movies and other emerging web-based technologies into content and clinical experiences.

- Reflection upon and assessment of the dimensions of complex and relational actions, values, and outcomes both in individual practice, as a member of a professional team, and as a leader of therapeutic and educative groups.

Sample Strategies for Leaning

- Encouraging active reflection upon knowledge and insight gained in learning experiences outside the nursing curriculum when practicing in a variety of cultures, organizations, and communities.

- Integrating meanings constructed in memoirs, biographies, auto-biographies, movies and other emerging web-based technologies into content and clinical experiences.

- Providing opportunities to reflect upon and assess the dimensions of complex and relational actions, values, and outcomes both in individual practice, as a member of a professional team, and as a leader of therapeutic and educative groups

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Essential II: Basic Organizational and Systems Leadership for Quality in Generalist Nursing Practice

Rationale

Historically, Psychiatric MH nurses have fostered leadership and change. The intrapersonal, interpersonal, and group dynamic theories developed and pioneered by mid-century nursing thought leaders still remain central to understanding the processes within a range of systems that promote or inhibit quality care. The body of research supporting the creation and maintenance of therapeutic milieus still remains critical to graduates committed to practice within and to promoting safe, caring, and healing environments. And decades of interdisciplinary psychiatric and mental health initiatives still provide the core background for practice in ever changing health care environments.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, behavioral health and general care settings, to:

1. Create and support a therapeutic milieu for the safe implementation of treatment
2. Use the theoretical base of group dynamics to engage effectively in collaborative treatment models that includes patients and families as well as other professionals and assistive personnel
3. Recognize intrapersonal and interpersonal dynamics that interfere with quality treatment

Sample Content

- Principles of therapeutic milieus
- Principles involving the collaborative process and multidisciplinary team function
- Principles surrounding the dynamics of interpersonal and interdisciplinary relationships
- Leadership strategies for assessing and improving treatment
- Relevant models to improve interpersonal dynamics
- Relevant models to improve group dynamics

Sample Strategies for Learning

- Provide experiences in multidisciplinary treatment meetings to review and evaluate treatment plans.
- Assess group dynamics of an interprofessional team

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Essential III: Scholarship for Evidence-Based Practice in Generalist Nursing Practice [NAEGLE]

Rationale

Nursing practice is grounded in the analysis, interpretation and application of empirical and research evidence. In the last decade, the specialties of psychiatric nursing and psychiatry have welcomed a burgeoning of scientific research in neurophysiology, pharmacotherapy and approaches to behavioral change. Now, advances in science and research more consistently provide foundations for practice. Evidence-based practice models provide systematic processes for the delivery of care and its evaluation based on scientific evidence for psychiatric and mental health nursing practice (Institute of Medicine, 2003b).

In the context of care, specific educational components such as communication, the nurse-patient relationship are applied to practice and should be grounded in psychiatric nursing's empirical and research generated evidence. In collaboration with others, baccalaureate prepared graduates participate in documenting and interpreting evidence for improving patient outcomes (AACN, 2006b).

Scholarship for the generalist graduate involves identification of practice issues central to mental health and psychiatric nursing; evaluation and application of evidence from research in psychiatry, psychiatric nursing and social sciences related to behavior; and evaluation of measurable, behavioral outcomes demonstrated by patients, families and community groups.

Ethical and legal precepts guiding research conducted with patients are of particular concern given the vulnerabilities of psychiatric patients across the life span. The graduate must understand the complexities and compromised capacities of these vulnerable populations in order to protect the rights of patients in relation to access to treatment, health disparities and eligibility for, or participation in, investigations. These risks occur frequently for psychiatric-mental health patients, and it is imperative that professional nurses safeguard patient rights in situations where an actual or potential conflict of interest, misconduct, or the potential for harm are identified.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, behavioral health and general care settings, to:

1. Describe the limitations and challenges of available research in the areas of behavioral health treatment and psychiatric- mental health nursing interventions

2. Demonstrate the application of relevant research findings to behavioral and psychiatric-mental health nursing interventions, and measurable patient outcomes

3. Demonstrate basic elements of the research process in seeking best evidence, critiquing research and deriving appropriate behavioral health nursing interventions

4. Compare models for applying evidence in practice related to behavioral health and/or psychiatric-mental health nursing care

5. Describe the needs of vulnerable psychiatric populations in relation to ethical and legal principles and obligations and for the protection of human subjects in research

6. Evaluate research findings for the quality, acceptability to the patient and cost of interventions in psychiatric and behavioral health settings

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7. Use clinical practice guidelines as evidence for specific interventions with patients, their families and communities experiencing psychiatric, mental health or substance abuse needs.

8. Develop nursing care plans for psychiatric and behavioral health settings based on best evidence, clinical judgment, available resources and patient preferences

9. Use new evidence to contribute to, and participate in, the ongoing improvement of nursing practice in psychiatric and behavioral health settings

10. Apply principles of information literacy to retrieve and synthesize evidence derived from behavioral and psychiatric research and clinical policy

11. Evaluate quality of care from the perspective of outcome indicators and documented findings

Sample Content

- Research evidence in psychiatric, mental health, and substance abuse assessment, prevention and intervention

- Definitions, principles and models of evidence-based psychiatric and mental health nursing practice

- Ethical and legal research processes as related to vulnerable populations with behavioral health problems

- Implication of principles of information literacy with vulnerable populations

- Skills in accessing resources to research in behavioral/mental health, including data base searching, critical appraisal, application to clinical situations

Sample Strategies for Learning

- Access, analyze and use of levels of evidence as found in textbooks, case studies, reviews of the literature, research critiques, controlled trials, evidence-based clinical practice guidelines (www.guideline.gov), meta analyses, and systematic reviews (e.g., the Cochrane Database of Systematic Reviews)

- Development of PICO (patient population, Intervention, omparison of intervention with usual state/care, outcomes) project

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Essential IV: Information Management and Patient Care Technology within Generalist Nursing Practice

Rationale:

The critical knowledge and skills involved with information and patient care technology become more complicated when considering the care of patients, families, and communities whose needs intersect with both the medical and behavioral health care systems. While some receive care within integrated systems, most move between different systems with different technologies and regulations about confidentiality and access to information. Course work and clinical experiences should prepare graduates how to navigate between systems. They should also prepare graduates to understand and to intervene at those points where the where flow of critical information most often breaks. As the IOM's *Across the Quality Chasm* reports, it is during the transitions (or "hand offs") between systems and as patients, families, and communities move among different kinds and levels of care that the need to maintain continuous and safe healing environments is most often compromised.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, behavioral health and general care settings, to:

1. Understand both the strengths and weaknesses of patients, families, and communities experiences of different information and patient care technology in both the medical and the behavioral health care systems.

2. Create and maintain continuous and safe healing environments during the transitions (or "hand offs") between systems and as patients, families, and communities move among different kinds and levels of care.

3. Demonstrate knowledge of the different regulations that impact the use of technology in both the medical and behavioral health care systems.

4. Understand the ways in which web-based information informs patients and families' knowledge about and preferences for different forms of care and treatment.

Sample Content

- Privacy and confidentiality issues in the use of information and patient care technologies
  .
- Interstate practice regulations and state and federal laws that regulate information sharing

- Information and patient care technology safeguards that facilitate the maintenance of continuous and safe healing environments during transitions

- Constructing and maintaining continuous healing and safe environments during the transitions (or "hand offs") between systems and as patients, families, and communities move among different kinds and levels of care.

Sample Strategies for Learning

- Provide opportunities for students to follow patients and /or families as they move between and/ or back and forth between medical and behavioral health care systems.

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- Participate in the construction and implementation of continuous healing and safe environments during the transitions (or “hand offs”) between systems and as patients, families, and communities move among different kinds and levels of care.

- Compare, contrast, and analyze the kinds and quality of data on NIH related websites and consumer websites such as those maintained by the National Association on Mental Illness (www.nami.org) or the Child and Adolescent Bipolar Foundation (www.bpkids.org).

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Essential V: Health Care Policy, Finance, and Regulatory Environments in Generalist Nursing Practice

Rationale

Psychiatric/mental health care is particularly affected by policy, finance, and regulatory environments because of the history of discrimination and the stigmatization of persons with mental illnesses. Currently, such care is delivered within fragmented, poorly reimbursed systems that have increased pressures on primary care practices and schools to serve as mental health and substance abuse providers of first and often last resort. Legislative parity in insurance coverage has only recently been enacted, and clinicians, patients, and families have still to see how this will play out in actual practice.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, behavioral health and general care settings, to:

1. Analyze the political, legal, social, and regulatory influences on the development of health policy related to psychiatric/mental health, mental illness, and substance use disorders.

2. Protect patients' rights in the delivery of psychiatric/mental health care.

3. Evaluate state and national health care policies related to psychiatric/mental health, mental illness, and substance use disorders.

4. Examine principles of healthcare economics and the impact on delivery of cost effective, quality care provided to patients with psychiatric disorders.

Sample Content

- Relationships among issues of health disparities, mental health insurance parity, and systems of "carve outs" for managed mental health care

- History and current issues of mental health care policy

- Relationship among the advocacy of individual nurses, psychiatric mental health nursing organizations and patients' and families' political and self-help advocacy groups

- Relationships among social justice and mental health policy, finance, and regulation

Sample Strategies for Learning

- Review several federal and state policies that impact the delivery of health care for mental illness and substance use disorders.

- Participate in a service learning project with local National Alliance on Mental Illness (NAMI)

- Analyze a mental health care issue (e.g. involuntary commitment or forced treatment, insurance parity, seclusion and restraint, psychiatric advanced directives) from a public policy perspective.

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Essential VI: Interprofessional Communication and Collaboration for Improving Patient Mental Health Outcomes in Generalist Nursing Practice

Rationale:

Effective interprofessional communication and collaboration is essential given the strong relationship between physical and mental health. Research data provides strong support for the increasing morbidity among patients in primary care with unmet mental health needs: these needs are neglected, overlooked, avoided or devalued, placing patients at risk for poor physical health care outcomes, for a range of common psychiatric syndromes or for exacerbation of pre-existing or co-morbid psychiatric conditions. Addtionally, data also show how the physical health care needs of patients with primary psychiatric disorders are themselves to often neglected, overlooked, avoided or devalued. Patients with serious and persistent mental illnesses have a significantly greater mortality rate than their peers.

Generalist graduates must have the knowledge and skill to integrate their patients' physical and mental health care needs. They also need the knowledge and skills to communicate effectively with other health care professionals about the multidimensional nature and details of patients' health status and needs.

Generalist graduates also need to assume leadership for initiating and maintaining collaborative efforts with other health care professionals, recognizing that various members of the health care team come from unique disciplinary practice spheres that often do not include an emphasis on patients' mental health needs or outcomes.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, behavioral health and general care settings, to:

1. Integrates physical and mental health needs in their care of patients, families, and communities

2. Initiates teambuilding and interprofessional collaborative strategies to address the mental health needs of patients in non-psychiatric care settings

3. Advocates for appropriate and effective assessment and management of patients' mental health needs with the interprofessional team.

Sample Content:

- Participatory decision-making among clinicians, patients, and families around mental health and physical care needs

- Intraprofessional and interprofessional simulations of integrating patients' physical and mental health needs

- Intraprofessional, interprofessional and systems relationships that support or inhibit the integration of physical and mental health care needs.

Sample Strategies for Learning

- Engage is discussions and dialogues with patients and their families that set the framework for participatory decision-making

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- Engage in case study discussions and dialogues about patients' mental health needs with other non-mental health specialty professionals

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Essential VII: Clinical Prevention and Population Health for Optimizing Health in Generalist Nursing Practice

Rationale

Mental health promotion among individuals, families, groups and communities remain critical to initiatives aimed at optimizing health. Epidemiological and intervention studies highlight the need and the demand for such among individuals experiencing trauma and prodromal symptoms, among families under stress or with histories that suggest a heightened risk of mental illnesses or substance use, and among populations coping with displacement, migration, and disasters.

Individually focused mental health interventions such as screening, counseling, and stress reduction strategies are relevant throughout the life-span; and they have a strong evidence base of support in improving health as well as mental health outcomes. Population focused mental health interventions – including the identification of sub-populations, families, and individuals who would benefit from mental health promotion, or who have heightened risk of developing mental illnesses, suicidality, or homicidal impulses – remain essential for mobilizing the necessary resources, networks, and supports necessary for the kinds of community outreach necessary in day-to-day life and in disasters.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, behavioral health and general care settings, to:

1. Assess the protective and predictive factors that influence the mental health of individuals, and populations.

2. Demonstrate an understanding of the relationship of genetics and genomics to mental health, mental illness, substance use disorders, prevention, screening, diagnostics, prognostics, selection of treatment, and monitoring of treatment effectiveness. (Consensus Panel, 2005, p. 11)

3. Conduct basic environmental exposure history, including that of exposure to psychological trauma and domestic abuse, to identify current and future physical and mental health problems

4. Use evidence-based clinical prevention practices to guide mental health teaching, health counseling, screening, outreach, disease and outbreak investigation, crisis and disaster preparedness, referral, and follow-up for patients across the lifespan

5. Collaborate with other health care professionals, patients, families and communities to provide culturally appropriate mental health and substance abuse prevention strategies

6. Assess the mental health, health care, and preparedness needs of a population including identification of sub-populations, families, and individuals who would benefit from mental health promotion, or who have heightened risk of developing mental illnesses, suicidality, or homicidal impulse

7. Develop, with a patient, a mental health intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health and the prevention of illness, injury, disability, and premature death, as well as individual and community preparedness

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8. Implement and evaluate population-focused mental health interventions with attention to effectiveness, efficiency, and equity

9. Articulate professional roles and responsibilities in organizational disaster preparedness plan including providing psychological first aid and crisis intervention to disaster victims and workers

Sample Content:

- 7 competencies of Psychological First Aid:
  a. active listening skill
  b. normalize reactions
  c. teach stress management techniques
  d. recognize adaptive coping versus maladaptive coping practices
  e. identify and mobilize sources of interpersonal support
  f. apply crisis communication techniques with individual disaster survivors and disasters workers
  g. explain the potential to create greater distress in those we seek to assist

- Clinical practice guidelines for planning and evaluating mental health clinical prevention interventions

- Participation in population-focused activities that that include protecting vulnerable populations – such as those with mental illness and substance use – in the event of disasters

- How institutions, such as day care centers, group homes, state mental hospitals, or homeless shelters, can develop and implement policies to minimize transmission of communicable diseases.

Sample Strategies for Learning

- Develop a plan that attends to a population's mental health needs in the event of a disaster

- Conduct a community assessment of mental health needs

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Essential VIII: Professionalism and Professional Values in Generalist Nursing Practice

Rationale

Professionalism and professional values are the foundation of the nurse-patient relationship, and all nursing practice.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, behavioral health and general care settings, to:

1. Understand the history of the nurse-patient relationship within the profession

2. Recognize one's own and others' attitudes, values, and expectations about mental illness. Engage in reflective practice about one's own beliefs and values, including stereotypes and biases (e.g. racism, ageism, gender bias and homophobia), and the impact on the care of patients with mental illness

3. Model professional values in dress, demeanor, and conduct of relationships in the practice environment

4. Demonstrate quality care outcomes by documenting the application of *Scope and Standards of Psychiatric-Mental Health Clinical Nursing Practice.* (ANA, 2007)

5. Incorporate new knowledge and the results of quality improvement activities to improve the care of patients with mental illness in both the medical and behavioral health care systems (ANA, 2007

6. Articulate the value of membership in professional organizations, pursuing lifelong learning, and engaging in self-renewal

7. Advocate for social justice to reduce the stigmatization of patients with mental illnesses, the disparities in access and inequities in resources in mental health delivery systems, and the ways in which these issues impact vulnerable persons

Sample Content:

- History of psychiatric nursing
- Professional versus social boundaries
- Stigma
- *Scope and Standards of Psychiatric-Mental Health Clinical Nursing Practice*
- Appreciative inquiry
- Reflective practice addressing stereotypes, discrimination and bias (racism, ageism, gender bias, incarceration, social class and sexual orientation.
- Informed consent with vulnerable populations

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- Professional and legal requirements around privacy and confidentiality of mental health communication and records

Sample Strategies for Learning

- Directed experiences with writing and speaking publically about the effects of psychiatric / mental health nursing on health care outcomes

- Participation on ethics review committees

- Analyzing the ethical and legal dimensions of clinical situations

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ESSENTIAL IX

Essential IX: Generalist Nursing Practice:

1.0 The program prepares the graduate to conduct a comprehensive and focused psychiatric assessment:

1.1. Detail psychiatric, emotional, behavioral, social and substance use issues in the individual and family members.

1.2. Utilize evidence based rating scales that are culturally sensitive.

Sample Content:

- Understands current and previous psychiatric-mental health treatments (e.g., pharmacotherapy, psychotherapy, suicide attempts, hospitalizations, ECT)
- Conducts mental status exam
- Identifies substance use/abuse/dependence that is current or in remission
- Identifies trauma issues from abuse, military service, accidental events, etc.
- Defines influencing developmental impairments or learning disabilities
- Defines cognitive impairment from dementia or delirium related causes
- Notes psychotropic medication use and drugs with psychiatric related symptoms
- Identifies current suicidal or homicidal ideation and eminent risk.

2.0 Use family history to recognize the relationships of genetics and genomics to mental health and psychiatric symptoms.

2.1 Analyze extent of risk for behavioral and psychiatric disorders based on the family history.

2.2 Recognize the relationship of family members' experience of psychiatric symptoms and diagnosis and the mental health condition of the consumer

Sample Content:

- Obtains and analyzes a family history to determine if the family should be referred for genetic services.
- Recognizes unusual characteristics that suggest a genetic abnormality.
- Identifies genetic risk for common mental illnesses.
- Notes standardized symbols for genetic information.
- Recognizes the complex interactions within a family coping with a member who has a mental illness

3.0 Applies principles of neuroscience and brain chemistry as they relate to the origins and the treatment of disorders.

3.1 Develop knowledge regarding major drug classes in relation to mechanism of action, actions, common side effects, drug interactions, and nursing implications regarding the following psychotropic medication classes:

a. antipsychotics (typical and atypical)
b. antidepressants
c. mood stabilizers

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d. antianxiety agents
e. drugs to treat substance withdrawal and dependence
f. stimulants
g. cognitive enhancers
h. sedative-hypnotics

3.2 Develops beginning skills in administration of psychotropic medications to include obtaining medication history, lab monitoring, and assessing potential adverse effects such as:
a. anticholinergic delirium
b. agranulocytosis
c. neuroleptic malignant syndrome
d. extrapyramidal symptoms
e. Steven Johnson syndrome
f. Tardive Dyskinesia
g. signs of metabolic syndrome
h. serotonin syndrome.
i. hypertensive and hypotensive crises

3.3 Understands potential side effects
a. Medication reconciliation
b. Motivational interviewing for improving adherence
c. Include exercise and diet interventions

Sample Content:

- instruments and guidelines to identify and manage side effects and evaluate efficacy of psychotropic medications in common psychiatric condition
- information regarding dual diagnosis as well as co-morbid conditions in persons with mental illness
- content about pharmacology, pharmacokinetics, and pharmacogenetics of psychotropic medication and related side effects, drug interactions, and nursing interventions

4.0 Communicate effectively with the patient and the patient's support network

4.1 Recognizes the complex nature of therapeutic interaction with persons who have psychiatric and physical co-morbid conditions such as depression and cardiac illness.

4.2 Identifies the patient's support network and include them in communication about the patient's illnesses, needs, progress, and management.

4.3 Utilizes clear and positive communication skills such as listening, interpreting, gathering and providing information, and confronting in assessing and providing therapeutic intervention for managing patients' and families' needs and concerns about symptom management, medication management and health promotion.

4.5 Collaborates with patient and members of his or her support system in developing , assessing and refining the patient's overall plan of care.

4.6 Maintains professional boundaries and ethical behavior

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Sample Content:

- Learning Theories: Provide patient information based on patient readiness to learn and allow patient choice as is possible (example, medication may need to be taken such as antipsychotic depot medication but patient may choose best day or time of day)
- Motivational Interviewing: express empathy, develop discrepancy, avoid arguments, roll with resistance, support self efficacy
- Defense Mechanisms: understand processes used by patients to regulate anxiety associated with the illness process
- Family dynamics in chronic psychiatric illness

5.0 Incorporate patient self-determination and adherence strategies into patient-centered care.

5.1 Defines self determination and adherence as related to patient centered care.

5.2 Describes common strategies that support self determination and adherence into patient centered care in psychiatric illness.

5.3 Implements interventions with patients support self determination and adherence

Sample Content:

- Patient Self Determination Act 1991
- Self determination as related to patient centered psychiatric care
- Patient as active consumer and partner in care
- Recovery model of mental health care
- Common examples of self determination: right to decision making, right to information, right of consent, right to refuse, right to be heard, right to know and have opinions considered
- Illness and authority as be barriers to self determination
- Ethical, legal, economic, and practical concerns that influence self determination
- Psychiatric Advanced Directives
- Common strategies that support self determination and adherence into patient centered care in illness
    - Explanations of benefit vs potential harm without intervention
    - Explanations of benefit vs potential harm in drug abusing patient
    - Motivational interviewing regarding self determination and adherence

6.0. Identify, distinguish, and manage psychiatric symptoms in persons with mental illness who are terminally ill.

6.1 Identifies the causes of anxiety and recognize exacerbations of the psychiatric symptoms in terminally ill patients with psychiatric diagnoses.

6.2 Assesses anxiety, depression, and delirium in terminally ill patients.

6.3 Facilitates the management of anxiety, depression, and delirium in terminally ill patients.

6.4 Recognizes the significant stressors inherent in the end-of-life process of a family member or friend for persons with psychiatric illness.

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Sample Content:

- instruments and guidelines to identify and manage side effects and evaluate efficacy of psychotropic medications in common psychiatric condition
- teaching skills in working with psychiatric patients
- importance of developing appreciation of patient variables such as culture, religion, socio-economic status and family beliefs
- understanding dual diagnosis as well as co-morbid conditions in persons with mental illness
- knowledge about pharmacology, .pharmacokinetics, and pharmacogenetics of psychotropic medication and related side effects, drug interactions, and nursing interventions
- importance of communication skills in nurse-patient relationship in caring for patients receiving psychotropic medications.

7.0 Deliver appropriate patient-centered teaching to patients experiencing psychiatric disorders and their family members

7.1 Provides patient-centered teaching is provided to any individual with behavior health problems or psychiatric diagnosis regardless of developmental stage, age, culture, socioeconomic status, or setting where nursing care is provided.

7.2 Considers the psychiatric status of the patient and the ways this influences their ability to comprehend and learn information about all aspects of their health with particular attention to mental health in all teaching activities.

7.3 Grounds all teaching strategies in principles of health literacy defined as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (US Department of Health and Human Services, 2000).

7.4 Implements teaching strategies after identification of the behavioral health/psychiatric issues that influence learning.

7.5 Applies principles of health literacy that include the following:

a) Understanding of conceptual models defining health literacy across the lifespan
b) Assessment of health literacy considering behavioral health/psychiatric issues influencing level of understanding
c) Planning interventions for low literacy patients based on effective interventions
d) Assessing effectiveness of interventions

Sample Content:

- Principles of patient centered teaching
- Principles of health literacy
- Assessment of psychiatric status and comprehension
- Principles of self-care

8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan.

8.1 Understands basic research processes in behavioral health

8.2 Interprets evidence and apply to practice in psychiatric settings

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8.3 Implements evidence-based practice.

8.4 Identifies and applies the "best clinical practices" in mental health

Sample Content:

- Information literacy : implications for communities, vulnerable populations
- Principles of Quality improvement
- Nurse Sensitive Quality Indicators, performance measures
- Nursing Roles in the Research Process
- Decision making and critical thinking in relation to empirical and research evidence
- Skills in accessing resources to research in behavioral/mental health, including data base searching, critical appraisal, application to clinical situations
- Linkages among practice, research evidence, patient outcomes, and cost containment hierarchies of evidence

9. Monitor client outcomes to evaluate the effectiveness of biopsychosocial interventions.

9.1 Identifies and use standardized psychiatric evaluation instruments

9.2 Recognizes the importance of reliability in planning and implementing schedules for evaluations

9.3 Recognizes and articulates general improvement or decomposition of client social behavior, mental function, and symptoms.

9.4 Considers adherence issues in monitoring and evaluating

Sample Content:

- Standard mental health evaluation instruments such as:
  - AIMS
  - Hamilton Depression Scale
  - Multnomah
  - Brief Psychiatric Rating Scale
  - GAF
- Methods for monitoring and evaluating throughout the continuum of care
- Means to distinguish between pharmacological indices, social indices, and medical indices of improvement or regression
- Methods for eliciting client perspectives on functioning and physical condition

10.0 Implement patient-centered transitions of care and discharge planning to persons and families experiencing psychiatric disorders.

10.1 Plans and implements care in diverse settings including acute inpatient and community based settings of care

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10.2 Participates in care management and case management of psychiatric care

10.3 Evaluates a continuum of care for a person experiencing a psychiatric disorder

10.4 Analyzes congruency of acuity of a person's psychiatric needs to settings of care

10.5 Plans for a continuum of care that provides safety, structure, and support for persons with psychiatric disorders

10.6 Describes psychiatric home case management

10.7 Participates in management of individuals and families in the home or "aftercare" setting

10.9 Refers consumers, dyads and families to advocacy organizations

10.10 Assists consumers and their families to access support groups

Sample Content:

- Planning and implementing discharge planning
- Care and Case management in psychiatric care
- Examples of continuity of care
- Principles of psychiatric home case management

11.0 Provide nursing care based on evidence that contributes to safe and high quality patient outcomes within healthcare microsystems.

11.1 Identifies the research process in behavioral health including interpretation of evidence and application to practice in psychiatric settings.

11.2 Applies evidence-based practices in mental health that result in best clinical practices

11.3 Understands ethical and legal considerations in the nurse's role in research

Sample Content:

- Role of evidence based practice guidelines as they impact outcomes in common psychiatric diagnoses

12. Create a safe care environment that results in high quality outcomes for patients with mental illness including substance use disorders.

12.1 Identifies safe and unsafe practices within a psychiatric care environment.

12.2 Applies strategies to reduce harm to self and others in a psychiatric context.

12.3 Engages in a quality improvement process to improve care to people with mental disorders.

12.4 Describes best practices that promote safety and create a just and safe environment

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12.5 Demonstrates conflict resolution and aggressive behavior management.

12.6 Identifies the side effects and adverse effects of psychotropic medications used in psychiatric and non-psychiatric patient populations

12.7 Accurately assesses patients for suicide and homicide potential.

Sample Content:

- Basic safety principles for delivering care to these patients, especially the safe use of psychopharmacologic agents
- Factors that create a just culture and culture of safety
- Situations where patients may be susceptible to harm and abuse from
- self and others
- Knowledge of best practices to promote safety for providers and these patients
- Methods that prevent verbal, physical and psychological harm to these patients
- Methods that help eliminate error and processes for quality improvement

13. Revise the plan of care based on an ongoing evaluation of patient outcomes.

13.1 Identifies unusual changes in behavior and intervene appropriately

13.2 Applies evaluation strategies to monitor patients a psychiatric context.

13.3 Considers implications of changing an individualized plan of care for people with mental disorders.

13.4 Describes best practices in evaluating and revising plans of care for people with mental disorders

Sample Content:

- Common adaptation and coping to persistent psychiatric disorders
- Symptom management with those who have serious and persistent psychiatric disorder
- Concepts of co-morbidities
- Symptom management with those who haveco-occurring chronic conditions (e.g. medical conditions and psychiatric disorders, and substance abuse and psychiatric disorders).
- Concept of relapse and relapse prevention
- Maintain therapeutic relationship
- Identify common mechanisms of adaptation and coping used by patients experiencing a chronic psychiatric disorder
- Plan, implement, and evaluate a relapse prevention plan for patients experiencing a chronic psychiatric disorder
- Monitoring patient behavior and mood for changes requiring intervention
- Modifying interactions with patient experiencing behavior change

14.0 Demonstrate clinical judgment and accountability for patient outcomes when delegating to and supervising other members of the healthcare team

14.1 Understands principles of delegation, supervision, and team functioning

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14.2 Applies appropriate strategies for delegation, supervision, and maximizing team effectiveness

14.3 Demonstrates awareness of the complex relationship between decision-making and delegation

Sample Content:
- Definition of delegation
- Principles of delegation and supervision
- Evaluating how tasks and relationships influence delegation to a specific individual

15.0 Coordinate and manage care for a group of individuals with mental health problems in order to maximize health, independence, and quality of life.

15.1 Applies therapeutic communication techniques in care practices with persons experiencing common psychiatric symptoms such as hallucinations, delusions, and decreased production of speech

15.2. Demonstrates competent generalist group participation/ leadership skills in working with persons experiencing, or at risk for, psychiatric illness

15.3 Demonstrates the ability to establish collaborative working relationships with the consumer, their families and with other members of the multidisciplinary team.

15.4 Describes the principles, functions and care provider roles of the Assertive Community Treatment Model

15.5 Describes the principles and processes of the Recovery Model for Mental Health.

Sample Content:
- Therapeutic communication
- Collaboration
- Support groups
- Assertive Community Treatment Model
- Recovery Model

16.0 Demonstrate the application of psychomotor skills for the efficient, safe, and compassionate delivery of patient care in Generalist Psychiatric Mental Health Nursing Practice.

16.1 Demonstrates critical thinking skills to explore role of psychiatric nurse in relation to health promotion, disease prevention, community resources, and ethical/legal/economic considerations relating to care.

16.2 Applies nursing fundamental skills to care of patients with alterations in physiological function related to psychiatric mental health dysfunction such as eating and elimination problems.

16.3 Demonstrates knowledge, theory, and skill in teaching about disease process, medication management, and non-pharmacologic methods such as crisis intervention, problem solving, and stress management approaches.

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16.4 Demonstrates correct principles and techniques of safety in medication administration by common routes.

16.5 Reflects knowledge of common psychomotor skills and legal aspects of care such as application of restraints, CPR, and assisting with nursing care during procedures such as electroconvulsive therapy.

16.6 Applies nursing fundamental skills to care of patients with alterations in physiological function existing along with common psychiatric problems

16.7 Conducts assessment, planning, intervention, evaluation, and documentation are conducted on a regular schedule with completeness and accuracy.

16.8 Uses physical Assessment skills to evaluate and integrate physical and psychosocial functioning.

16.9 Promotes safety with correct reporting and interventions if patient becomes violent toward others or self.

Sample Content:

- Knowledge and theory of pathophysiology and skill in nursing interventions regarding:
    - disease process regarding common psychiatric diagnoses*
    - medication management to treat common psychiatric diagnoses
    - non-pharmacologic methods (crisis intervention, problem solving, and stress management) to treat common psychiatric diagnoses

      *schizophrenia
      *bipolar/depression
      *Alzheimer disease and related dementias
      *alcohol and drug abuse
      *anxiety disorders (obsessive compulsive disorders, post traumatic stress disorders)
- Correct principles and techniques of safety in medication administration by common routes
    - Intravenous
    - IM, SC, Oral
    - Dermal patch
- Skills and legal aspects of care such as:
    - application of restraints
    - CPR
    - assisting with nursing care during procedures such as
    - electroconvulsive therapy
- Nursing process conducted on a regular schedule with completeness and accuracy
- Physical Assessment skills are used to evaluate both physical and psychosocial functioning.
    - lung, heart, neuro, skin
    - mental status
    - relevant labs for baseline and monitoring

17.0 Develop an awareness of *complementary modalities* and their usefulness in promoting health for persons coping with psychiatric disorders.

17.1. Assesses complementary modalities being used by individuals with psychiatric disorders.

17.2. Evaluates the evidence for complementary modalities with patients who have psychiatric disorder.

17.3. Advocates for complementary modalities consistent with patients' worldview to promote stress management and increase coping behaviors.

17.4. Investigates the possible adverse and/or interaction of alternative/complementary modalities with conventional psychiatric care.

Sample Content:
- Complementary methods for: stress reduction, methods to promote sleep and relaxation
- Practice –based evidence for complimentary modalities
- Identification of cultural manifestation of stress
- Theories in mind-body relationships
- Pathophysiological understanding of the interrelationship of anxiety/depression with immune and endocrine systems
- Age and coping behaviors
- Definition complimentary modalities means to use in conjunction with conventional intervention while alternative therapies are used instead of conventional therapies.
- The most frequent complimentary modalities are: acupressure, aromatherapy, biofeedback, guided imagery, healing presence, humor, journaling, music therapy, meditation, relaxation, and therapeutic touch/healing touch.

18. Develop an awareness of patients as well as healthcare professionals' spiritual beliefs and values and how those beliefs and values impact health care.

18.1 Describes importance of spiritual care as a right for patients receiving healthcare.

18.2 Discusses crisis factors such as fear and loneliness often experienced during serious illness that stimulate need for spiritual care.

18.3 Discusses role of spiritual care when cure is not an expected outcome of illness.

18.4 Discusses the essential nature of spirituality to healthcare workers who care for seriously ill.

18.5 Defines need area of spiritual care in organizations at a time when moral, ethical, and spiritual concerns arise secondary to limited allocation of resources.

18.6 Lists common clinical areas for spiritual care intervention such as acute care; palliative care, long term care, addiction and recovery and mental health sites.

18.7 Values importance of patient variables such as culture, religion, pharmacogenomics, and socio-economic factors on medication outcomes.

18.8 Values importance of developing appreciation of patient variables such as culture, religion, socio-economic status and family beliefs

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- Spiritual resources viewed as helpful to the mental health care consumer in times of crisis
- Interventions to assist patients find meaning in suffering thru lens of spirituality essential to holistic care
- Increased level of trust in health care provider when provided opportunity to discuss spirituality
- Spiritual care as essential aspect of holistic care and incorporates hopes, fears, and beliefs
- Recognize and examine health care provider spirituality ~~and need to~~
- Nurture spirituality to enhance compassionate care provider approach is crucial
- Spiritual distress includes disturbance in the belief or value system which provides strength, hope & meaning to life
- National groups in nursing & medicine researching and applying spiritual effect on illness & recovery
- Clear definition of spirituality vs religion

19.0 Recognize and manage common psychiatric syndromes.

19.1 Assesses and responds appropriately to *level of risk (ANA)* involved in experiences of depression, suicide, psychosis, aggression (violence) and substance abuse across the life span and across clinical encounters / sites of care

19.2 Recognizes the complex interaction of various physical conditions and common psychiatric syndromes, emphasizing the role of personal, environmental, cultural and spiritual factors involved for each individual client

19.3 Applies knowledge of signs and symptoms of common psychiatric syndromes in observing, assessing, and planning nursing care, including:

a. Psychosis
b. Depression
c. Suicidal ideation/behavior
d. Rage/aggression
e. Delirium
f. Dementia
g. Substance use/dependence
h. Acute alcohol intoxication/poisoning
i. Acute substance ingestion
j. Acute substance withdrawal
k. Anxiety, including PTSD and panic
l. Side effects or adverse effects of psychotropic medications
m. Drug interactions, psychiatric side effects or adverse effects of medications used to treat physical conditions

19.4 Utilizes evidence-based instruments to assess risk for or level of co-morbidity of physical conditions and common psychiatric syndromes:

n. Mini-mental Status exam (e.g. Folstein)
o. Full Mental Status Exam
p. Depression Scales (e.g. Beck)
q. Anxiety Scales (e.g. Beck)
r. Suicide Assessment Scales
s. Substance Use/Abuse Scales (e.g. Cage, Trauma, etc.)

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19.5 Applies appropriate therapeutic interaction skills and strategies to assess and manage symptoms of common psychiatric syndromes co-occurring with physical illness

19.6 Applies psychiatric nursing skills and strategies including medication, close observation, restraint and referral as necessary to manage symptoms of common psychiatric syndromes co-occurring in clients with physical illnesses, emphasizing client dignity and the legal and ethical implications of these actions

19.7 Records accurately all observations, assessments and interventions related to managing symptoms of common psychiatric syndromes in physical care settings

19.8 Collaborates with the interdisciplinary team to plan further assessment and management of symptoms of common psychiatric syndromes for clients in physical care settings.

Sample Content:

- Knowledge about signs and symptoms of common psychiatric syndromes
- Knowledge about risk factors for common psychiatric syndromes co-occurring with physical illness in general and with particular physical illnesses
- Skills development in administering, scoring and analyzing data from evidence-based assessment instruments
- Knowledge about therapeutic communication rationales and skills to assess and manage symptoms of common psychiatric syndromes in clinical care settings
- Knowledge and skills development regarding application of mechanical or chemical means to manage symptoms of common psychiatric syndromes
- Knowledge about pharmacological side effects and adverse effects of psychotropic medications and possible psychiatric adverse effects of medications used to treat physical illness
- Interdisciplinary collaborative skills development

20.0. Understand their role and participate in disaster planning and response with an awareness of environmental factors and the risks they pose to self and patients.

20.1 Recognizes and responds effectively to patients across the lifespan affected by trauma and stress including those with and without mental health problems.

20.2 Modifies communication to account for variations in the patient's ability to comprehend and respond during a disaster.

20.3 Provides a safe, calm environment to aid coping skills in disaster situations.

Sample Content:

- Therapeutic interpersonal communication
- Priority setting in crises
- Differentiating normal emotional responses from psychiatric symptoms
- Knowledge of individual and group response to different types of crisis
- Information about immediate and long term response to crisis

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21. Engage in caring and healing techniques that promote a therapeutic nurse-patient relationship with patients who have mental disorders, altered mental status and/or unusual behaviors.

21.1 Applies therapeutic communication techniques in care practices with persons experiencing common psychiatric symptoms such as hallucinations, delusions, and decreased production of speech.

21.2 Demonstrates caring concern for people suffering from mental disorders.

21.3 Engages the patient with mental disorders in an active partnership based on therapeutic alliance.

21.4 Assumes responsibility and accountability for one's own behavior within a therapeutic nurse-patient relationship

21.5 Maintains professional boundaries while implementing a therapeutic nurse-patient relationship.

21.6 Role models tolerance of variations in behavior in people with mental disorders and respect for the diversity of human experience

Sample Content:
- Variations in therapeutic nurse-patient relationships and relationship development with patients with altered mental status and mental disorders.
- Strategies that promote safety while implementing a caring nurse-patient relationship
- Self awareness techniques to help the student nurse alter behavior thatcreates barriers to therapeutic nurse-patient relationship with patients who have mental disorders

22.0 Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the behavioral health of populations they care for as nurses.

22.1 Understands the nature of ambiguity and its influence on health care systems

22.2 Prepares to cope with unpredictability in patients, health care systems, and their own ecosystem,

Sample Content:
- Knowledge about the effects of crisis on individuals and groups in a variety of settings where behavioral health care is provided by nurses
- A model of crisis intervention that acknowledges that an unpredictable world may adversely influence behavioral health status
- Knowledge about prioritizing behavioral health needs in a time of crisis.
- Skill development in understanding the personal influence of ambiguity and an unpredictable world as they provide nursing care.
- Development of creative problem solving skills applicable to times of crisis and unpredictability in a variety of settings

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SUGGESTED STRATEGIES FOR LEARNING
(collated and organized by Pearson 3/1/09)

Knowledge
- Psychiatric assessment
- Psychosocial assessment
    - Mental status
    - Family assessment
    - Use of screening instruments
    - Influence of physical health on mental health
    - Neurobiology of the brain
- DSM IVTR Diagnoses
- Definition of co-morbidities
- Motivational interviewing
- Learning theory
- Prominent psychiatric treatment modalities (individual, family, and group therapy)
- Medication management including symptoms, side effects, and client education needs
- Communication skills
- Use the research literature to critique evidence based interventions
- Prepare and deliver a poster presentation on psychiatric mental health clinical issues

Practicum-based Activities
- Role-playing with peers
- Developing a nursing care plan
- Develop a family genogram using self or peers
- Practice psychiatric interviewing with peers
- Clinical and classroom experiences that focus on medication effects, side effects, common drug interactions, lab monitoring, and approaches to medication administration
- Videotape client interactions
- Use journals to explore role of spirituality in nursing care
- Identify elements of countertransference and transference that influence care
- Use videos, web sites, and simulations as enhancements to lectures
- Invite consumers (clients or family members) to speak to students

Patient-Centered Activities
- Interview a family member regarding the stress of coping with the mental illness of a family member
- Attend a support group for families coping with the mental illness of a family member
- Invite clients and family guests to classroom to talk from first person about issues such as adherence, self determination, culture and disparities experienced
- Evaluate a continuum of care for a client experiencing a psychiatric disorder
- Evaluate a client's living situation for safety, structure, and support
- Participate in discharge planning meetings with client and family members present
- Conduct an assessment for medication side effects
- Conduct a suicide/homicide assessment
- Role play multiple responses to changes in client behavior
- Examine alternative meanings of client behavior

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- Clients and family guests to talk from first person

System-Centered Activities

- Visit group homes and mental health support groups
- "Shadow" a psychiatric home care nurse
- "Shadow" a nursing member of a Psychiatric Assertive Community Treatment (PACT) team
- Environmental scan for potential sources of safe and unsafe patient care environment for vulnerable clients such as suicidal, cognitively impaired, detoxing
- Participate in a team to develop strategies to reduce harm to self and others
- Participate in training to learn methods of resolving conflict and managing aggressive behavior
- Role play identifying and reporting errors and near misses to a person higher in the chain of command
- Defining the potential situations that lead to ambiguity and unpredictable responses that involve behavioral health
- Understand human response in unpredictable events as it interacts with behavioral health
- Clinical and classroom teaching that integrates behavioral health responses occurring in populations faced with unpredictable events

APPENDICES:

I. Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum: Collaboratively Developed by ISPN and APNA, (2007-2008) approved 5/08

II. Mental Health Competencies; OHSU OCNE PMH competency task group; 6/15/05

III. Substance Use Websites

IV. Mental Health Websites

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APPENDIX I

Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum: Collaboratively Developed by ISPN and APNA, (2007-2008) approved 5/08

During the period from 1998 to 2008, the significance of mental health issues in contributing to the mortality and morbidity of populations world-wide has been increasingly documented. It has been identified that approximately 450 million people suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse (World Health Organization, 2001). The World Health Organization (WHO) has also identified that "understanding how inseparable mental and physical health really are, and how their influence on each other is complex and profound… WHO (also states that) mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries and must be universally regarded in a new light (WHO, 2001, p ix). "

Mental health has also been identified as a national health priority by Healthy People 2010 (http://www.healthypeople.gov) and the US Surgeon General (http://www.surgeongeneral.gov). This report, developed by a consortium of 400 national membership organizations, state and territorial health departments, and key national associations of State health officials, identified nine priority health indicators related to mental health/substance abuse concerns. The priorities include: tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, and access to health care.

The mortality rate for persons with schizophrenia is four times higher than the general population; they have a fivefold higher risk of myocardial infarction; a higher risk for cardiovascular disease and have higher rates of new-onset diabetes than that of the general population (Enger et al. 2004; Chafetz, et al. 2005; Chwastiak et al. 2006; Muir-Cochrane, 2006; Salokangas, 2007). Furthermore, the prevalence of the metabolic syndrome is higher among patients receiving Clozapine (Lamberti et al. 2006; Mitchell & Malone, 2006).

Furthermore, in 1999, the first ever White House Conference on Mental Health was convened. The U.S. Surgeon General presented the first report (DHHS, 1999) on the mental health of the nation in which the inextricably intertwined relationship between mental health, physical health and well-being were noted. The report presented a challenge to the nation, communities, health care providers, and policy makers to take action as mental health issues are important health concerns for all ages. This landmark report was an undeniable call to make the mental health needs of the nation imperative.

Although the opportunities for mental health care world-wide vary according to each setting's resources and priorities, the avenues through which mental health needs must be addressed are at the primary, secondary and tertiary levels. Even as the United States has been identified as a nation with a high level of mental health resources (WHO, 2001; The President's New Commission on Mental Health [President's Commission], 2003), it is still plagued by a "lack of national priority for mental health and suicide prevention, and fragmentation and gaps in care (across the life span) (President's Commission, 2003 p 3)".

Nursing's efforts to provide safe and effective care gained important support from the Institute of

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Medicine's (IOM) Report, Crossing the Quality Chasm: A new Health System for the 21st Century (2001). The Report (2001) demands a reinvented, innovative, and improved delivery of health care. Six specific aims were proposed for the needed changes that is the health care system must be: (a) safe, (b) effective, (c) patient-centered, (d) timely, (e) efficient, and (f) equitable. The IOM Report (2001) also calls for changes in the environment to support the 10 rules for redesign to include: (a) applying evidence to health care delivery, (b) using information technology, (c) aligning payment policies with quality improvement, and (d) preparing the workforce. In 2003, the IOM issued another Report, Health Profession's Education: A Bridge to Quality which includes 8 core elements for an interdisciplinary health care workforce (IOM, 2003; Huckshorn, 2007).

The Essentials of Psychiatric Mental Health Nursing BSN Curriculum were originally developed by the Education Council Task Force of the International Society of Psychiatric Mental Health Nurses (ISPN) and presented for approval in April 2005. A Task Force of the American Psychiatric Nurses Association (APNA) updated the document during 2007 and a collaborative Task Force of APNA and ISPN continued the update in 2008.

The American Psychiatric Nurses Association (APNA) in collaboration with the International Society of Psychiatric Mental Health Nurses (ISPN) recognizes and supports the importance of mental health to the overall well-being of each individual. As part of this understanding, ISPN and APNA identifies that the task of promoting mental health is multifaceted. In addition to providing direct care, professional education, consultation, combating stigmatization, improving access, furthering research, advocacy and policy development are each factors for improving mental health care.

Because a comprehensive approach to mental health care is multidisciplinary and collaborative, Nursing has an integral role in affecting the mental health of millions of people through the use of unique skills, and by nature of the numbers of nurses who interact with clients in a variety of settings. *The President's Commission Report* (2003), *The World Health Report 2001* (2001) and the most recent *Mental Health, United States, 2002* (Department of Health and Human Services [DHHS], 2004) identify that nurses play a key role in the delivery of mental health care at all levels of intervention and that there is a need to improve and expand this workforce providing evidence –based mental health services and supports.

As part of their leadership roles, APNA and ISPN have identified that the educational preparation for the practice of psychiatric nursing begins at the pre-baccalaureate level (ANA, APNA & ISPN, 2007; DHHS, 2004). Communication and therapeutic interpersonal relationships are critical components that must underlie all nursing skills.

The recommended curriculum in this document may not be implemented in just one course or one semester but rather that students be exposed to the experiences and learning across the entire baccalaureate curriculum. This is specifically the case in which learning outcomes are across the life span and across settings. In addition, there are clear indicators that mental health content and learning outcomes may also span across several semesters. For example, experiences with families and or groups may not occur in P/MHN settings but may occur in pediatric, maternity, and/or community as well as in acute medical/surgical experiences. Furthermore, patients with

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psychiatric disorders who have other physical health problems are in fact treated in acute care medical/surgical settings which require that students and new BSN/RNs have the requisite skills to provide competent care. The ANA, APNA and ISPN Scope and Standards of Psychiatric-Mental Clinical Nursing Practice (2007) address the trends for an increased awareness of physical health problems in the mentally ill living in the community. It is quite clear that the psychiatric/mental health nurse needs to be able to assess the physical component of the patient's health. This is a major issue in the co-morbidity area with issues like diabetes, hypertension and a number of other common disorders (Farnam et al., 1999; Getty & Knab, 1998; Huckshorn, 2007). This is not to suggest that P/MHN content and experiences should be completely integrated or diluted but to acknowledge again that all the experiences would not be possible to acquire in one theory or one psychiatric nursing clinical course. Furthermore, there is a belief that psychosocial content is the core for all areas of nursing; thus, areas such as therapeutic communication cannot wait until a specific P/MHN course.

The debate continues regarding the definitions of "learning outcomes" and "competencies", that is left to individual academic institutions. McCabe (2000) defines critical clinical competencies as "behavioral reflection of the epistemology of psychiatric nursing. They are the specific, measurable behaviors that reflect and represent the standards for practice and identify the nursing actions that can be expected of all psychiatric nurses" (p. 113). Even though our purpose is to consider competencies that prepare generalist nurses with competencies in mental health nurses that are needed for practice, it is reasonable to consider that these competencies still reflect standards of practice and nursing actions required to meet these standards as well. McCabe further asserts that the identified competencies must match practice realities. In determining competencies in psychiatric mental health nursing skills for generalist education at the baccalaureate level, it would seem necessary as well that these competencies match the realities of nursing education today. More recently, Huckshorn (2007) outlined eight core competencies of mental health staff (registered nurses, psychiatric technicians and/or aides) must have in order to improve the quality of care and service delivery in mental health settings (pp. 27-28). The revised *Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum* does include those core competencies.

Based on the results of a survey that Patzel, Ellinger, & Hamera (2007) conducted of APNA members who are nurse educators, the mean number of hours for BSN programs represented in the survey was 80.26 hours. This raises the question of how to have competencies that meet the required education purpose but are still feasible given the limitation of hours for the experience. Thus again, core competencies must be gained throughout the nursing program but are not a substitute for the discrete body of psychiatric/mental health nursing. Required clinical hours in specialty areas are regulated by the state Boards of Nursing and are beyond the scope of this document.

Given the critical role of nurses in all areas of health care, their ability to affect the emotional well being of clients regardless of the setting and the need for exemplary mental health service delivery (informed by effectively prepared nursing professionals) the following curriculum is recommended for implementation.

Essentials for Undergraduate Education in Psychiatric Mental Health Nursing (PMHN)

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****see definitions below**

	Core Nursing Content	Essential PMHN Content	Learning Outcomes Defined as Clinical Competencies
1.	Growth & Development	a. Principles of cognitive, emotional, and psychological growth with corresponding developmental milestones b. Recognition of major disorders occurring in childhood/ adolescence 1. Mood disorders 2. Eating disorders 3. Conduct disorders 4. ADHD 5. Pervasive developmental disorders 6. Substance abuse/dependence disorders c. Recognition of major disorders occurring in adulthood 1. Mood disorders 2. Psychotic disorders 3. Personality disorders 4. Substance abuse/dependence disorders 5. Anxiety disorders d. Recognition of major disorders occurring in older age 1. Depression 2. Dementia 3. Delirium	a. Demonstrate competent generalist assessment of the developmental needs of patients experiencing psychiatric disorders. b. Recognize normative versus non-normative behavioral patterns in terms of developmental milestones. c. Plan and implement and evaluate age appropriate care for patients with psychiatric disorders.
2.	Neurobiological Basis of Care Practices	a. Neuroanatomical and neurophysiological basis of and relationship to observable patient behaviors and symptoms of psychiatric disorders b. Neurobiological theories of etiology of common psychiatric health disorders c. Genetics and psychiatric disorders	a. Demonstrate competent generalist assessment skills with emphasis on mental status and neurological functioning. b. Apply neurobiologic knowledge to care practices and patient teaching.
3.	Pharmacotherapeutics and Basic Principles of Pharmacology	a. Neurobiological basis of pharmacological and somatic treatments b. Major psychotropic agents for identified psychiatric disorders that include: 1. Classification 2. Action and expected effect 3. Side effects and toxicity 4. Potential interactions with other medications and diet c. Common alternative medicine approaches used in the treatment of psychiatric disorders	a. Articulate knowledge of the neurobiological mechanism for various psychotropic medications. b. Evaluate effects of medications on patient, including symptom abatement, side effects, toxicity, and potential interactions with other medications/substances. c. Identify factors

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		1. Herbals, minerals, and vitamins 2. Other alternative treatments	contributing to patient non-adherence. d. Teach patients to manage their own medications including strategies to increase adherence to prescribed therapeutic regimen. e. Apply pharmacotherapeutic principles to the safe administration of psychotropic medications.
4.	Communication Theory and Interpersonal Relational Skills	a. Therapeutic interventions for patients, families, and groups experiencing, or at risk for, psychiatric disorders b. Therapeutic use of self with patients, families and groups experiencing, or at risk for, psychiatric disorders 1. Appropriate affective and cognitive responses to patients 2. Concept of professional boundaries with psychiatric patients and appropriate use of self disclosure 3. Communication with patients experiencing common psychiatric symptoms such as disorganized speech, hallucinations, delusions, and decreased production of speech 4. De-escalation of aggressive behavior 5. Suicide assessment techniques	a. Demonstrate therapeutic use of self with patients, families and groups. b. Apply therapeutic communication techniques in care practices with patients experiencing common psychiatric symptoms including disorganized speech, hallucinations, delusions, and decreased production of speech. c. Demonstrate group participation/leadership skills. d. Develop professional boundaries necessary for professional care giving relationships. e. Discuss strategies for safe management of crisis situations that occur in various treatment settings incorporating principles of therapeutic communication and patient psychopathology.
5.	Clinical Decision Making	a. Taxonomy systems commonly used in care of psychiatric disorders 1. NANDA 2. DSM-IVTR and ICD-10 3. Omaha System b. Evidence-based care principles for psychiatric disorders	a. Apply taxonomy structures to patient specific situations including the development of nursing diagnosis. b. Identify signs and symptoms characteristic of

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		c. Use of outcome measurements to evaluate interventions and care strategies d. Principles of safety in various treatment settings e. Concepts of psychiatric crisis and common intervention practices with patients experiencing psychiatric crisis f. Violence 1. Anger and aggression 2. Levels and types of violence expression such as suicide, homicide, domestic violence, child and elder abuse g. Standard care practices of common psychiatric disorders including: 1. Psychotic disorders 2. Mood disorders 3. Anxiety disorders 4. Personality disorders 5. Substance abuse/dependence disorders 6. Cognitive disorders 7. Eating disorders 8. Somatoform disorders 9. Family and community violence h. Use of informatics in psychiatric nursing	each major disorder. c. Evaluate the degree of evidence-base available to support common psychiatric nursing actions. d. Implement evidenced-based care for patients with psychiatric disorders. e. Plan and implement nursing interventions appropriate to patients needs that reflect etiological factors and standards of nursing care. f. Prioritize crisis intervention care practices with patients with psychiatric disorders. g. Assess patient potential for violence including suicide and homicide. h. Develop and implement suicide prevention strategies.
6.	Patient Care Roles	a. Principles of teaching/learning theories as they relate to patients with psychiatric disorders including psychoeducational approaches b. Principles of clinical care manager with psychiatric patients c. Principles of case manager with psychiatric patients d. Principles of patient advocacy with psychiatric patients e. Consumer advocacy groups 1. NAMI 2. NMHA 3. Local resource identification f. Overlap of nursing roles with self-help models of care including 12 step models g. Principles of collaborative relationships with individuals, families, consumers and advocacy groups	a. Demonstrate ability to effectively teach patients experiencing psychiatric disorders and their families. b. Plan and evaluate for a continuum of care that provides safety, structure, and support for patients with psychiatric disorders. c. Evaluate the continuum of care for a patient experiencing a psychiatric disorder. d. Refer patients and families to advocacy organizations. e. Assist patients to access self-help groups.

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7.	Health Care Settings	a. Principles of inpatient care. b. Principles of psychiatric care in emergency department settings c. Principles of community mental health d. Principles of psychiatric home care e. Relationship of acuity of care and patient needs to the setting of care f. Evolving care settings (e.g. primary care, telecare and web-based)	a. Describe available treatment options and community based resources. b. Plan and implement care in diverse settings including acute inpatient and community based settings of care. c. Analyze adequacy of care settings related to patient acuity and needs.
8.	Cultural, Ethnic, and Spiritual Concepts	a. Diversity b. Cultural, religious, and spiritual beliefs regarding mental health and illness c. Cultural issues and spiritual beliefs as they relate to psychiatric symptom expression d. Cultural/racial/ethnic diversity and impact on mental health care delivery e. Resources for culturally/linguistically sensitive PMH care	a. Demonstrate competent generalist cultural and spiritual assessment. b. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of patients from diverse cultural, racial and ethnic backgrounds.
9.	Health Promotion and Illness Prevention	a. Concepts of mental health promotion and illness prevention b. Known risk factors of common psychiatric disorders c. Screening and referral for common psychiatric disorders d. International and national indicators on mental health (e.g. World Health Report and Surgeon General's Report on Mental Illness) e. Healthy People 2010 goals and objectives f. Standardized screening and symptom rating instruments g. IOM Report and National Patient Safety Goals	a. Describe populations at risk for psychiatric disorders. b. Evaluate the need for screening and referral for populations at risk for psychiatric disorders. c. Assess, plan, implement and evaluate interventions related to mental health promotion and illness prevention specific to the needs of diverse communities. d. Describe standardized screening tools used to identify at risk groups. e. Plan, implement, and evaluate preventive care practices for patients at risk for, or experiencing psychiatric disorders.
10.	Concepts of Chronic Illness	a. Common adaptation and coping techniques used to deal with severe and persistent	a. Establish and maintain therapeutic relationships with individuals who have a

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		psychiatric disorders b. Symptom management with those who have serious and persistent psychiatric disorders. c. Concepts of co-morbidity d. Symptom management with those who have co-occurring chronic conditions (e.g. medical conditions and psychiatric disorders and/or substance abuse and psychiatric disorders). e. Concepts of relapse, relapse prevention, recovery and resilience	severe and persistent psychiatric disorder. b. Assess common mechanisms of adaptation and coping used by patients experiencing a severe and persistent psychiatric disorder. c. Plan, implement, and evaluate a relapse prevention plan for patients experiencing a severe and persistent psychiatric disorder. d. Prioritize care strategies for patients experiencing co-morbid health states.
11.	Ethical and Legal Principles	a. ANA Code of Ethics and patient rights legislation b. Standards of practice for PMHN c. Least restrictive treatment approaches d. Legal rights of psychiatric patients based on voluntary versus involuntary treatment status 1. Duty to protect 2. Duty to report 3. Confidentiality	a. Clarify personal values concerning working with patients experiencing psychiatric disorders. b. Advocate for patients and families with legal and ethical concerns. c. Develop plan of care to address ethical and/or legal concerns that promote individual integrity.
12.	Vulnerable Populations	a. Principles and concepts of working with vulnerable populations b. Access to care c. Health disparities in mental health care and outcomes 1. Developmentally disabled 2. Elders and children 3. Special needs of diverse populations 4. Marginalized populations such as homeless and jailed	a. Recognize the multiple and complex care needs of vulnerable populations. b. Plan, implement, and evaluate care strategies that protect the rights and dignity of vulnerable populations.
13.	Nursing Research	a. Research related to psychiatric health nursing and care delivery concepts b. Concepts of evidence based practice	a. Critically analyze research reports as a research consumer. b. Assist patients and families in interpreting and evaluating research findings. c. Utilize research findings in planning and evaluating care practices.

****DEFINITIONS OF COLUMN HEADINGS**

1. CORE NURSING CONTENT –.Evident in general baccalaureate nursing curricular content

2. ESSENTIAL MHPN CONTENT – Specific elements and core content for PMHN. For example, under pharmacology; it is assumed that the psychotropic medications are essential

3. CLINICAL COMPETENCIES OPERATIONALIZED AS LEARNING OUTCOMES – Measurable student behaviors that reflect mastery of the essential content and reflect the PMHN skills expected of a newly graduated baccalaureate prepared nurse.

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Reviewed and adapted by the APNA Education Council Task Force for Undergraduate Nursing Competencies: Hilarie Price, Phyllis M. Connolly and Brenda Patzel (2007)

Reviewed and recommended by a Joint Task Force, Phyllis M. Connolly (APNA), Charlotte Herrick (ISPN), & Mark Soucy (ISPN) (2/28/08- 5/08) approved by APNA and ISPN Boards May 2008.

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APPENDIX II

Mental Health Competencies --OHSU OCNE PMH competency task group 6/15/05

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What every RN should be able to do/handle

1. Communicate with cognitively impaired persons, including the potentially violent person.
2. Establish therapeutic communication and relationships with individuals across the lifespan
    a. With individuals who are experiencing acute and/or chronic illnesses
    b. With anxious individuals
    c. With depressed individuals
    d. With psychotic individuals
3. Assess an individual for suicide risk
4. Teach individuals across lifespan about ways in which to maintain mental health
5. Differentiate between major depressive disorder and grief/loss, and respond/or refer appropriately.
6. Differentiate depression, delirium, dementia, psychoses; collect relevant collateral information in order to make decisions about appropriate action and/or to make a case for appropriate medical treatment.
7. Recognize limitations and assure safety for self and others
8. Recognize consequences and signs ("red flags") of substance abuse in individuals hospitalized for these problems; notice and respond appropriately to withdrawal from abused substances.
9. Participate in interventions directed toward prevention of substance abuse relapse.
10. Explain to clients and families the potential for various therapeutic treatment modalities ; communicate with client in a way that supports whatever treatment modality the patient is receiving.
11. Recognize signs and symptoms of methamphetamine abuse
12. Assess individuals & families about sensitive topics/issues including substance abuse, child and elder abuse, sexuality, suicide thoughts, other safety issues, domestic violence, eating habits/obesity. Second year: Recognize cultural issues related to this assessment, and handle appropriately. Interpret & respond appropriately, within the limits of their abilities, policies of clinical agency & resources available.
13. Recognize stigma and its impact on vulnerable clients.

Second year:

14. Every RN should be able to handle patients with psychiatric disorders –
15. Assess individuals and their families as in #12; respond therapeutically with minimal cuing to persons with psychiatric diagnoses including
    a. Psychotic disorders
    b. Anxiety disorders: including PTSD
    c. Mood disorders.
16. Communicate therapeutically (including with those who are potentially violent) and establish relationships with persons with psychiatric diagnoses.
17. Intervene in mental health/psychiatric emotional crisis situations.
18. Recognize the value and role of groups, community-based treatment approaches, self-help groups such as AA.

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19. Recognize the role of psychopharmaceuticals in the treatment of mental disorders and understand the indications, target symptoms, and potential side and adverse effects of these drugs.
20. Recognize the impact of culture on presentation of mental health and illness, and in choosing appropriate information to gather (assessments) and choosing interventions.
21. Understand legal issues in working with mental health clients: pt rights, commitment laws, duty to warn.
22. See # 12 above; Second year: Recognize cultural issues related to this assessment, and handle appropriately. Interpret & respond appropriately, within the limits of their abilities, policies of clinical agency & resources available.

Other, regarding implementation of learning teaching approaches for psych-mental health:

1. Relationship with faculty is important for student acquisition of knowledge, skills.
2. Discussion about own responses and self-awareness when working with mental health issues
3. Students need experience in establishing a relationship with persons with psychiatric diagnoses (as in competency 16).
4. Intense, consolidated experience with people with psychiatric diagnoses is needed, not to be replaced by role play, or sim-lab experiences.
5. Practice in a setting where mental health issues are predominant is necessary in the 3rd year of program (2nd year of nursing program)
6. Psych faculty needed to teach psych-mental health concepts and clinical.
7. Modular approach can be used in second yr for content (first year of nursing program)

Pathophys: (should be in those courses)

--Relationship between alcohol abuse and physiological consequences
--Neurobiological basis for psychiatric disorders

Other considerations/recommendations:

1. We would like to approach all of these topics from a lifespan approach.
2. We would like to approach all of these topics along the care continuum including in health promotion, acute care, chronic care, and population-based care.
3. We suggest a basic curriculum thread of including human sexuality as a component in wellness, as well as acute and chronic illness.
4. We would like to recommend that assessment/intervention re: pediatric and gero abuse be included in other specialty groups such as community/public health.

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APPENDIX III

Substance Use Websites

- National Center for Chronic Disease Prevention and Health Promotion
- National Institute on Drug Abuse
- Substance Abuse and Mental Health Services Administration
- National Clearinghouse for Alcohol and Drug Information
- National Center on Addiction and Substance Abuse (CASA)

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APPENDIX IV

Mental Health Websites

- *National Institute of Mental Health*, http://www.nimh.nih.gov/
- ***Mental Health Data and Statistics***, http://www.cdc.gov/mentalhealth/data.htm
- Substance Abuse and Mental Health Services Agency, http://www.samhsa.gov
- Substance Abuse and Mental Health Data Archive (SAMHDA), supported by the Substance Abuse and Mental Health Services Agency, provides free, ready access to comprehensive research data and promotes the sharing of these data among researchers, academics, policymakers, service providers, and others.
- Epidemiology of Mental Illness, a section from Mental Health: A Report of the Surgeon General
- Fact Sheets from Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General
- The Global Burden of Disease study, conducted by the World Health Organization, the World Bank, and Harvard University
- ChildStats.gov: Access to statistics and reports on children and families
- Healthcare Cost and Utilization Project (HCUP) - a family of health care databases and related products sponsored by the Agency for Healthcare Research and Quality (AHRQ). This site includes HCUPnet, a free, on-line query system with instant access to the largest set of publicly available all-payer hospital care databases.
- Mental Health America, http://www.nmha.org
- National Alliance on Mental Illness, http://www.nami.org
- National Association for Rural Mental Health, http://www.narmh.org
- Center for Disease Control and Prevention: Mental health work group, http://www.cdc.gov/mentalhealth/
- The Carter Center, http://www.cartercenter.org

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