Hi y’all! It is with gratitute and excitement that I introduce myself to you as your new APNA President. I hail from Louisiana and am a long-time professor and co-coordinator of graduate programs at McNeese State University. Mental health nursing has been my passion since I started in this field as a mental health technician in 1975, and I am thrilled to be able to spend time with all of you who share this passion.

I often say that psychiatric-mental health nurses are the ‘unicorns’ of nursing – we are a special breed of nurses who are lucky enough walk alongside incredible individuals as they pursue recovery and health. That’s why I have selected as this year’s theme, Psychiatric-Mental Health Nurses: Proud Partners in the Journey to Whole Health.

Part of being a proud partner is identifying and sharing the touchpoints where our ability to partner with patients and advocate for them with other providers made a real difference. As you think about the APNA Annual Conference Call for Abstracts, which opens in January, I challenge you to consider how you can frame your content expertise, your innovative practice, or your research in a way that showcases how this partnership approach has promoted whole health amongst the populations you work with.

When we disseminate best practices, research, and information in a way that deliberately frames our profession proudly and highlights its unique qualities, we rewrite the script about psychiatric-mental health nursing!

Sattaria (Tari) Dilks, RN, DNP, APRN, PMHNP-BC, FAANP

Encompassing a variety of approaches to improve patient care, these posters earned First-Place at the APNA 33rd Annual Conference. Find the categories geared toward your areas of interest and see what new evidence-based information you discover from these summaries.
PRACTICE
Reducing Stress Among Psychiatric-Mental Health Nurses – Ly Ngo, RN, BSN; Vanessa Jenkins, PHN, RN

PMH nurses encounter stressful situations both routinely and when other factors, such as changes in their work environment, are at play. Staff reorganization and restructuring can lead nurses to feel undervalued and uncertain about the future. These anxieties may undermine the ability to provide effective patient care. By incorporating guided relaxation approaches to culture change meetings, stress is reduced, minimizing the effects on turnover and quality of care.

Implementation of Nurse-Delivered Recovery Education for Adults in the Inpatient Psychiatric Setting – Janet Passley-Clarke, DNP, CRNP, PMH-BC

Recovery-oriented care can produce savings for health-care organizations and result in better quality of life for patients: Pre and post survey data of nurses trained in the fundamentals of recovery-oriented care, along with surveys from patients on Quality of Life, showed that recovery-oriented care reduces hospital readmissions and thereby cuts costs for healthcare organizations.

Suicide Prevention: A System-wide Approach – Harry Walk, MSN, BA, RN, NE-BC; Sharon Repko, MSN, APN, PMHCNS, BC

The authors credit the involvement of inter-professional teams with success of a program that decreased the number of suicide activity incidents by 66%. RNs were included in every step of patient care as screening tools were identified and protocols developed. The data give hope that suicide is preventable and add evidence to support the need for screening, assessment, treatment, and follow-up care.

RESEARCH
Bridging the Gap: Standardized Patient Facilitated Simulation for Psychiatric Nurse Residents – Brittany Haskell, DNP, MA, PMHNP-BC; Matthew Schroer, DNP, PMHNP-BC

The transition from student to practicing nurse can be daunting. Embedding standardized patient-facilitated simulations in behavioral health nurse residency programs can help. Through this training, nurse residents experience increased confidence in essential nurse competencies like communication and conflict resolution. Currently emerging in nursing education, programs like these are an option for nursing residency programs nationwide.

STUDENT
Fighting Antipsychotic-Induced Obesity using a Common-Sense Approach – Gabriel Fernandez, PMHNP-BC

Counseling healthy approaches can lead to weight loss in patients taking antipsychotic medication. Follow-up visits present an ideal opportunity for patient-centered intervention, making this a feasible and effective solution.
Meet Hal. Hal has a lot of work to do. Hal processes and distributes almost all sensory and motor information going to the cerebral cortex. Hal regulates and integrates levels of awareness and emotional aspects of sensory experiences.

When we see something, hear something, taste or touch something, Hal helps us respond. Also known as thalamus, Hal doesn’t function properly when a patient is experiencing psychosis. Sensory stimuli, such as a provider asking questions, can trigger dissociating or “spacing out” in order to avoid what is perceived to be a dangerous situation. One approach to alter this pattern is to help the patient understand what is going on inside that is making them react this way.

Dr. Mary D. Moller, DNP, ARNP, PMHCNS-BC, CPRP, FAAN, has created “a unique and fun way to remember key brain structures that makes it easier for patients to grasp a beginning understanding of what’s happening in their brains.” Through a depiction of relationships between and among brain anatomy and physiology, human behavior, psychiatric disorders, and nursing interventions, nurses gain a deeper understanding of the neurobiology behind the actions, helping to enhance compassion and ability to relate. The increased knowledge of brain function, also helps nurses target symptoms more efficiently and accurately, improving the effectiveness of care for patients.

Moller explains that humans respond to interpretations the brain makes from the data it receives via the five senses. The brain is like a computer, if there is any interruption in the processing of data such as glitches in input, throughput, or output due to problems with the software (internal processing systems) or hardware (brain anatomy and physiology), abnormal human behavior may result.

The training, including evaluating brain scans of patients with schizophre-
When you are listening to a patient, do you ever start forming your response before they have finished talking?

Try listening only for the purpose of understanding how the other person feels. Listening is an important component of Motivational Interviewing (MI), an essential skill when guiding an individual to understand why their behaviors may be inadvertently interfering with their efforts to improve their lives.

**Example:** Your patient is a young adult with symptoms of schizophrenia that they have tried to self-manage. They are now thinking that treatment might have merit. Their mind is occupied with all the implications: medications that can have devastating side effects, devoting time to regular counseling, and the reaction from worried relatives. Whew! That’s lot to digest!

So, while you are the nurse assigned to go over how to take their medications, you can **do more than discuss dosage**. You can listen to their concerns and repeat those back to them. They are more likely to continue with their treatment if they feel heard and develop a sense of trust with you.

The MI process helps the individual understand that their behaviors and values either support or conflict with their desired outcomes. The next time you meet with a new patient, try listening only with the purpose of understanding first. You might find that the next conversation about specific strategies will be more effective.

**APNA offers a FREE training for members on Motivational Interviewing with 3 contact hours:**