Greetings to all ISPN members. I trust that we in are all making it through the winter months and looking forward to some warm spring breezes. At the start of this year, Mental Health Weekly, a newsletter type publication on mental health trends, asked for submissions from readers on what they anticipated in mental health care. I penned a brief statement that focused on why 2011 brings a pivotal moment for Psychiatric Nurses. The statement turned on the opportunities 2011 holds to move person-centered, integrated mental health care into action.

My sense of this opportunity arises from the current convergence of science, service delivery and the reform vision. In science there is increasing excitement at the potential of neuroscience to clarify the putative neural tracks underneath several key elements of mental illness. The hope is that once these trajectories are understood treatment can preempt or interrupt these underlying processes and perhaps derail the occurrence of the mental illness. In service delivery we see the emergence of new ideas, such as Accountable Care Organizations, that will align treatment, outcomes and reimbursement. This notion is not new. But with the increasing pace of evidence based practice and technology to translate and track its implementation, this vision is more likely to become a reality. Finally we hear the voice of a common mental health reform vision: consumer driven care, integration of behavioral and medical care, recovery oriented models and an emphasis on prevention.

Psychiatric Mental Health (PMH) nurses with their broad base of training in both medical and mental health sciences, coupled with their roots in interpersonal skills are well prepared to implement service models in line with these health care reform visions. It is a pivotal moment we cannot let pass. The actions to move this vision into a reality are within reach, we merely need to set our intent and find our voice. It will be imperative that we speak clearly and forcefully on our leadership role in integrated care, creating a public health model for child mental health, and partnering to build a recovery oriented mental health system spanning acute care and the community.

I believe that as ISPN members, and thus leaders in psychiatric education, research and practice, we must speak with one voice on the potential of psychiatric nurses to achieve this vision. This will be a recurring theme of our annual meeting in Tucson. In Division meetings, lunch time round tables, and our general sessions, we will continue to forge connections on our actions along these critical lines of reform: a public health model for child mental health, integrated care, care continuities, and patient centered outcomes. Much of this plan rests on how we shape our workforce. At the meeting, we will also map out our progress on how our graduate programs are moving to a life-span curriculum and strategies for the problems we face. All of these points must converge on our research efforts to clarify effective treatments and PMH nursing implementation. Your voice and ideas are critical to this effort. Please join us in Tucson.

Kathleen R. Delaney, PhD, PMH-NP
President, International Society of Psychiatric Mental Health Nurses.
What to do in Tucson and where to go? Check out the links below and plan to arrive a couple of days early to hike, shop, visit the parks, play golf at the resort, refresh at the hotel spa; The ‘Red Door’ or sit by the La Paloma Resort and Spa pool & refresh yourself.

Tucson Brochure - http://www.maddenmedia.com/digitalbooks/TODGfw10/A
Site to find lots of info on Tucson: http://www.visittucson.org/
Saguaro National Park: http://www.nps.gov/sagu/planyourvisit/saguaro_hiking.htm
Arizona-Sonora Desert Museum: http://www.desertmuseum.org/visit/
Sabino Canyon for Hiking: http://www.sabinocanyon.com/
Arizona Guide: http://www.arizonaguide.com/

More information on Tucson: http://www.tucsonattractions.com/
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Hello colleagues,

As I sit and write this edition of ACAPN Division for the Connections newsletter, the snow has melted from my hilltop here in the beautiful hills of Southern Indiana. For many of you, though, I know that winter continues on and on and on. The good news is that spring does come eventually.

And so it goes as we continue the ongoing process of advocacy for our special child and adolescent psychiatric populations. In this column, I want to describe several ways we connect to advocate for our constituency.

First, we have had a collaborative relationship with The Institute of Pediatric Nursing (IPN) for several years. For example, a task force that included representatives from American Psychiatric Nurses Association (APNA) and the International Society of Psychiatric-Mental Health Nurses (ISPN) met at the PNCB National Office to review the results of the Institute’s Child and Adolescent Behavioral and Mental Health Exam Needs Assessment Survey. While the Institute’s mission is to create a healthy future and well being for children and youth through a network of pediatric nursing organizations’ education, research, and practice, one of the ways IPN does this is through certification of pediatric nurses. The Pediatric Nursing Certification Board is currently developing a Child and Adolescent Behavioral and Mental Health Exam for primary pediatric care practitioners who care for children and adolescents with mental and behavioral health concerns. ACAPN member Kimberly Sadlter volunteered to represent ISPN/ACAPN at IPN’s 2010 Annual Invitational Forum in November, 2010 at their annual meeting In Gaithersburg, MD. Kim was able to share ISPN’s white paper on the Educational Preparation of APNs to Address the Mental Health Needs of Children and Adolescents (see ISPN website, www.ispn-psych.org) which served to educate other practitioners concerned about the mental health of children and adolescents and what our specialty nursing honor society has developed. We are grateful for Kim’s presence at the IPN meeting and for representing ISPN and thank her for her willingness to serve ISPN and ACAPN in this important role.

Secondly, I am in my second appointed term as a member of the Child and Adolescent Psychiatric Mental Health Nursing Content Expert Panel (CEP) at the American Nurses Credentialing Center (ANCC). We had three meetings in 2010 and expect three more in 2011 as we work to update the Child and Adolescent Psychiatric Mental Health Certification Examination. I just returned from an item classification meeting in January. While there, I also met briefly with Dr. Karen Daly, the new American Nurse Association (ANA) president who is a wonderful advocate for patients and nurses.

Of significance to me is that when I polled the above Content Expert Panel, I found that I was the only ISPN member. I took flyers with me about our upcoming 2011 Annual Conference to distribute to the CEP members. I also mailed the members an ISPN application when I returned from the meeting. A personal invitation is just the impetus a person might need to join an organization and I highly recommend it. Indeed, that is how I joined the Indiana Chapter of the then ACPN when Jan Gerkensmeyer called me and asked if I would like to serve on the chapter’s Program Committee. I imagine there are people many of you work with who are not ISPN members either. I encourage you to think about what benefit you get from ISPN/ACAPN and then be able to articulate the benefit(s) to your colleagues. In order for us to grow and to continue our mission, we need to also grow our membership.

So, IPN…ANCC…ANA, what do they all have in common? Together we can provide a collective voice that advocates for the profession of nursing and promotes safe, effective care for our clients.

I hope to see many of you in Tucson, AZ for our 4th Annual Psychopharmacology Institute and ISPN 13th Annual Conference, March 29 – April 2, 2011. Our ACAPN Annual Business Meeting will be Friday, April 1 at 5:10PM and it will be wonderful to see you there!

Warm regards,

Beth

Elizabeth Bonham PhD, RN, PMHCNS, BC
ACAPN Division Director

AGPN Division Update

The meteorologist keeps talking about more snow coming towards my house. Honestly, March cannot come fast enough for me! I am so looking forward to the warmth and sunshine in Tucson for the 13th Annual ISPN Conference and 4th Psychopharmacology Institute. If you are attending the Psychopharmacology Institute please consider joining us on Wednesday at lunchtime for the roundtable discussion on adult & geriatric issues. Come and share your work and tap into the collective wisdom at the table for information to support your practice. Have you read through the geriatric enhancements for CNSs and NPs? If not, check out the IPSN website and click on the links to see how this information can benefit your patient care.

I am very interested in hearing from all division members on how AGPN can better serve your needs and interests. In essence, how can the AGPN division add the most value to your membership? Is there an issue you would like to hear more about? Would you like to serve on a committee or special interest group? A number of years ago, a good friend of mine (now deceased) was a female detective for a local police department and a board member in the state association of women police. She invited me to one of their meetings to give a presentation on stress management. I do not recall my exact words, but I do remember what she said to me about her membership. She told me the only reason to bother joining an organization was to get involved, otherwise she believed she made an investment that would never pay her back.

For me, my investment in ISPN continues to pay me dividends; both personally and professionally. Please, let me know your interests and your ideas about how YOU can become more involved. You can email me at kragaisis01@snet.net or karenragaisis@yahoo.com OR find me on Facebook at www.facebook.com/KarenR.aprn.

See you in March!

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Elizabeth Bonham, PhD, RN, PMHCNS, BC
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Winter 2011
Hello ISPCLN Colleagues,

Winter Greetings to all! I do hope that this message finds you all safe from the incredible weather disturbances across the country and in the world. Please send out well wishes to our colleagues in the United States who are being affected by the significant snowstorms and also to our colleagues in Australia who have been severely affected by the flooding in Queensland area and cyclone activity in the Cairns area. My wish is that these severe weather patterns will begin to quiet down and we can all enjoy the winter time, because as you know spring will be fast approaching (not fast enough for some of us) and spring ushers in the ISPN Annual Conference and Psychopharmacology Institute.

14th Annual ISPN conference and 4th Annual Psychopharmacology Institute

This year the ISPN Annual Conference and Psychopharmacology Institute will be held at a beautiful resort in Tucson, Arizona. I have experienced the exquisite views at this resort having spent some time there a few years ago. The backdrop of the desert and mountains provides for a restful environment to reflect, and the award winning Red Door Spa promotes an experience to melt away your stress and allows you to be the focus of pampering for a period of time. Additionally, if you have not checked out the conference brochure, what are you waiting for?? The planning committees have been shepherded by Judy Hirsh, for the conference, and Evelyn Parrish, for the psychopharmacology institute. The programs are truly outstanding, with clearly dedicated sessions for psychiatric consultation liaison nurses. So if you want an educational experience that is truly focused around the role of the psychiatric consultation liaison nurse, opportunities to spend time with your PCLN colleagues and make new friends/colleagues and finally, gaze upon breathtaking views and just plain relax, then check out the website and register! You do not want to miss this conference and I will personally be looking forward to seeing you there!

PCLN Authors Book about C/L Practice in a Trauma Unit: A Must Read

It is with great pride in our PCLN colleague that I enthusiastically encourage our PCLN colleagues to read the book authored by Laurie Barkin, titled the Comfort Garden: Tales from the Trauma Unit (2011 from Fresh Pond Press). Laurie Barkin is a PCLN at UCSF Medical Center in San Francisco and a disaster mental health volunteer at the American Red Cross. I have had the opportunity to read an advance copy that Laurie so graciously sent to me and during the time I spent reading the book, her words so profoundly resonated with me as I had been a PCLN at the University of Pennsylvania Medical Center, specifically in Trauma ICU. The stories that Laurie so eloquently describes about her work with patients, families, healthcare providers is so intense that allows the reader to truly experience the role of a PCLN.

I really do believe that every PCLN should read this book, as it truly affirms the incredibly challenging and innovative work that we all do each and every day in our work settings, within organizations, in our communities and our own lives. I would also strongly encourage faculty members to read and consider this book for their students, Laurie’s portrayal of these ever provoking clinical stories would richly enhance any students learning experience and specifically assist students in understanding the nurse-patient relationship, innovative problem-solving, being present with patients and families, and self care strategies. Unfortunately, with the continued dismantling of psychiatric-consultation liaison programs across the country, it is comforting to me to have a resource that can make PCLN practice visible and alive for the reader. Often it has been said that if we make PCLN practice more visible, the role with continue to survive and flourish. I am grateful that Laurie took her valuable time and incredible experience to make PCLN practice visible to a larger audience. Thank you for using your stories and sharing your insight to make all of our PCLN colleagues more visible.

Dismantling of Psychiatric Consultation Liaison Programs and Educational Content in Advance Practice Programs

I have substantial concerns that over the last decade there has been a systematic dismantling of master’s programs that focused on the subspecialty of psychiatric-consultation liaison nursing. Also, there is currently a paucity of content in advance practice psychiatric nursing programs that specifically address theoretical and clinical aspects of psychiatric consultation liaison nursing. I am worried that nurses that want to become PCLN’s will have to orchestrate and customize their own programs, which pose a challenge even at the most flexible academic programs. I have heard from some of our ISPCLN members about the erosion of educational programs and associated content in academic programs and they are just as concerned as I am at this juncture. I am wondering if any of you are concerned and how we as a Division focusing on PCLN practice might strategize to regain the focus in some of the current programs that are preparing advance practice psychiatric nurses….. I would like to hear from any of you as this is becoming a critical issue. Please email me with ideas, thoughts, concerns at Skrupnick@charter.net

In closing, we will be discussing this important issue of PCLN preparation and role progression at the ISPCLN Business Meeting at the ISPN conference in Tucson, Arizona- so please plan to attend and send me your ideas. Well I am heading home and yes shovel some more snow, as it will be snowing AGAIN tomorrow. Stay warm and dry and I look forward to seeing you in Tucson!
Happy New Year!!
I trust this finds you all healthy, happy and of course busy!

As ISPN continues to meet and move forward, I do my best to represent SERPN members during these important networking sessions. As many of you know, the new LACE document is completed and the recommendations of the ISPN/APNA Implementation Task Force is posted on our website for member comment. This very important document has occupied much of our attention as of late, as it represents a new direction in the licensing, accreditation, certification and education of future psychiatric advanced practice nurses. I urge you all to take the time to review the recommendations and post a comment on the members’ forum via a threaded discussion, or send me or any Board member your reactions via e-mail. Since SERPN has a particular focus on education, I hope that members will consider carefully the educational implications of this document.

SERPN and ISPN continue to have opportunities for members to get involved, and if you have not jumped into the fray, I urge you to consider it! Please check the ISPN website for a list of committees and select one that interests you. There is no better way to benefit from your membership than becoming involved and giving back, whether is it to volunteer on a committee or task force, or running for elected office. It is very rewarding to be an integral part of an organization that values and promotes the work of psychiatric nurses. One of the committees looking for new members is... the Membership committee! There are others of course and they all serve an important role in the organization. ISPN relies on the dedication and commitment of its members to sustain and grow. If you are interested in serving, please contact me at lrose2@son.jhmi.edu.

The annual conference is fast approaching. This year we are meeting in lovely Tucson, Arizona March 29- April 2. I look forward to meeting as many of you as I can. It promises to be a stimulating and rewarding meeting. Please send me your news and recent events/accomplishments so that they can be highlighted in the next newsletter and given an acknowledgment at the SERPN meeting at the conference.

See you in Tucson!

Linda Rose, RN, PhD, SERPN Division Director

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**4th Annual Psychopharmacology Institute and ISPN 13th Annual Conference**

**The Art, Science and Diversity of Psychiatric Nursing**

March 29 - April 2, 2011
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