Psychiatric-mental health (PMH) nurses, who have the important duty to provide care and psychosocial support to those impacted during a crisis, are essential during disaster responses like the COVID-19 Pandemic.

Most Americans will experience psychological distress at some point during this national emergency. The World Health Organization emphasizes that “people with severe mental disorders are especially vulnerable during emergencies and need access to mental health care and other basic needs.” As a result, The International Council on Nursing calls for “the inclusion of mental health and psychosocial support for responders and survivors, and for their families, as part of the health response to disaster and disaster recovery.”

Following are key resources to support the important work of PMH Nurses during this difficult time.

Three steps to take NOW:

- **Stay Informed** and follow reliable sources like the Center for Disease Control (CDC) or World Health Organization.

- **Follow standard precautions**, such as ensuring consistent use of proper hand hygiene, contact precautions, and airborne precautions similar to those used to prevent the spread of other diseases.

- **Anticipate and address stress reactions**, both for your patients and yourself. Adverse mental health responses to infectious disease outbreaks are common and include insomnia, reduced feelings of safety, scapegoating, increased use of alcohol and tobacco, somatic symptoms, and increased use of medical resources.

COVID-19 has created unplanned barriers to providing mental health care face-to-face. Learn about tele-health options that can be quickly implemented outlined in The Journal of the American Psychiatric Nurses Association (JAPNA) published paper TeleMental Health: Standards, Reimbursement and Interstate Practice.

Use outpatient treatment options to the greatest extent possible and reserve inpatient facilities for those for whom outpatient measures are not an adequate clinical option.

Use telehealth or telephone services to provide evaluation and treatment of patients, including evaluation for use of buprenorphine to treat opioid use disorder and individual and group therapies.

Review CDC resources and guidance for clinics and healthcare facilities to ensure procedures are in line with pandemic plans.

State and local government agencies are making adjustments to regulations in order to expand access to care during this public health emergency. Updates will be posted to your State Board of Nursing websites as changes are made.

To stay abreast of the latest regulatory changes to practice or prescribing in your state, check-in frequently with your state board of nursing.
The American Psychiatric Nurses Association (APNA) is the largest professional membership organization in the US committed to the practice of psychiatric-mental health (PMH) nursing and wellness promotion, prevention of mental health problems, and the care and treatment of persons with psychiatric and/or substance use disorders.

Under this national emergency, regulatory agencies have waived certain regulations to ease access to care. For example:

- HIPPAA violations are waived for providers serving patients through technologies like Facetime.
- SAMHSA has relaxed regulations so that providers do not have to obtain written patient consent for disclosure of substance use disorder records in a medical emergency.
- Medicare has waived certain requirements around telehealth to make it easier for beneficiaries and providers to connect.
- DEA-registered practitioners may now prescribe buprenorphine via telehealth and phone to individuals who have not received an in-person medical evaluation so long as the telehealth evaluation is determined adequate by the provider.
- States can now request blanket exceptions for stable patients to receive 28 days of take-home medication for the treatment of opioid use disorder.

Don’t forget to review the COVID-19 information and updates for PMH nurses on the APNA website. And, be sure to participate on Member Bridge where your colleagues are already sharing ways to find balance, safety, and patient wellbeing across settings.

Crisis Standards of Care from the American Nurses Association addresses the challenges nurses navigate during a crisis. Guidance includes:

- RNs have a duty to care during pandemics, and their institutions have a duty to reduce risks to safety, plan for competing priorities, and address injuries to personal and professional integrity caused by crisis events.
- Crisis does not change your professional standards of practice, Code of Ethics, or accountability for clinical competence or values, but the balance of professional standards and crisis standards of care is based on the reality of the situation.
- A shift to decision making in which the clinical goal is the greatest good for the greatest number of individuals must not unduly burden those who already suffer healthcare disparities and social injustice.
- If asked to delegate care to others, a rapid assessment of the skills of those available to assist and an emphasis on patient safety and appropriate delegation are needed.

Be sure to protect yourself and practice self care.

It is vital to prioritize self-care and take steps to manage stress during a time like this. Be on the lookout for symptoms of secondary traumatic stress in yourself and use self-care strategies such as breath awareness exercises to activate your parasympathetic nervous system. Reach out for help if your ability to provide care to your patients and your family is impacted.

If you feel overwhelmed by sadness, depression, anxiety, or hopelessness, call 911 or 1-800-985-5990 (SAMHSA Disaster Distress Line), or text TalkWithUs to 66746.

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www.APNA.org