



## Message from the President

May is a big month for APNA – we celebrate both Mental Health Month and National Nurses Week. It seems to me that this year's National Nurses week theme, Delivering Quality and Innovation in Patient Care, dovetails nicely with the Mental Health Month theme, Pathways to Wellness. Psychiatric mental health nurses work across settings to provide innovative

pathways to wellness and insure quality care for persons with mental health problems. Creative thinking and innovation are paramount in our work, as is providing quality care that addresses the whole person.

According to the most recent data from HRSA (2008), there are about 134,000 nurses working in psychiatric mental health settings across the country. As we continue to grow, we are leading the way in implementing recovery practices and improving outcomes to advance mental health! As the unified voice for psychiatric mental health nursing, APNA provides us with the resources and support we need to help us do this. Since interacting with other talented and committed psychiatric nurses is a great way for all of us to recharge our batteries, I hope to see you at the APNA 11th Annual Clinical Psychopharmacology Institute next month and in San Antonio this coming October for the Annual Conference!

**Beth Phoenix, PhD, RN, CNS**  
President

## Continuing Education-Free online contact hours!

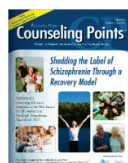


In the APNA eLearning Center, we not only have a menu of over 160 online sessions available with the click of your mouse, we also offer several of these sessions for free. Remember, when you renew or join APNA, you also automatically receive **25 bonus points** which can be applied to any content in the eLearning Center. Search by keyword **free CE** or visit [www.apna.org/FreeCE](http://www.apna.org/FreeCE) to earn over 10 contact hours at no cost!

### **Counseling Points™: Shedding the Label of Schizophrenia Through a Recovery Model**

**New Digital Publication | FREE | Earn up to 1.5 Contact Hours**

Incorporating new content with information originally presented at the APNA 26th Annual Conference, this digital publication will inform psychiatric-mental health nurses about the value and benefits of the recovery model in supporting persons with schizophrenia. It can be read like an eBook - bookmark sections, search by keyword, and make notes - all online. Or, you can print the booklet out to read and use as a paper publication. Visit [elearning.apna.org](http://elearning.apna.org) and search by keyword **recovery**.



## Highlights

**CPI** The 11th Annual Clinical Psychopharmacology Institute is just around the corner - if you haven't registered, search by keyword **CPI** or visit [www.apna.org/CPI](http://www.apna.org/CPI) to do so. Looking forward to seeing you and earning up to 21.5 contact hours June 20-23 in Reston, Virginia!

**RN Resources** Check out this updated section of the APNA website for resources, online communities, and continuing education tailored to fit your needs and interests as an RN. Search by keyword **RN** or visit [www.apna.org/RN](http://www.apna.org/RN).

**Vote!** The 2013 elections are now open! Visit [www.apna.org/elections](http://www.apna.org/elections) or search by keyword **elections** to learn about the candidates and cast your votes for President-Elect, Secretary, Members-at-Large, and the 2014 Nominating Committee.

**APNA Mentor Match** An online matching system on Member Bridge, the database of participants is growing every day - check out our new resources, enroll in the program, and search for a mentor or mentee! Keyword Search: **mentoring** | [community.apna.org/Mentoring](http://community.apna.org/Mentoring)

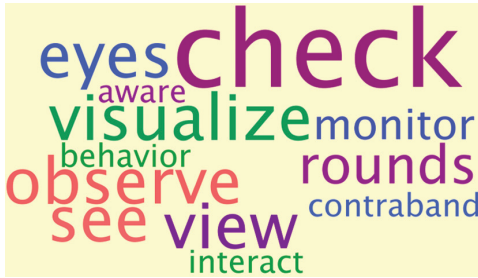
**In the Works** A recovery to practice curriculum specifically for RNs in the inpatient setting and a Psychiatric-Mental Health Nursing certificate program. More details coming soon!

## What's a safety check? Results of the 2010 Safety Checks Survey

Brought to you by the Institute for Safe Environments, by Diane Allen and Michael Polacek

### 1. How do you define the term safety check?

Common Words:



### 2. What is your facility's minimum standard for rounding practice?

59.6% Every 15 minutes  
25.8% Every 30 minutes  
16.6% Every 60 minutes  
1.7% Every five minutes  
0.3% Every 10 minutes

### 3. How frequently do you perform safety checks?

83.4% Every 15 minutes  
32.9% Every 30 minutes  
18.3% Every 60 minutes  
5.7% Every Five minutes  
4.9% Every 10 minutes  
42.3% One-to-One  
28.9% Line of Sight

### 4. Do you do a more thorough check at any point during the day?

66.4% Yes - 60% Once per 8 hour shift  
33.6% No

### 5. What issues are documented during a safety check and how are they documented?

Common Words:



### 6. Does your staff receive specific training on conducting safety checks?

77.6% Yes – Most commonly during orientation and reviewed annually  
22.4% No – “not enough,” “inadequate,” “minimal,” “only CPI,” “no formal training,” “no specific training,” “don’t know”

**For more information and discussion on safety, search Member Bridge – keyword: safety.**

## Plug in to PMH Nursing Knowledge & Resources

If you're looking for information on anything that has to do with psychiatric mental health nursing, odds are that you can find it on our website. Here's a quick overview:

**Member Bridge:** Do not mistake this for just another social networking site! Member Bridge also serves as a huge repository of knowledge. Log on to join communities and participate in conversations surrounding your interests. Or, search the site using the search bar to find resources shared by colleagues and access past posts in which members share their expertise and experiences. <http://Community.apna.org>

**APNA Resource Center:** A constantly expanding array of resources from across the web organized by topic. Find medication updates, recovery toolkits, evidence-based practice databases, client handouts, and more. To find information on a particular topic, use the search box on the APNA homepage to search the site by keyword. [www.apna.org](http://www.apna.org)

**APNA eLearning Center:** Psychiatric mental health nursing continuing education galore! This is where we store archived sessions from past Annual Conferences and Clinical Psychopharmacology Institutes, as well as webinars on special skills for psychiatric mental health nurses, CPT code updates, and more. You can browse by topic or search by keyword, session type, and more. <http://elearning.apna.org>



**Use the search bar to quickly and easily locate what you are looking for.**



## A Recovery Pearl for your Practice

Brought to you by the Recovery Council, by Genevieve Chandler

We can change. We know now that the plasticity of our brain can change to be more resilient. If we build our strengths, recognize our automatic thinking, develop a positive brain, and call in support, our ability to bounce back increases.

**Build your strengths:** Strengths means we recognize what we are good at, such as if we like to learn new things, mentor others or compete. Rather than focus on our weakness — what we can't do, what we don't know — we can think of these things: "What am I good at?" "When have I felt strong?" "What gives me energy?" Start there.

## Our Most Memorable Moments as Psychiatric Mental Health Nurses

There are patients that touch your heart in different ways than others. During my first year of psych nursing practice a woman was admitted to the unit who was unkempt, appeared very grumpy, and kept to herself. I saw something different though - a woman who was struggling with her marriage, parenting, finances and most of all struggling with depression. I made a point to sit by her during meals and initiate conversations. She was very guarded, but gradually she opened up and started to blossom. I learned all about her kids and how smart she was. She had awesome goals for herself, but never felt confident enough to pursue them. The day she was dismissed she left a letter for me, which I read after my shift was over. She wrote that initially she had decided to kill herself, but as a result of our conversations and interactions, she had hope for the first time. I still have that letter. When I have a tough day, I pull it out and read it. Her words were heartwarming and continue to be to this day. That was almost 25 years ago!

Sue Odegarden, MA, MS, BSN

My earliest memories of psychiatric nursing were the stories that my mother told me of being a psychiatric nurse at a state hospital in Vermont during The Depression. For her, treatment was talking with patients, reading to them and taking long walks. Some got better but she did not know how it was accomplished. My next contact with psychiatric nursing was as an undergraduate student. During that time, treatment was wet sheets, deep tubs, insulin shock therapy, and ECT. Some patients got better but no one knew how it was accomplished. The most memorable experience for me as a psychiatric nurse was the day, armed with the information generated during the Decade of the Brain, that I could teach nursing students how their words, their empathy, their interventions and medications could bring about change in their patients at the level of gene expression. I could tell them how change was accomplished.

Eris F. Perese, APRN-PMH

When I was in graduate school, one of my first patients was an adult woman admitted in a severe catatonic state due to major depression. Her family had to pick her up in the chair in which she was sitting and bring her to the psychiatric institute in the back of their pickup. All of her systems were shutting down and she was dying. I visited her every day, spending time reading to her. After two weeks, consent was finally obtained for ECT. It was revolutionary-after her first ECT, she was sitting up in the recovery room, drinking orange juice with a hint of a smile. I introduced myself to her and she immediately said--"Oh, so you're the visiting nurse who has been coming to see me every day, I recognize your voice!" This experience is as vivid today as it was in 1980. This patient taught me that no matter how deteriorated we may think a person is, they are ALWAYS listening.

Mary D Moller, DNP, ARNP, APRN, PMHCNS-BC, CPRP, FAAN

One day a woman admitted to my acute care unit barricaded herself in her room. When she eventually allowed me to gain entrance, she grabbed my arm and began yelling, "They are going to kill us! I suppose you are going to tell me that you don't believe me, aren't you!" I was at a loss, hoping that I could comfort her or relieve her fears, but I felt so helpless. I told her, "I know this is real for you and if I were you, I would be so scared. How can I help you feel safe?" She suddenly was calm, stared at me for the longest time, and then walked away. After a couple more weeks of care, the day of discharge arrived. She would be able to get back home and back to work. To our team's routine questions she responded: "I don't really remember much of the past 2 weeks here. I don't remember who was here when I was brought in or even what exactly was said. I was so confused. All I remember are a few very compassionate words: 'How can I help you feel safe?' There was no judgment, just compassion. In the more than 20 years of dealing with my illness, I have never felt compassion and cared for like I did that night, and if I could remember who that was, I would want to thank them." I was sitting right next to her, speechless! To this day, tears of joy come to mind, each time I am reminded of the healing power of empathy.

Donna Riemer, RN, PMHN-BC, Certified Traumatologist

I had been seeing a 38 year old lady with schizophrenia who was hearing voices and working hard to find something to eliminate this very distressing symptom. Finally, one day she walked into my office for an appointment, sat in the chair across from me and smiled. She stated simply, "They are gone. For the first time since I turned 13, I awoke to hear the birds. Can you imagine - I heard the birds." I was in tears as I realized that I awaken every day and can hear the birds. Times like these are the real paycheck. How could I do anything else? Where else could I make a bigger difference in someone's life than here?

Karen DeWitt FPMHNP-BC





3141 Fairview Park Drive, Suite 625  
Falls Church, VA 22042

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**APNA 27th ANNUAL CONFERENCE**  
October 9-12, 2013  
Henry B. Gonzalez Convention Center  
San Antonio, Texas



Earn up to 27 contact hours onsite and even more online afterwards!

**Talking Points for  
Mental Health**

## 5 Talking Points to Help You Advocate for Mental Health

*Brought to you by the Institute for Mental Health Advocacy*

1. The majority of Americans with mental health conditions are not violent.
2. When untreated mental illness does result in a crisis of violence, most often the violent act is self-harm - suicide.
3. Today, mental health treatment is effective, as proven by the tens of millions of Americans with mental illness who are living healthy and dynamic lives.
4. While increasing access to mental health care is important, equally important is changing the culture of silence and stigma that pervades our communities.
5. We must all join a national dialogue to eradicate the fear and shame surrounding mental illness and seeking mental health treatment.