

# APNA NEWS

The Psychiatric Nursing Voice



PRESIDENT'S  
MESSAGE

## Boundless Change

This newsletter focuses on boundless change – change that takes people out of boxes, removes limits, and joins us together. It celebrates the innovators who are stepping out of traditional frames and redefining who we are and what we do as psychiatric-mental health nurses. Nurses who are redefining health to BEGIN with mental health.

This year's theme for the APNA Annual Conference, *Trusted Agents of Change: Nurses Balancing Inequities in Mental Health Care*, showcases us as the providers who are bringing care to those who otherwise may not receive it. When you take a look at this year's conference program (posted online soon!), one thing becomes very clear: you cannot put psychiatric-mental health nurses into a box. This year's PMH nurse-generated presentations demonstrate that we are actively working in out-of-the-box ways to change the fact that only an estimated 10-30% of people needing treatment for mental health and substance use issues have received that treatment. We are finding creative evidence-based ways (and settings) to bridge gaps, increase access, and save lives.

This boundlessness of our profession mirrors how we are educated to look at our clients: we see the individual. We don't put people into categories. We use person-first language. In an era of 'us vs. them' language, a profession that defines itself by rejecting that sort of 'otherism' is astonishingly unique. This is one reason why we are trusted agents of change. We can rewrite who gets care and how. At this year's conference you'll hear some great examples of how psychiatric-mental health nurses can be catalysts for that change.

Of course, in the midst of all of this change, one thing has stayed the same. Our basic mission remains to promote mental health, reduce mental health threats, and support recovery, client by client. Happy Mental Health Month!



Linda S. Beeber, PhD, PMHCNS-BC, FAAN



I have always compared mental health nursing to being like a pebble dropped into a pond and watching the ripples extending outward. If **I can make a difference one ripple at a time** to decrease stigma, educate a patient, or just sit and listen, then I have done good in the world.

– Lenore Cortez, MSN, RNC

**The future of nursing is not fixed**; rational doubt is to be viewed as legitimate rebellion against the status quo leading progressively and creatively to the reconstruction of patterns of activity.  
– Hildegard Peplau, RN, EdD, FAAN

When you have an idea that just keeps popping in your mind and heart about improving care and services for clients, don't ever think it is not possible. It may take a while, and there may be some setbacks, but **keep your heart centered on what is right for our clients**. You will be amazed the difference one person can make.

– Connie C. Mele, MSN, RN, PMHCNS-BC, CARN-AP, LCAS, NE-BC, FIAAN

Even among psychiatric providers, people who have SPMI, are homeless, and use substances are looked down upon or are considered much less desirable to work with. I have found serving this population rewarding and stimulating. **There's always something to learn**. Providing hope to those with little makes every day worth it.

– Becky Dunn, PMHCNS-BC, MSN, CCHP

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See what your colleagues are doing to create change across psychiatric-mental health nursing administration, education, practice, and research. Below are excerpts from their abstracts which were accepted for presentation at the APNA 32nd Annual Conference this October 24-27 in Columbus, Ohio.

**CHANGE: Stigma**

**APPROACH: Clarifying the Correlation between Mass Shootings & Mental Illness**

The advent of mass shootings in the United States, and the media's focus on mental illness in response, has evoked fear in the general public and further impacted the stigmatization of being diagnosed with a psychiatric disorder. Jails and prisons appear to be serving as repositories for the mentally ill. This leads to a quandary. What came first, a diagnosis of mental illness or criminality of one's own volition? Are jail sanctions mandated in lieu of psychiatric treatment? Advocacy that clarifies the correlation between mass shootings and mental illness will serve to dispel misnomers and enhance patient advocacy.

*Mass Shootings and Mental Illness: Clarifying the Correlation* – Bridget Dee Clyburn RN, MSN, PMHNP-BC; Katrika S. Lord RN, MPA

**CHANGE: Meeting Mothers' Mental Health Needs after Incarceration**

**APPROACH: Understanding of Multi-Level Inequities**

Over one million women are released from U.S. jails and prisons each year. Untreated mental health issues in mothers leaving jails and prisons increase their risk for substance use, other risky behaviors, and homelessness. Psychiatric-mental health nurses can address the multi-level inequities experienced by mothers with histories of incarceration by advocating for their access to basic needs, culturally-relevant support, case management services, and comprehensive community-based and family-centered treatment that includes education on symptoms; coping and communication skills, goal-setting; and traumatic event processing.

*Mothers' Mental Health After Release from Incarceration* – Ann Stanton, BSN, RN

**CHANGE: Preparation of Undergraduate Nursing Students**

**APPROACH: Active Learning**

A current trend in higher education is to "flip the classroom" and provide a more integrative learning environment, rather than lecture. Accordingly, Columbus State Community College has integrated active learning into a concept based curriculum. Thus far, the outcomes of the change in curriculum show an increased likelihood by students to pass the psychosocial integrity section of the NCLEX-RN exam, and thus higher likelihood in general of passing the NCLEX.

*Educational Revolution: Integrating Concept Based Curriculum and Active Learning for Students in a Psychiatric Nursing Course* – Alison M. Romanowski MS, APRN, PHMNP-BC; April Martin, PhD, RN, NHA; Patty Allen, MSN, RN, PMHNP-BC

**CHANGE: Measurement Based Care**

**APPROACH: Educational Intervention**

Measurement based care (MBC) through the use of screening tools such as the PHQ9 enables PMH nurses to better treat and recognize symptoms and to provide personalized mental health care through a treat-to-target approach. An educational intervention on MBC significantly improved rates of utilization of PHQ9 throughout the treatment of depression within a primary care behavioral health setting. Following the educational intervention, [PHQ9] utilization rates increased to 98% at baseline and 88% at follow-up. These findings support provider's ability to administer and engage in MBC.

*Improving Patient Health Questionnaire 9 (PHQ9) Clinician Utilization Rates in a Primary Care Behavioral Health Setting* – Margaret J. Brown, DNP, PMHNP-BC

# APNA 32<sup>ND</sup> ANNUAL CONFERENCE

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**CHANGE: Inpatient Admissions**  
**APPROACH: Mental Health Hospital Triage Services Program**

Limited community-based services and lack of inpatient psychiatric beds has resulted in increased lengths of stay, increased hospital costs, ED overcrowding, and negative experiences for behavioral health patients. Supported by a grant from SB 82, Orange County Emergency Medical Services and the Hospital Association of Southern California collaborated with six hospitals to implement The Mental Health Hospital Triage Services (MHHTS) program. Focused on providing the most dignified, least restrictive care and utilizing the Recovery Model, Licensed Triage Staff complete timely assessments, provide crisis intervention, and connect patients to community services including peer mentors. MHHTS reduced length of stay, reduced hospitalizations, reduced recidivism and improved linkage to outpatient services.

***RN Evaluation of Mild to Moderate ED Psychiatric Patients to Decrease Inpatient Admissions*** – Brenda Severson RN; Cherish De La Cruz RN, BSN

**CHANGE: Delirium Risk for Older Adults**  
**APPROACH: Patient Centered Prescription Model Guidelines in Integrated Primary Care**

Studies report an approximate range of 30% to 85% of older adults are prescribed potentially inappropriate medications based on current available guidelines. A different model is needed to address the fact that guidelines for inappropriate prescribing in elders are often unused and do not necessarily benefit older persons with complex and comorbid conditions. One study has found that a patient-centered prescription model for elderly inpatients with comorbid conditions optimizes prescriptions based on individual needs. Further, a 2015 literature review provides eight recommendations for a primary care protocol in geriatric prescribing. PMHAPRNs working in settings that provide integrated primary care are in a position to directly or indirectly influence prescriptions for older persons. They can introduce the proposed model for their psychiatric patients and consult with and share guidelines with primary care providers.

***When the Medication Rules Don't Fit: Minimizing Delirium Risk for Older Adults in Integrated Primary Care*** – Pamela R. Stover DNP, ARNP, PMHNP-BC

## TELEMENTAL HEALTH

Technology is changing how we deliver care and in many places, expanding access to that care. A new article in the *Journal of the American Psychiatric Nurses Association*, pulled together by a task force appointed by the Board of Directors, examines how this increasingly accepted model of care delivery impacts psychiatric-mental health nurses and their patients.

### KEY FACTS

**4,627 Mental Health Professional Shortage Areas in the United States and Territories**

**13% of PMH-APRNs live in rural areas**

**23 studies identified through a literature review indicate that a therapeutic alliance comparable to that formed in face-to-face psychotherapy encounters can be established through TMH**

**72% of patients ages 18-44 would be willing to consult with a mental health provider virtually instead of in person**

**Concerns that must be addressed when using TMH include:**

- (1) Privacy and confidentiality**
- (2) Security**
- (3) Provider credentialing for clinical privileges and licensing across state lines.**

“Studies demonstrate TMH assessment and treatment services are at least equal in efficacy to that provided in face-to-face encounters. The evidence on TMH does indicate superior results for some outcomes, such as reducing missed appointments, improved access, reduced hospitalizations, and significant cost savings for defined populations. TMH also delivers significantly higher patient satisfaction metrics currently driving some reimbursement models.”

Visit [apna.org/JAPNA](http://apna.org/JAPNA) for access to the full article.

Adams, S. M., Rice, M. J., Jones, S. L., Herzog, E., Mackenzie, L. J., & Oleck, L. G. (2018). TeleMental Health: Standards, Reimbursement, and Interstate Practice. *Journal of the American Psychiatric Nurses Association*, 1078390318763963



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**Pete Earley**

## Mental Wellness Warrior

Pete Earley is the father of a son with severe mental illness who is now in recovery. He is an activist who spent nine months inside a county jail to understand what happens to people with SMI in the prison system. He is a former Washington Post reporter who has been described as one of a handful of journalists who "have the power to introduce new ideas and give them currency." And he is the Keynote Speaker for this year's APNA 32nd Annual Conference.



...one of a handful of journalists who "have the power to introduce new ideas and give them currency."

After his son developed a serious mental illness and was arrested, Earley spent nine months inside the Miami Dade County Jail investigating what happened to people with mental illness inside the system. The resulting book, *CRAZY: A Father's Search Through America's Mental Health Madness*, offers a look at the thousands of people with mental illness who are incarcerated.

After a 'rocky journey' of five hospitalizations and two arrests which included being shot by a taser, Earley's son Kevin is now in recovery. One key lesson learned from this journey, Earley says, is the importance of engagement. In his keynote this October, Earley will examine missed opportunities for engagement throughout the health care and judicial system, drawing from personal experience and extensive research. The message, though, will ultimately be a positive one. He will emphasize that "we must have hope, and we must have a mental health system that tries to engage individuals by meeting them where they are in their illness and in a system that gives them hope for a brighter future."