

Save the dates for these 2019 APNA conferences:

3 In-Depth Looks at Current & Emerging Issues for PMH Nurses

APNA Clinical Psychopharmacology Institute West

March 16-17, 2019 / San Diego, CA
Registration now open.

APNA 17th Annual Clinical Psychopharmacology Institute

June 6-9, 2019 / Louisville, KY *New Location!*

APNA 33rd Annual Conference

October 2-5, 2019 / New Orleans, LA
Call for abstracts open Jan. 2019.



Get evidence-based content, a focus on the nurse-patient relationship, continuing education contact hours, and face-to-face time with like-minded professionals!

Suicide Prevention in the Acute Care Setting

As a psychiatric-mental health nurse, you are prepared to identify the hazards shown in this picture when a patient is at risk for suicide. But many nurses who work in other settings have not received training to keep patients at risk for suicide safe.* The *APNA Competency-Based Training for Suicide Prevention – Acute Care Settings* was created to equip nurses in acute care to make assessments, screen for suicide risk, and more.

Developed by nursing experts in suicide prevention with consultation from the Academy of Medical-Surgical Nurses, the *APNA Competency-Based Training for Suicide Prevention – Acute Care Settings* program provides actionable steps that nurses working in acute care settings can take as they provide care to patients who may be at risk for suicide. This 1.5-hour training is available for institutions to lease and will enable nurses to:

- ✓ Understand the phenomenon of suicide.
- ✓ Complete a suicide risk assessment using the newly-developed APNA algorithm.
- ✓ Communicate the risk assessment and warning signs in written and verbal form to healthcare team members.
- ✓ Assess the environment for hazards based on unit and personal levels.
- ✓ Develop an initial shared safety plan.
- ✓ Earn 1.5 continuing nursing education contact hours.

What's wrong with this picture?



*A recent survey of 15,000 health and behavioral health care staff indicated that, among those who interact with patients, only half had received training in suicide screening or risk assessment, and only one-third felt strongly that they had the knowledge, skill, confidence, and comfort in providing care for individuals at risk for suicide. Substance Abuse and Mental Health Services Administration (17 September, 2018). Assessing Workforce Readiness to Provide Comprehensive Suicide Care. Retrieved from: <https://content.govdelivery.com/accounts/USSAMHSA/bulletins/20caf20>

PRESIDENT'S MESSAGE

Dear Colleagues,

For my year as president I've chosen the theme, *Psychiatric-Mental Health Nurses: The Whole Health Connection*. In a health care system that is often fragmented, we – psychiatric-mental health nurses – are the whole health connection. I hope you'll join me in positioning psychiatric-mental nurses as the providers who use the vital skill of connection to bring about positive whole health outcomes. Here's one way: The Call for Abstracts for the APNA 33rd Annual Conference opens in January. Start brainstorming the ways your practice, education, research, or leadership embody 'the whole health connection'. Get your thoughts in order, gather your evidence, and submit an abstract! And did I mention that the APNA 33rd Annual Conference will be in New Orleans? What a fantastic location for sharing your expertise and connecting with your colleagues! You won't want to miss it.

Happy Connecting!



Gail R. Stern, RN, MSN, PMHCNS-BC
President




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Advocates for Hope.

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For complete details email:

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Harness Your Relationship-Building Power

Imagine yourself just starting out as an inpatient psychiatric mental-health nurse. You are encountering patients who, for various reasons, often resist taking medications. For these new patients, the prospect of being stuck is discouraging. Plus, to you - the new nurse - the interactions with these patients seem to be going nowhere. *Where do you start?*

This concern was raised on the APNA Member Bridge All-Purpose Discussion Forum recently, and many members offered a wise path forward, emphasizing the importance of personal connections. Sharon Van Fleet, MS, RN, PMHCNS-BC of Durham, North Carolina, advised looking beyond the issue of accepting medications to the formation of relationships. "The reality is that it is the therapeutic alliance that impacts 'treatment adherence' and outcome. We know that early, initial, active engagement can make a huge difference, even in severe illness."

As you begin interactions, remember to be mindful of what the patient is experiencing. Van Fleet explains, "How often has someone been able to easily convince you of something about which you were scared or unfamiliar? Imagine now that the issue is one that is threatening how you view yourself and your future. Add to that, perhaps, a delusional system, or a disease that otherwise impacts your insight, judgment, problem-solving. Add to that likely trauma that impacts your ability to form trusting connections. Then add stigma and the horror of finding oneself on a psychiatric unit."

Now that you have an empathetic mindset, Van Fleet suggests proceeding with practical steps. "...Regularly check in with your assigned patients. Engage in 1:1 interaction with those who respond well to your efforts. Don't get discouraged about the others; ... give them time to watch you, to get more comfortable

with you in more brief interactions. Show that you are reliable, honest, approachable, consistent...and that you see them as people, not collections of symptoms." With the benefit of hindsight, Van Fleet cautions, "Suspend any agenda, as much as you can, or you will



Through your collaboration & your humanity, you can form connections, through which you can demonstrate respect, positive regard & similar qualities.

turn them off. Coercion doesn't engage people in treatment."

She continues, "Through your collaboration and your humanity, you can form connections, through which you can

demonstrate respect, positive regard and similar qualities. See if there are small goals on which you can agree, even small steps that might engage them on their recovery journeys. Empathize with their grief, loss and pain when they reveal them, and communicate hope for recovery, for the ability to still have a meaningful life."

For Van Fleet the benefit of building this rapport is clear: "It is through these efforts that you can establish a working alliance...where it becomes safe for them to look at possibility, including that of considering medications. They can start to look at their situations and ideally start to problem solve more realistically, when they feel safe to do so. They might start to talk to you about their more distressing symptoms, which then you and other team members can use to approach the benefits of medication."

In her APNA Annual Conference President's Address (2018), Immediate Past President Linda Beeber noted, "We underestimate the power of the relationship to save lives." Van Fleet's observations echo the idea that basic interpersonal skills can lead to more effective treatment. "Patients watch us. They watch how we are with each other, and how we are with other patients. When they see you interact effectively with others who are more engaged than they, there's an important message."

As Linda Beeber said, "We can make miracles happen by expanding our therapeutic relationship superpowers."

Ask the Experts: Stigma Reduction

Two APNA 32nd Annual Conference poster award recipients tackle stigma reduction for two different audiences:

Mental Health Stigma Reduction: Piloting the LINKS Anti-Stigma Program

- Tekia L. Jones, BSN, CCRN, PMHNP (DNP Student)

ABOUT: My poster discussed the culmination of a pilot study to measure the change in mental health stigma pre- and post- an intervention using the LINKS Anti-Stigma program. The study targeted middle managers/front-line leaders in the Military, as they set the climate within units. The overall premise was to teach leaders how to create climates conducive to help-seeking through education to dispel myths. We used video portrayals of military members with lived experiences who sought treatment and continued to be successful in the military. Throughout my 22-year military career, **I've seen service members not seek treatment due to fear or misconceptions that it would be a career ender.** While there are some diagnoses that are not consistent with military service, the vast majority of service members who seek treatment can continue to serve. I wanted to show service members that mental illness impacts 1 in 4 service members,

it is treatable, and recovery is possible. By dispelling myths, I wanted to help leaders serve as facilitators to treatment seeking as well lead by example and feel empowered.

ONE KEY TAKEAWAY: Nurses are educators and advocates: our role is to ensure our patients are well informed to make the best decisions regarding treatment options. In many cultures, mental illness and mental health discussions are taboo. **Let's normalize it, start the conversation, dispel the myths, and educate.**

THE EXPERIENCE: Everyone was receptive and very interested in my work. **What a great opportunity to discuss the pilot study and network with other leaders in nursing!** Going forward, I hope to publish the results.



1st Place
in
Education

From Theory to Practice: An Evidence-based Practice Project with BSN Students in the Clinical Mental Health Setting

- Marcia Walmer, DNP, RN, LCSW, AP/MHNP-BC, ACSW

ABOUT: My poster was based on a clinical project I conducted with BSN students who did a mental health clinical rotation on an adolescent psychiatry unit. In spring 2016, my 13 BSN students expressed the common sentiment that **they didn't see the relevance of mental health in nursing.** Very few considered a career in PMH nursing. Part of my clinical requirement is to have BSN students provide an evidence-based practice research article: something that relates to a concept, symptom, or treatment they saw during the week. I had seen "Coping Cards" used with a variety of populations and the students agreed to put their research skills to the test by creating a sustainable therapeutic tool that the unit could use with their patients. I asked them to consider how this research would actually impact the lives of the adolescents we were working with.

The "Coping Cards", which are aimed at adolescent patients, will be made available free of charge after they have

been copyrighted. One of the goals of this project was to provide a free, sustainable therapy tool for adolescents who struggle with mental health. The interventions are age appropriate, evidence based, and integrate simple language and positive messages.

ONE KEY TAKEAWAY: **Don't underestimate your BSN students!** They are talented, intelligent, passionate, and inspired. With the right support and direction, and personal motivation, these fledgling nurses can positively impact patients, providers, and organizational outcomes.

THE EXPERIENCE: I received tremendous feedback and enthusiasm from conference goers interested in implementing our "Coping Cards". While the cards were developed based on an acute mental health population, numerous providers said they would use them in their private practices and school settings. I shared the conference outcome with my students and my favorite response was, **"I can't believe our little project has had such a big impact!"**





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A large, intricate, light blue snowflake graphic with a smaller one below it, serving as a background for the newsletter title.

Winter Newsletter

Are you engaging in evidence-based practice?

According to the Psychiatric-Mental Health Nursing: Scope and Standards of Practice (2014), evidence-based practice is:

“Applying the best available synthesis of research results (the evidence) when making healthcare decisions. Healthcare professionals engaged in evidence-based practice use research evidence along with clinical expertise and patient preferences. Systematic reviews (summaries of healthcare research results) provide information that aids in the process of evidence-based practice.

(Adapted from AHRQ, n.d.)



APNA supports your ongoing evidence-based practice through peer reviewed continuing education that is based on the best available research and clinical expertise. With in-person conferences and on demand online sessions, you can find the evidence, that when coupled with your own knowledge and your patient’s preferences, supports your evidence-based practice.

You can play a role in building the collective PMH nursing evidence base. Share your evidence informed strategies by submitting an abstract for the APNA 33rd Annual Conference. As the research evidence and clinical expertise you use to make treatment decisions evolves, it is crucial to communicate these developments so that more patients can benefit. The APNA Annual Conference presents one excellent platform for doing this.

Learn more at www.apna.org/CallforAbstracts