Dear Colleagues,

The brain is the driver of the body. By extension then, if one is to achieve “whole health”, it should begin with mental health. That is the underlying reasoning for the subtle shift in perception I invite you to make with me. Rather than thinking “there is no health without mental health”, let’s drive the concept forward and think, “whole health begins with mental health”. Inside this edition of APNA News you’ll find stories which demonstrate just how much this concept is embedded within psychiatric-mental health nursing practice.

Don’t forget to mark your calendars for APNA’s two national conferences this year. They provide an opportunity to tap into the best support network around: your PMHN colleagues. Registration for the APNA Clinical Psychopharmacology Institute, held June 8-11 in Baltimore, will open in February. Planned for nurses by nurses, its program provides real-world applications of scientific advancements and best practices in psychopharmacology. The APNA Annual Conference will be in Phoenix this October 18-21. The Call for Abstracts is open and I know that your unique experience provides you with insight and expertise that your colleagues need...so please submit an abstract (www.apna.org/CallforAbstracts)!

Presenting at the APNA Annual Conference provides a powerful platform to share your expertise. Below, presenters from the 2016 conference answer a few questions about their sessions. If you missed their presentations, they will be available online soon at www.apna.org/ConferencePodcasts.

Deborah Ann Salani, DNP, PMHNP-BC, ARNP
The Explosion of a New Designer Drug - Flakka: Implications for Practice

Q: Why is this topic important?
A: Synthetic cathinones have become popular drugs of abuse, and practicing healthcare providers must be knowledgeable about the physiological effects of Flakka.

Q: What are 3 key takeaways from your session?
A: Flakka is the street name for Synthetic cathinone x-pyrrolidinopetiophenone (x-PVP). Cathinones are structurally related to amphetamines and have the ability to modulate serotonin. An added risk is the unknown substances that are mixed with Flakka, such as cocaine, heroin, and methamphetamine. Physiological effects of Flakka include paranoia, hallucinations, increased sociability, increased sex drive, panic attacks, and excited delirium.

Q: Why present this session at the APNA Annual Conference?
A: Healthcare providers must be knowledgeable about current designer drugs being abused.

Q: Anything else we should know?
A: There is no antidote for Flakka, thus care is mostly supportive in nature. Treatment strategies include ensuring the patient is safe and providing supportive care which often includes intravenous fluids, benzodiazepines and aggressive cooling. Clients often have superhuman strength while under the influence of Flakka, due to the adrenaline surge associated with “excited delirium”, therefore the assistance of additional staff may be necessary to promote patient and staff safety. Based on the literature, use caution with TASER® devices. One of the side effects with dangerous consequences is that Flakka has been known to cause hyperthermia - temperatures up to 106° F. Clients may remove their clothes and display delusional like behavior (Califano, 2015).

Continued on page 2
Thirty-two nurse facilitators are now authorized to provide a training for preventing the 10th leading cause of death in the US: suicide. The APNA Competency Based Training for Suicide Prevention “is so vital to both the development of our nurses and the care of those we serve,” says Tina Aown, MSN, RN-BC, CNML. “Through reinforcing the standard of practice and raising the standard of care, this training will save lives.” Aown is one of the 32 facilitators, or instructors, who will be delivering this training to their colleagues, institutions, and communities.

The APNA Competency Based Training for Suicide Prevention provides a framework for translating the 2015 Psychiatric-Mental Health Nurse Essential Competencies for the Assessment and Management of Suicide Risk into daily nursing practice. APNA’s position is that its dissemination will “improve outcomes in suicide risk assessment, prevention, and intervention, ultimately increasing safety.” Facilitator Meg Sherlock, RN, MA, PMHCNS-BC says, “This training offers a standardized, evidence based approach that can build clinical confidence and provide the nurse with a humanistic and effective response to suicidal thoughts and behaviors.”

Lisa Farmer, BSN, RN-BC, LMSW is a facilitator of the training and the director of psychiatric services at a large children’s hospital in Texas who will roll out the curriculum at her facility this month. “Sadly, major depression and suicide attempts are a very relevant occurrence in child/adolescent behavioral health,” she says. “We are including Emergency Department nurses who see patients at risk and medical surgical nurses who treat youth who have attempted suicide and are being medically stabilized prior to transfer to an inpatient psychiatric unit.”

“The skills learned in this class are needed by all nurses to build trust, encourage hope and save lives,” says facilitator Shirlee Davidson MSN, RN. “I hope schools, institutions and agencies throughout the country will support their faculty and staff members in attending these trainings to enhance their competence in suicide prevention. The need for this type of training is NOW!”

Learn more about trainings at www.apna.org/suicide-prevention-training.
THE ADDICTION CRISIS, NURSES, & APNA

November 2016 saw the release of the first Surgeon General’s Report on alcohol, drugs, and health, Facing Addiction in America. In his preface, Surgeon General Vivek H. Murthy, MD, MBA describes substance use disorders as “one of the most pressing public health crises of our time” and calls out nurses as catalysts for the report. APNA recognizes that, as experts in mental health and substance use disorders, psychiatric-mental health nurses are poised to play an important role in addressing this crisis. Below, we lay out what psychiatric-mental health nurses well know, but what is now getting public attention via this report.

YOU SEE THE NEED.
Here’s support from the Surgeon General’s Report:

Each year more people die from alcohol and drug overdoses than in automobile accidents. An estimated in 7 Americans will develop a substance use disorder during their lifetime. Depending on the substance, 4-23% of people who try a substance will proceed readily to developing a substance use disorder. Even though research shows that addiction is a chronic brain disease that is treatable, ~90% of people with a substance use disorder do not receive any type of specialty treatment. More than 40% of people with a substance use disorder also have a mental health condition, yet less than half receive treatment for either. Moreover, past restrictions on prescribing and dispensing medications have reduced their availability to people who could benefit from them.

YOU KNOW THE BEST PRACTICES.
Here’s support from the Surgeon General’s Report:

In his report, the Surgeon General outlines a way forward, including:

Prevention: Use knowledge of risk factors, such as genetic predisposition, and protective factors, such as emotional resilience, to design interventions that guide persons away from substance misuse.

Effective Treatment: Treatment is effective. The report calls for treatment that includes evidence-based individualized behavioral interventions. It emphasizes the importance of providers linking patients to recovery support services and stresses that an integrated approach is “essential”.

YOU KNOW THE TIME IS RIGHT FOR NURSES.
Here’s support from the APNA:

Consistently ranked as the nation’s most trusted profession, nurses have frequent contact with patients across settings and levels of care. This makes them ideally suited to provide substance use interventions. In particular, psychiatric-mental health nurses provide expert care to persons with or at risk for substance use disorders. As APNA Addictions Council Chair Matthew Tierney says, “People can and do get better each day, but we have to help them by providing the effective treatments and easing access to services.” The APNA website offers expert-vetted resources and continuing education to support nurses in this. To connect with subject matter experts, join the APNA Addictions Council Advisory Panel on Member Bridge (community.apna.org).

YOU CARE FOR PERSONS WITH OPIOID USE DISORDERS.
Here’s support from the APNA:

The Surgeon General’s Report contains a section dedicated to the opioid use epidemic: Between 1999 and 2014 the number of persons dying from opioid overdoses increased four-fold. APNA has prioritized disseminating education that empowers nurses with best practices to provide effective interventions. The below information is adapted from APNA’s free CNE webinar series, Effective Treatments for Opioid Use Disorders: Educating and Empowering Nurses during an Epidemic (www.apna.org/opioids).

Assessment: Use a full biopsychosocial assessment. According to 2015 VA DOD Joint Guidelines on substance use disorders, assessment components include the patient’s past treatment response, perspective of the problem, motivational level, treatment preferences, and long-term goals.

Psychotherapy & MAT: The literature supports a combination of psychosocial treatment and medication. Useful psychotherapies include contingency management, cognitive behavioral therapy, motivational interviewing, mindfulness, and twelve step facilitation. Use of maintenance medications in the long-term is associated with positive outcomes. There are currently three FDA approved medications for opioid use disorder: methadone, buprenorphine, and naltrexone.

For more extensive information regarding medications, detoxification basics, and actions nurses can take to increase access to care, visit www.apna.org/opioids.

A note on CARA 2016: The Comprehensive Addiction and Recovery (CARA) Act grants buprenorphine prescribing privileges to NPs and PAs until October 1, 2021. 24 hours of training is required to be eligible for a waiver to prescribe. Implementation of the legislation is in process. APNA is committed to working with our partners, such as the ANA, as it moves forward. In a recent letter to SAMHSA, APNA President Kris A. McLoughlin wrote, “meaningful expansion of access to buprenorphine can only be achieved with legislative changes that give all APRNs with prescriptive authority (NPs, CNSs, Clinical Nurse Midwives, and Nurse Anesthetists) this authorization to prescribe buprenorphine.” President Kris McLoughlin is also representing APNA on the Providers’ Clinical Support System for Medication Assisted Treatment (PCSS-MAT) and Providers’ Clinical Support System for Opioid Therapies (PCSS-O) Steering Committees.

Footnotes available at www.apna.org/i4a/pages/index.cfm?pageID=6168

If you or someone you know is struggling with a substance use disorder, call 1-800-662-HELP or visit http://www.samhsa.gov/find-help
APNA NEWS:
The Psychiatric Nursing Voice
January 2017

Call for Abstracts
Submit an abstract for presentation at #PMHNCon APNA Annual Conference this October in Phoenix! Visit www.apna.org/annualconference for more info.

Keep an Eye Out For:
Call for nominations for the 2017 elections and Annual Awards, call for applications for the APNA Board of Directors Student Scholarship.

New Online Continuing Education
Podcasts from the 2016 Annual Conference and Clinical Psychopharmacology Institute are online at elearning.apna.org. Members: Use your membership bonus points to access sessions and earn CE. #PMHNCon #APNApsychopharm

Dialogue & Information Sharing
Hot discussion topics on APNA's Member Bridge community include medication education and chemical dependency, transitioning to benzodiazepine-free practice, and alternative strategies for severe anxiety. Log in at community.apna.org to join in. #yourcommunity

Expert-Vetted Resources
The APNA Resource Center (www.apna.org/resourcecenter) continues to expand with new resources relating to engagement, smoking cessation, PMH-APRN Scope of Practice, and more.

Engage with Us on Social Media
We're on Facebook, Twitter, Instagram, YouTube and more. Find and follow us for #psychnurse content year-round. Remember, every time you like or share a post, you help to get the word out about psychiatric-mental health nursing.

Find more inside this issue...

Not a Member? Call 855-863-APNA or visit www.apna.org/JoinNow

The American Psychiatric Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
FEATURES OF APNA MEMBERSHIP

“I am part of a powerful collective of professional nurses. Together we have a tremendous impact.”

Through APNA, our more than 11,000 members are connected with a dynamic community of psychiatric-mental health nurses, resources and programs, and opportunities to advance the profession.

Continuing Education & Professional Growth

• Enhance your PMH nursing knowledge with more than 100 online CE sessions, ebooks, and more - use your member bonus points to access this content in the APNA eLearning Center at little to no cost.
• Learn the latest innovations and best practices or share your expertise as a presenter at the APNA Annual Conference.
• Receive cutting-edge psychopharmacology CNE at the Clinical Psychopharmacology Institute or online with over 25 sessions available for pharmacology credits.
• Expand your local connections by participating in your chapter regional events and educational opportunities.
• Apply for grants, awards and scholarships from the APNA.
• Manage your resumes, search job postings, and access career advice with APNA CareerLine.

Networking & Information Access

• Connect with your colleagues and benefit from your collective expert knowledge through Member Bridge, APNA’s members-only online community.
  ○ Post in the All Purpose Discussion Forum for the latest hot topics, tips, and advice from your colleagues.
  ○ Find a mentor or mentee through Mentor Match, an online tool that connects mentors and mentees.
• Access current PMH nursing research with a free subscription to the bi-monthly Journal of the American Psychiatric Nurses Association (JAPNA).
• Enrich your practice with the APNA Resource Center: position papers, guides, kits, and tools specific to topic areas within PMH nursing, as well as medication updates, graduate programs listing, and more.
• Become a part of a collegial community and make an impact on your field by joining APNA’s volunteer committees or expert councils.
• Stay up-to-date on through our monthly eNewsletter, APNA News: The Psychiatric Nursing Voice.
• Lend your support to APNA’s alliances with key stakeholders in order to promote mental health and nursing.
• Enjoy eMembership in the American Nurses Association - access a network of nurses from across disciplines, ANA online publications, programs and continuing education, and more.
• Track important legislation in your state with the APNA State Legislative Tracking Tool and the PMH-APRN Scope of Practice Map.

Discounts

• Save $200 on regular registration fees for the APNA Annual Conference and the Clinical Psychopharmacology Institute.
• Download full-text articles from JAPNA at no cost (a savings of $39 per article).
• Receive exclusive free CE and reduced rates on APNA continuing education programs and bonus points to use in the APNA eLearning Center –Earn contact hours for free!
• Save on certification, exams and review materials from the American Nurses Credentialing Center (ANCC) with deals exclusively for APNA members.
• Enjoy discounted prices (up to 50% off!) on select publications as a part of APNA’s Publications Discounts Program.

Join Today! Fill out the application on the back of this sheet or go online to www.apna.org/JoinNow.
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### Membership Type

- Regular Member
  - 1 Year: $135
  - 2 Years: $260
  - 3 Years: $385
- Monthly Payment Plan: $12.50/month
- Student Member: $25 (Email verification of full time status required)
- Retired Member: $75
- International Member: $135
- Affiliate Member (Non-R.N.): $135

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*Contributions or gifts to the American Psychiatric Nurses Association (APNA) may be deductible as charitable contributions for income tax purposes. However, dues payments to APNA are deductible for most members under section 162 of the IRS code as an ordinary and necessary business expense.*

APNA occasionally makes available its member addresses (excluding telephone and email) to trusted partners who provide products or services we feel will be of value to our members. Please check here if you do not wish to be included in these mailings.

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Join online at www.apna.org/JoinNow
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