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Essential Psychiatric, Mental Health and Substance Use Competencies for the Registered Nurse

American Academy of Nursing

International Society of Psychiatric Nursing

American Psychiatric Nurses Association

International Nurses Society on Addictions

DRAFT For Review

by

The membership of these organizations.

February 2010

Forward

The original concept for this document was conceived at the meeting of the Psychiatric Mental Health Expert Panel during the Academy of Nursing 33rd Annual Meeting and Conference, Integrating Physical and Mental Health Care, held in Miami, Florida, November 9-11, 2006. Judith Haber and June Horowitz co-chaired the Expert Panel meeting at the time discussion took place regarding the need for a document centralizing recognized competencies and curricula associated with psychiatric mental health nursing practice. The Expert Panel also recognized the need for a document that identified psychiatric mental health competencies for generalist nursing practice. Catherine Kane and Margaret Brackley agreed to Co-Chair a taskforce to write these competencies. They were joined by Madeline Naegle, Sandra Talley, Marian Newton, Jeanne Clement, Pat D'Antonio, and Liz Poster. This initial group was charged with using "a model similar to the Hartford Foundation model for building capacity in geriatric nursing to develop PMH/Behavioral Health Competencies for non-PMH RNs and APRNs." Other contributing members of the Taskforce are Edna Hamera, Elizabeth LeCuyer, Mona Shattell, Geri Pearson, Rebecca Harmon and Theodora Sirota. The Taskforce convened by teleconference on April 13, 2007, and met monthly by teleconference through Fall 2008. A full draft of the document was completed and sent for editing to Geri Pearson and Beth Cole. On March 24, 2009, the Taskforce convened by teleconference and agreed to distribute the draft to the membership of the International Society of Psychiatric Nursing, the American Psychiatric Nurses Association, and the National Organization of Nurse Practitioner Faculty. The draft was displayed on the websites of these organizations through August, 2009. Comments, suggestions, edits and revisions were welcomed and the feedback was incorporated into this document.

Acknowledgments

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**Essential Psychiatric, Mental Health and
Substance Use Competencies for
for the Registered Nurse
February 2010**

The Essential Psychiatric, Mental Health and Substance Use Competencies for the Generalist Nurse provides the framework for educational preparation of generalist professional nurses to provide appropriate and effective care for persons with mental illness, substance use disorders, and persons at risk for these conditions and who can promote the mental health of all persons in their care. The format of these *Competencies* draws from the American Association of Colleges of Nursing's document, *The Essentials of Baccalaureate Nursing Education* and from the American Association of Colleges of Nursing's *Older Adults: Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care These Competencies*. However, these competencies apply to the preparation of professional nurses in all types of nurse education programs that prepare students to practice within the licensed parameters of the Registered Nurse. Throughout this document, the term "Psychiatric Mental Health Nursing" includes nursing care of persons with substance use disorders as well as those who have medical or surgical conditions that are accompanied by psychosocial stressors. Curricula should be designed to prepare students to demonstrate these competencies, and Diploma, Associate Degree and Baccalaureate programs should seek to assure the inclusion of the described content areas and skill sets.

Introduction

Psychiatric disorders, including substance use disorders, affect a majority of people receiving nursing care in the United States. They afflict all age groups, with an estimated 20 % of children and adolescents age 9 to 17, and as many as 25 % of those 65 and older suffer from these disorders each year. Of those who experience psychiatric disorders only a small percent actually receive treatment (Gamm, Stone, Pittman, 2003). According to the landmark "Global Burden of Disease" study, 4 of the 10 leading causes of disability for persons ages 5 and older are mental health disorders. In the United States, psychiatric disorders collectively account for more than 15 % of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer (Murray & Lopez, 1996). Major depression is the leading cause of disability in the United States and addiction, bipolar illness, schizophrenia, and obsessive-compulsive disorder rank close behind. Major psychiatric disorders are associated with considerable morbidity and mortality, and suicide represents one of the leading preventable causes of death worldwide. In addition, estimates of the total overall costs of substance abuse in the United States—including health- and crime-related and loss of productivity—exceed half a trillion dollars annually (NIDA, 2008). A growing number of Americans, 20 million (8.3%) 12 years and older are current users of illicit drugs and roughly 7 million abuse prescription drugs. Nicotine dependence and alcohol related disorders each afflict approximately 20% of the US population. There is a growing appreciation that mental health, and the brain and behavioral disorders that affect it, are dynamic, ever-changing phenomena that, at any given moment, reflect the sum total of every person's genetic inheritance and life experiences.

The majority of individuals who are diagnosed with mental illnesses and substance use disorders seek help outside of specialty behavioral health systems (Hoge et al., 2005). Nurses are likely to encounter persons with these disorders and those at risk in a variety of settings, especially primary care. Therefore, it is essential for generalist nurses to be prepared to recognize symptoms of psychiatric disorders and to intervene appropriately. Further, nurses in primary care are also likely to encounter persons with mental health needs related to stresses that accompany medical and surgical conditions. Likewise, and persons with prior substance use histories which may relapse with the stress of physical illness. Although these persons may not be diagnosed with specific psychiatric disorders, appropriate

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responses by generalist nurses can enable individuals in stressful situations related to acute or chronic physical conditions to cope effectively with the associated mental health risks. Inappropriate responses or failure to recognize possible mental health needs often supports the continuation of ineffective coping and possibly lead to the onset of a psychiatric disorder or exacerbation of prior illness.

Psychiatric nursing was the first area of nursing practice to be identified as a nursing specialty and has a long history of preparing nurses to care for people with mental health problems. Hildegard Peplau, the eminent psychiatric nursing scholar, first documented the importance and efficacy of strong interpersonal skills for nurses in her seminal book, *Interpersonal Relations in Nursing*. Peplau emphasized that these skills were important for all nurses to acquire in order to effectively care for any patient, not only psychiatric patients. Peplau recognized that mental health problems could occur across all nursing specialty areas and all clinical settings. Further, The Annapolis Coalition (Hoge et al., 2005) recommended that for the vast number of the helping professions, behavioral health competencies must be identified, training systems developed, and provider competencies assessed with the same sense of urgency that is applied to the specialty behavioral health workforce. This directive applies even more urgently to generalist nurses across all health care settings. Without appropriate education and experience, the generalist nurse will not consider the possibility of co-occurring psychiatric illnesses when a patient presents for primary or emergency care. Recognition of psychiatric symptoms can enable the generalist nurse practicing in a non-psychiatric setting to intervene by encouraging the individual to seek appropriate mental health care, by supporting the individual's family in managing the onset and exacerbations of psychiatric symptoms and by promoting the healing process as individuals recover their cognitive and functional abilities during treatment for psychiatric illness and disability after crime related events.

Despite the urgent need for education that prepares all nurses to recognize and intervene to promote mental health and decrease the risks for psychiatric illness, most generalist nurses practicing today have limited preparation in the principles of psychiatric nursing care. Many nursing education programs no longer require a course in psychiatric nursing, are not current on addiction knowledge, and do not teach appropriate therapeutic interactive skills or emphasize these skills across all clinical courses inconsistently. A renewed focus on psychiatric, mental health and substance use treatment knowledge and skills in professional nursing education and practice is necessary to address current needs. All generalist nurses practice under the license of Registered Nurse. Thus, the purpose of this document, *Essential Psychiatric, Mental Health and Substance Use Competencies for the Registered Nurse* is to assist nurse educators to incorporate specific psychiatric nursing content into curricula.

The International Society of Psychiatric Nursing (ISPN), and The American Psychiatric Nurses Association (APNA) and the International Nurses Society on Addiction have identified a core curriculum and terminal objectives for entry level professional nurses in the area of psychiatric and mental health care. AACN's *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) provided a framework for developing, defining, and revising the competencies in the present document. This document addresses the professional values, core competencies, core knowledge, and role of the professional nurse caring for persons with psychiatric and substance use disorders and persons at risk for these disorders. These core values, competencies, and knowledge are vital in ensuring that all generalist nurses are prepared to provide accessible, evidence-based, quality care for all persons with psychiatric, mental health and substance use disorders.

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Essential I: Integration of Liberal Arts into Educational Programs for Generalist Nursing Practice

Rationale

Exposure to the humanities, social sciences, and natural sciences provides the intellectual and social tools that broaden nurses' ways of thinking about and being in the world. Nurses must be committed to a life-long process of understanding self and others, that provides the foundation for what the American Nurses' Association characterizes as the "artful use of self in therapeutic relationships." Learning should emphasize engagement with local and global communities so that the student learns the continuing necessity of understanding the meanings constructed by and the experiences felt by those across different life spans, cultures, and contexts. This broad experience is a hallmark of generalist nursing competency that supports therapeutic communication, critical reasoning, healing relationships, and culturally meaningful care.

The educational program prepares the graduate practicing in all settings, including specialty psychiatric and addiction treatment, mental health, behavioral health and general care settings, to:

1. Integrate knowledge from the humanities, social sciences, and natural sciences to inform self-reflective and relational processes of practice and leadership.
2. Continue to build on knowledge from the humanities, social sciences, and natural sciences and address the social justice issues surrounding the stigmatization of patients with mental illnesses, substance use disorders, and common psychological syndromes; the disparities in access and inequities in resources in mental health delivery systems; and the ways in which these issues impact on vulnerable persons
3. Engage in critical reasoning and creative thinking when structuring individualized and collaborative healing relationships with individuals, families, and communities
4. Engage in effective communication with individuals and families at all points across the lifespan, cultures and contexts.
5. Understand the various contexts of care, including the site of care, the nature of the care, and the religious, spiritual, historical, political, social, and professional perspectives brought to bear on that care
6. Recognize the complicated intersection of clinical, legal, and ethical issues involved in the care of patients (both adults and children) with psychiatric disorders.
7. Broaden the traditional clinical paradigm to include prevention, early intervention, rehabilitation, and recovery and resilience-oriented approaches to care.

Sample Content:

- Selected concepts and ways of knowing from a broadly defined body of knowledge in the humanities, social sciences, and natural sciences.
- Coursework to move toward competence in a second language

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- Active reflection upon knowledge and insight gained in learning experiences outside the nursing curriculum when practicing in a variety of cultures, organizations, and communities.
- Integrated meanings constructed in memoirs, biographies, auto-biographies, movies and other emerging web-based technologies into content and clinical experiences.
- Reflection upon and assessment of the dimensions of complex and relational actions, values, and outcomes both in individual practice, as a member of a professional team, and as a leader of therapeutic and educative groups.

Sample Strategies for Learning

- Encouraging active reflection upon knowledge and insight gained in learning experiences outside the nursing curriculum when practicing in a variety of cultures, organizations, and communities.
- Integrating meanings constructed in memoirs, biographies, auto-biographies, movies and other emerging web-based technologies into content and clinical experiences.
- Providing opportunities to reflect upon and assess the dimensions of complex and relational actions, values, and outcomes both in individual practice, as a member of a professional team, and as a leader of therapeutic and educative groups

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Essential II: Basic Organizational and Systems Leadership for Quality in Generalist Nursing Practice

Rationale

Psychiatric and addictions nurses have historically fostered leadership and change. The intrapersonal, interpersonal, and group dynamic theories developed and pioneered by mid-century nursing thought leaders still remain central to understanding the processes within a range of systems that promote or inhibit quality care. The body of research supporting the creation and maintenance of the therapeutic milieu applies to promoting safe, caring, and healing environments in every healthcare setting. Decades of interdisciplinary mental health initiatives still provide the core background for practice in ever changing health care environments.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, addictions treatment, behavioral health and general care settings, to:

1. Create and support a therapeutic milieu for the safe implementation of treatment
2. Recognize group dynamics in order to engage effectively in collaborative treatment models that include patients and families as well as other professionals and assistive personnel
3. Recognize intrapersonal and interpersonal dynamics that interfere with quality treatment

Sample Content

- Principles of therapeutic milieus
- Principles involving the collaborative process and multidisciplinary team function
- Principles surrounding the dynamics of interpersonal and interdisciplinary relationships
- Leadership strategies for assessing and improving treatment of a range of psychiatric disorders
- Relevant models to improve interpersonal dynamics
- Relevant models to improve group dynamics

Sample Strategies for Learning

- Provide experiences in multidisciplinary treatment meetings to review and evaluate treatment plans.
- Assess group dynamics of an inter-professional team

Essential III: Evidence-Based Practice in Generalist Nursing Practice

Rationale

Nursing practice is grounded in the analysis, interpretation and application of empirical and research evidence. In the last decade, the specialties of nursing, addiction and psychiatry have welcomed a burgeoning of scientific research in neurophysiology, pharmacotherapy and approaches to behavioral change. Now, advances in science and research more consistently provide foundations for practice. Evidence-based practice models provide systematic processes for the delivery of care and its evaluation based on scientific evidence for psychiatric and mental health nursing practice (Institute of Medicine, 2003b).

In the context of care, specific educational components such as communication and the nurse-patient relationship are applied to practice and should be grounded in addictions and psychiatric nursing's empirical and research generated evidence. In collaboration with others, graduates are prepared to participate in documenting and interpreting evidence for improving patient outcomes (AACN, 2006b).

Scholarship for the generalist graduate involves identification of practice issues central to mental health, addictions and psychiatric nursing; evaluation and application of evidence from research in psychiatry, psychiatric nursing and social sciences related to behavior; and evaluation of measurable, behavioral outcomes demonstrated by patients, families and community groups.

Ethical and legal precepts guiding research conducted with patients are of particular concern given the vulnerabilities of persons with psychiatric disorders across the life span. The graduate must understand the complexities and compromised capacities of these vulnerable populations in order to protect the rights of patients in relation to access to treatment, health disparities and eligibility for, or participation in, investigations. These risks occur frequently for psychiatrically ill and substance dependent patients, and it is imperative that professional nurses safeguard patient rights where an actual or potential conflict of interest, misconduct, or the potential for harm are identified.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, addictions treatment, behavioral health and general care settings, to:

1. Describe the limitations and challenges of available research in the areas of addiction, behavioral health treatment and psychiatric- mental health nursing interventions
2. Demonstrate the application of relevant research findings to behavioral, addiction and psychiatric-mental health nursing interventions, and measurable patient outcomes
3. Demonstrate basic elements of the research process in seeking best evidence, critiquing research and deriving appropriate nursing interventions
4. Describe the needs of vulnerable psychiatric populations in relation to ethical and legal principles and obligations and for the protection of human subjects in research
5. Use clinical practice guidelines as evidence for specific interventions with patients, their families and communities with needs related to psychiatric or substance use illness, or mental health promotion.

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6. Develop nursing care plans for psychiatric, addictions treatment and behavioral health settings based on best evidence, clinical judgment, available resources and patient preferences
7. Use new evidence to contribute to, and participate in, the ongoing improvement of nursing practice in psychiatric and addictions treatment settings
1. Evaluate quality of care from the perspective of outcome indicators and documented findings

Sample Content

- Research evidence in psychiatric, mental health, and substance use disorders assessment, prevention and intervention
- Definitions, principles and models of evidence-based psychiatric and mental health nursing practice
- Ethical and legal aspects of research processes related to vulnerable populations with behavioral health problems
- Implication of principles of information literacy with vulnerable populations
- Skills in accessing evidence based resources in behavioral/mental health, including data base searching, critical appraisal, and application to clinical situations

Sample Strategies for Learning

Access, analyze and use of levels of evidence as found in textbooks, case studies, reviews of the literature, research critiques, controlled trials, evidence-based clinical practice guidelines (www.guideline.gov),

- Development of PICO (Patient population, Intervention, Comparison of intervention with usual state/care, Outcomes) project

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Essential IV: Information Management and Patient Care Technology in Generalist Nursing Practice

Rationale:

The critical knowledge and skills involved with information and patient care technology become more complicated when considering the care of patients, families, and communities whose needs intersect with both the medical and behavioral health care systems. While some receive care within integrated systems, most move between different systems with different technologies and regulations about confidentiality and access to information. Course work and clinical experiences should prepare graduates to navigate between systems. They should also prepare graduates to understand and to intervene at those points where the where flow of critical information most often breaks. As the IOM's *Across the Quality Chasm* reports, it is during the transitions (or "hand offs") between systems and as patients, families, and communities move among different kinds and levels of care that the need to maintain continuous and safe healing environments is most often compromised.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, addictions treatment, behavioral health and general care settings, to:

1. Understand both the strengths and weaknesses of patients, families, and communities' experiences of different information and patient care technology in both the medical and the behavioral health care systems.
2. Create and maintain continuous and safe healing environments during the transitions (or "hand offs") between systems and as patients, families, and communities move among different kinds and levels of care.
3. Demonstrate knowledge of the different regulations that impact the use of technology in both the medical and behavioral health care systems.
4. Understand the ways in which web-based information informs patients and families' knowledge about and preferences for different forms of care and treatment.

Sample Content

- Privacy and confidentiality issues in the use of information and patient care technologies
- Interstate practice regulations and state and federal laws that regulate information sharing
- Information and patient care technology safeguards that facilitate the maintenance of continuous and safe healing environments during transitions
- Constructing and maintaining continuous healing and safe environments during the transitions (or "hand offs") between systems and as patients, families, and communities move among different kinds and levels of care.

Sample Strategies for Learning

- Provide opportunities for students to follow patients and /or families as they move between and/or back and forth between medical and behavioral health care systems.

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- Participate in the construction and implementation of continuous healing and safe environments during the transitions (or “hand offs”) between systems and as patients, families, and communities move among different kinds and levels of care.
- Compare, contrast, and analyze the kinds and quality of data on NIH related websites and consumer websites such as those maintained by the National Association on Mental Illness (www.nami.org), National Institute of Drug Abuse (www.nih.nida.gov) or Alcoholism (www.nih.niaaa.gov) or the Child and Adolescent Bipolar Foundation (www.bpkids.org).

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Essential V: Health Care Policy, Finance, and Regulatory Environments in Generalist Nursing Practice

Rationale

Policy, finance, and regulatory environments strongly influence psychiatric and addictions care and mental health promotion because of the history of discrimination and the stigmatization of persons with mental illnesses. Currently, such care is delivered within fragmented, poorly reimbursed systems. Consequently, primary care practices and schools now often serve as providers of mental health and substance use disorder treatment, as a last resort. Legislative parity in insurance coverage has only recently been enacted, and it remains to be seen how this legislation will be implemented in actual practice with clinicians, patients, and families.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, substance use treatment, behavioral health and general care settings, to:

1. Analyze the political, legal, social, and regulatory influences on the development of health policy related to psychiatric/mental health, mental illness, and substance use disorders.
2. Protect patients' rights in the delivery of psychiatric/mental health care.
3. Evaluate state and national health care policies related to psychiatric/mental health, mental illness, and substance use disorders and their impact on costs and regulation.

Sample Content

- Relationships among issues of health disparities, mental health insurance parity, and systems of “carve outs” for managed mental health care
- History and current issues of mental health care policy
- Relationship among the advocacy of individual nurses, psychiatric mental health nursing organizations and patients' and families' political and self-help advocacy groups
- Relationships among social justice and mental health policy, finance, and regulation

Sample Strategies for Learning

- Review several federal and state policies that impact the delivery of health care for mental illness and substance use disorders.
- Participate in a service learning project with local National Alliance on Mental Illness (NAMI), Recovery, or MADD chapters.

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Essential VI: Inter-professional Communication and Collaboration for Improving Patient Mental Health Outcomes in Generalist Nursing Practice

Rationale:

Effective inter-professional communication and collaboration is essential given the holistic relationship of physical and mental health. Research data provides strong support for the increasing morbidity among patients in primary care with unmet mental health needs: these needs are neglected, overlooked, avoided or devalued, placing patients at risk for poor physical health care outcomes, for a range of common psychiatric syndromes or for exacerbation of pre-existing or co-morbid psychiatric conditions. Additionally, data also show how the physical health care needs of patients with primary psychiatric disorders are themselves to often neglected, overlooked, avoided or devalued. Patients with serious and persistent mental illnesses have a significantly greater mortality rate than their peers, and, for those with substance use disorders, a high prevalence of co-occurring conditions.

Generalist graduates must have the knowledge and skill to integrate their patients' physical and mental health care needs in a holistic manner. They also need the knowledge and skills to communicate effectively with other health care professionals about the multidimensional nature and details of patients' health status and needs.

Generalist graduates also need to assume leadership for initiating and maintaining collaborative efforts with other health care professionals, recognizing that various members of the health care team come from unique disciplinary practice spheres that often do not include an emphasis on patients' mental health needs or outcomes.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, addictions treatment, behavioral health and general care settings, to:

1. Integrates physical and mental health needs in their care of patients, families, and communities
2. Works with patients, families, and healthcare providers to promote inter-professional collaborative strategies to address the mental health needs of patients in non-psychiatric care settings.
3. Works with patients, families, and healthcare providers to advocate for appropriate and effective assessment and management of patients' mental health needs with the inter-professional team.

Sample Content:

- Participatory decision-making among clinicians, patients, and families around mental health and physical care needs
- The Recovery Model of mental health and addictions care
- Intra-professional, inter-professional and systems relationships that support or inhibit the integration of physical and mental health care needs.

Sample Strategies for Learning

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- Engage in discussions and dialogue with patients and their families that set the framework for participatory decision-making
- Engage in case study discussions and dialogue about patients' mental health needs with other non-mental health specialty professionals
- Engage in simulations of integrating patients' physical and mental health needs
- Engage in case study discussions and dialogue about patients' mental health needs with recovering patients, their families and non-mental health specialty professionals
- Engage in simulations of practice incorporating the Recovery Model.

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Essential VII: Clinical Prevention and Population Health for Optimizing Health in Generalist Nursing Practice

Rationale

Mental health promotion and substance use disorder prevention among individuals, families, groups and communities remain critical to initiatives aimed at optimizing health. Epidemiological and intervention studies highlight the need and the demand for such among individuals experiencing trauma and prodromal symptoms, among families under stress or with histories that suggest a heightened risk of mental illnesses or substance use, and among populations coping with displacement, migration, and disasters.

Individually focused mental health interventions such as screening, counseling, and stress reduction strategies are relevant throughout the life-span; and they have a strong evidence base of support in improving health as well as mental health outcomes. Population focused mental health interventions – including the identification of sub-populations, families, and individuals who would benefit from mental health promotion, or who have heightened risk of developing psychiatric disorders, suicidality, or homicidal impulses – remain essential for mobilizing the necessary resources, networks, and supports necessary for the kinds of community outreach necessary in day-to-day life.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, addictions treatment, behavioral health and general care settings, to:

1. Recognize the protective and predictive factors that influence the mental health of individuals, and populations.
2. Demonstrate an understanding of the relationship of genetics and genomics to mental health, mental illness, substance use disorders, prevention, screening, diagnostics, prognostics, selection of treatment, and monitoring of treatment effectiveness. (Consensus Panel, 2005, p. 11)
3. Conduct basic environmental exposure history, including that of exposure to psychological trauma, violence and domestic abuse, to identify current and future physical and mental health problems
4. Use evidence-based clinical prevention practices to guide mental health teaching, health counseling, screening, outreach, disease and outbreak investigation, crisis and disaster preparedness, referral, and follow-up for patients across the lifespan
5. Collaborate with other health care providers, patients, families and communities to provide culturally appropriate mental health and substance abuse prevention strategies
6. Implement and evaluate population-focused mental health interventions with attention to effectiveness, efficiency, and equity

Sample Content:

- 7 competencies of Psychological First Aid:
 - a. active listening skill
 - b. normalize reactions

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- c. teach stress management techniques
- d. recognize adaptive coping versus maladaptive coping practices
- e. identify and mobilize sources of interpersonal support
- f. apply crisis communication techniques with individual disaster survivors and disasters workers
- g. explain the potential to create greater distress in those we seek to assist

- Clinical practice guidelines for planning and evaluating mental **health/substance use** clinical prevention interventions
- Participation in population-focused activities that include protecting vulnerable populations – such as those with mental illness and substance use – in the event of disasters
- How institutions, such as day care centers, group homes, state mental hospitals, or homeless shelters, can develop and implement policies to minimize transmission of communicable diseases.

Sample Strategies for Learning

- Develop a plan that attends to a population's mental health needs in the event of a disaster
- Conduct a community assessment of mental health needs

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Essential VIII: Professionalism and Professional Values in Generalist Nursing Practice

Rationale

Professionalism and professional values are the foundation of the nurse-patient relationship, and all nursing practice.

The educational program prepares the graduate practicing in all settings, including psychiatric mental health, behavioral health and general care settings, to:

1. Understand the history of the nurse-patient relationship within the profession
2. Recognize one's own and others' attitudes, values, and expectations about mental illness. Engage in reflective practice about one's own beliefs and values, including stereotypes and biases (e.g. racism, ageism, gender bias and homophobia), and the impact on the care of patients with mental illness
3. Model professional values in dress, demeanor, and conduct of relationships in the practice environment
4. Demonstrate quality care outcomes by documenting the application of *Scope and Standards of Psychiatric-Mental Health Clinical Nursing Practice*. (ANA, 2007)
5. Incorporate new knowledge and the results of quality improvement activities to improve the care of patients with mental illness in both the medical and behavioral health care systems (ANA, 2007)
6. Articulate the value of membership in professional organizations, pursuing lifelong learning, and engaging in self-renewal
7. Advocate for social justice to reduce the stigmatization of patients with mental illnesses, the disparities in access and inequities in resources in mental health delivery systems, and the ways in which these issues impact vulnerable persons

Sample Content:

- History of psychiatric nursing
- Professional versus social boundaries
- Stigma
- *Scope and Standards of Psychiatric-Mental Health Clinical Nursing Practice*
- Appreciative inquiry
- Reflective practice addressing stereotypes, discrimination and bias (racism, ageism, gender bias, incarceration, social class and sexual orientation).

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- Informed consent with vulnerable populations
- Professional and legal requirements around privacy and confidentiality of mental health communication and records

Sample Strategies for Learning

- Directed experiences with writing and speaking publically about the effects of psychiatric / mental health nursing on health care outcomes
- Participation on ethics review committees
- Analyzing the ethical and legal dimensions of clinical situations

ESSENTIAL IX

Essential IX: Registered Nursing Practice:

1.0 The program prepares the graduate to conduct a comprehensive and focused psychiatric assessment, including substance use :

1.1. Detail psychiatric, emotional, behavioral, social and substance use issues in the individual and family members.

1.2. Utilize evidence based rating scales that are culturally sensitive.

Sample Content:

- Understands current and previous psychiatric treatments, inclusive of substance abuse and dependence (e.g., pharmacotherapy, psychotherapy, suicide attempts, hospitalizations, ECT, substance rehabilitation)
- Conducts mental status exam
- Identifies substance use/abuse/dependence that is current or in remission
- Identifies trauma issues from abuse, military service, accidental events, etc.
- *Identifies* psychotropic medication use and drugs with psychiatric related symptoms
- Identifies current suicidal or homicidal ideation and eminent risk.

2.0 Use family history to recognize the relationships of genetics and genomics to mental health and psychiatric symptoms.

2.1 Analyze extent of risk for behavioral and psychiatric disorders based on the family history.

2.2 Recognize the relationship of family members' experience of psychiatric/ substance abuse symptoms and diagnoses and the mental health of the consumer

Sample Content:

- Obtains and analyzes a family history to determine *whether* the family should be referred for genetic services.
- Recognizes unusual characteristics that suggest a genetic abnormality.
- Identifies genetic risk for common mental illnesses.
- Uses standardized symbols for genetic information.
- Recognizes the complex interactions within families coping with members who have psychiatric disorders

3.0 Applies principles of neuroscience and brain chemistry as they relate to the origins and the treatment of disorders.

3.1 Gain knowledge of major classes of medications and drugs of abuse in relation to mechanisms of action, actions, common side effects, drug interactions, and nursing implications regarding the following psychotropic medication classes and common drugs of abuse:

- a. antipsychotics (typical and atypical)
- b. antidepressants
- c. mood stabilizers

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- d. anti-anxiety agents
 - e. medications to treat phases of addiction
 - f. stimulants
 - g. cognitive enhancers
 - h. sedative-hypnotics
 - i. analgesics
 - j. commonly abused illicit drugs (marijuana, cocaine etc.)
- 3.2 Develops beginning skills in administration of psychotropic medications to include obtaining medication history, lab monitoring, and assessing potential adverse effects such as:
- a. anticholinergic delirium
 - b. agranulocytosis
 - c. neuroleptic malignant syndrome
 - d. extrapyramidal symptoms
 - e. Steven Johnson syndrome
 - f. Tardive Dyskinesia
 - g. signs of metabolic syndrome
 - h. serotonin syndrome.
 - i. hypertensive and hypotensive crises
- 3.3 Understands potential side effects
- a. Medication reconciliation
 - b. Motivational interviewing for improving adherence
 - c. Include exercise and diet interventions
 - d. Common drug interactions

Sample Content:

- instruments and guidelines to identify and manage symptoms of medication misuse, abuse or dependence and well as side effects and evaluation of efficacy of psychotropic medications in common psychiatric condition
- information regarding dual diagnosis as well as co-morbid conditions in persons with mental illness
- content about pharmacology, pharmacokinetics, and pharmacogenetics of psychotropic medication and commonly abused illicit and prescription drugs and related side effects, drug interactions, and nursing interventions

4.0 Communicate effectively with the patient and the patient's support network

- 4.1 Recognizes the complex nature of therapeutic interaction with persons who have psychiatric and physical co-morbid conditions such as depression and cardiac illness.
- 4.2 Identifies the patient's support network and includes them in communication about the patient's illnesses, needs, progress, and recovery.
- 4.3 Utilizes clear and positive communication skills such as listening, interpreting, gathering and providing information, and confronting in assessing and providing therapeutic intervention for managing patients' and families' needs and concerns about symptom management, medication adherence and health promotion.

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- 4.5 Collaborates with patient and members of his or her support system in developing , assessing and refining the patient’s overall plan of care.
- 4.6 Maintains professional boundaries and ethical behavior

Sample Content:

- Learning Theories: Provide patient information based on patient readiness to learn and allow patient choice as is possible (example, medication may need to be taken such as antipsychotic depot medication but patient may choose best day or time of day)
- Motivational Interviewing: express empathy, develop discrepancy, avoid arguments, roll with resistance, support self efficacy
- Defense Mechanisms: understand processes used by patients to regulate anxiety associated with the illness process
- Family dynamics in chronic psychiatric illness

5.0 Incorporate patient self-determination and adherence strategies into patient-centered care.

- 5.1 Defines self determination and adherence as related to patient centered care.
- 5.2 Describes common strategies that support self determination and adherence into patient centered care in psychiatric illness.
- 5.3 Implements interventions with patients support self determination and adherence
- 5.4 Recognizes attitudes regarding “self-medication” and addresses with patient and family

Sample Content:

- Patient Self Determination Act 1991
- Self determination as related to patient centered psychiatric care
- Patient as active consumer and partner in care
- Recovery model of mental health and substance use disorders rehabilitation
- Common examples of self determination: right to decision making, right to information, right of consent, right to refuse, right to be heard, right to know and have opinions considered
- Illness and authority as potential barriers to self determination
- Ethical, legal, economic, and practical concerns that influence self determination
- Psychiatric Advanced Directives
- Common strategies that support self determination and adherence into patient centered care in illness
 - Explanations of benefit vs potential harm without intervention
 - Explanations of benefit vs potential harm in relation to drug misuse or abuse by patient
 - Motivational interviewing regarding self determination and adherence

6.0 Identifies and distinguishes psychiatric symptoms as a basis for developing or changing a plan of care for persons who have a terminal illness.

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- 6.1 Identifies potential causes of anxiety and recognize exacerbations of the psychiatric symptoms in patients with a terminal illness and coexisting psychiatric diagnoses.
- 6.2 Assesses anxiety, depression, and delirium in patients with terminal illnesses.
- 6.3 ~~Facilitates the management~~ ***Promotes adherence to the plan of care for*** anxiety, depression, and delirium in patients with terminal illnesses.
- 6.4 Recognizes the significant stressors inherent in the end-of-life process of a family member or friend for persons with psychiatric illness.

Sample Content:

- Uses Standardized instruments and guidelines to identify and implement the individual plan of care for side effects and evaluates efficacy of psychotropic medications in common psychiatric conditions
- Reflects on and improves clinical skills in working with persons with psychiatric and substance abuse disorders
- Interviews classmates, neighbors, and a range of clients assigned in inpatient and community settings to develop appreciation of personal and environmental variables such as culture, religion, socio-economic status and family beliefs
- Defines and recognizes dual psychiatric diagnoses and co-morbid conditions
- Develops knowledge about pharmacology, pharmacokinetics, and pharmacogenetics of psychotropic medication and related side effects, drug interactions, and nursing interventions
- Practices communication skills while caring for patients receiving psychotropic medications and then reflects on process recordings.

7.0 Deliver appropriate patient-centered teaching to patients experiencing psychiatric disorders and their family members

- 7.1 Provides person-centered teaching to any individual with behavioral health, addiction problems or psychiatric diagnoses appropriate to their developmental stage, age, culture, socioeconomic status, or the setting where nursing care is provided.
- 7.2 Considers the mental health status of the person and its influence on comprehension and learning information about all aspects of health with particular attention to mental health in all teaching activities.
- 7.3 Grounds all teaching strategies in principles of health literacy defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions” (US Department of Health and Human Services, 2000).
- 7.4 Implements teaching strategies after identification of psychiatric disorders that influence learning.
- 7.5 Applies principles of health literacy that include the following:
 - a) Understanding of conceptual models defining health literacy across the lifespan
 - b) Assessment of health literacy considering behavioral health/psychiatric issues influencing level of understanding
 - c) Planning interventions for low literacy patients based on effective interventions

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d) Assessing effectiveness of interventions

Sample Content:

- Principles of person-centered teaching
- Principles of health literacy
- Assessment of psychiatric status and comprehension
- Principles of self-care and continuing care management

8.0 Implement evidence-based nursing interventions as appropriate for promoting health and managing the acute and chronic care of patients, maintenance and recovery across the lifespan.

- 8.1 Understands basic research processes in behavioral health
- 8.2 Interprets evidence and applies to practice in psychiatric settings
- 8.3 Implements evidence-based practice
- 8.4 Identifies and applies the “best clinical practices” in addictions and psychiatric nursing.

Sample Content:

- Information literacy: implications for communities, vulnerable populations
- Principles of Quality Improvement
- Nurse Sensitive Quality Indicators, performance measures
- Nursing Roles in the Research Process
- Decision making and critical thinking in relation to empirical and research evidence
- Skills in accessing resources to research in behavioral/mental health, including data base searching, critical appraisal, application to clinical situations

9.0 Monitor client outcomes to evaluate the effectiveness of bio-psychosocial interventions.

- 9.1 Selects appropriate standardized psychiatric/addiction evaluation instruments and uses them
- 9.2 Demonstrates reliability in planning and implementing schedules for evaluations
- 9.3 Articulates general improvement or decomposition of client social behavior, mental function, and symptoms.
- 9.4 Addresses adherence issues in monitoring and evaluating care delivery

Sample Content:

- Standardized measurement instruments such as:
 - AIMS
 - Hamilton Depression Scale
 - Multnomah
 - Brief Psychiatric Rating Scale

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- GAF
- Fagerstrom Scale
- AUDIT
- CIWA
- Methods for monitoring and evaluating throughout the continuum of care
- Means to distinguish between pharmacological indices, social indices, and medical indices of improvement or regression
- Methods for eliciting client perspectives on holistic functioning

10.0 Implement patient-centered transitions of care and discharge planning to persons and families experiencing psychiatric disorders and addiction.

- 10.1 Plans and implements care in diverse settings including acute inpatient and community based settings of care
- 10.2 Participates in care management and case management of psychiatric care
- 10.3 Evaluates the continuum of care of a person experiencing a psychiatric disorder
- 10.4 Analyzes congruency of acuity of a person's psychiatric needs to settings of care
- 10.5 Plans for a continuum of care that provides safety, structure, and support for persons with psychiatric disorders
- 10.6 Describes psychiatric home case management
- 10.7 Participates in continuing care management of individuals and families in the home or "aftercare" setting
- 10.9 Refers consumers, dyads and families to advocacy organizations
- 10.10 Assists consumers and their families to access support groups

Sample Content:

- Planning and implementing discharge planning
- Care and Case management in psychiatric care
- Examples of continuity of care
- Principles of psychiatric home case management

11.0 Provide nursing care based on evidence that contributes to safe and high quality patient outcomes within healthcare microsystems.

- 11.1 Identifies the research process in behavioral health including interpretation of evidence and application to practice in psychiatric settings.
- 11.2 Applies evidence-based practices in mental health that result in best clinical practices

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11.3 Understands ethical and legal considerations in the nurse's role in research

Sample Content:

- Role of evidence based practice guidelines as they impact outcomes in common psychiatric diagnoses

12.0 Create a safe care environment that results in high quality outcomes for persons with mental disorders including substance use disorders.

12.1 Identifies safe and unsafe practices within a psychiatric care environment.

12.2 Applies strategies to reduce harm to self and others in a psychiatric context.

12.3 Engages in a quality improvement process to improve care to people with psychiatric disorders.

12.4 Describes best practices that promote safety and create a just and safe environment

12.5 Demonstrates conflict resolution and aggressive behavior management.

12.6 Identifies the side effects and adverse effects of psychotropic medications used in psychiatric and non-psychiatric patient populations

12.7 Accurately assesses patients for suicide and homicide potential.

Sample Content:

- Basic safety principles for delivering care to these patients, especially the safe use of psychopharmacologic agents
- Factors that create a culture of respect and cultures of safety
- Situations in which patients may be susceptible to harm and abuse from self and others
- Knowledge of best practices to promote safety for providers and these patients
- Methods that prevent verbal, physical and psychological harm to these patients
- Methods that help eliminate error and processes for quality improvement

13.0 Revise the plan of care based on an ongoing evaluation of patient outcomes.

13.1 Identifies unusual changes in behavior and intervenes appropriately

13.2 Applies evaluation strategies to monitor patients a psychiatric context.

13.3 Considers implications of changing an individualized plan of care for people with mental disorders.

13.4 Describes best practices in evaluating and revising plans of care for people with mental disorders

Sample Content:

- Common adaptation and coping to persistent psychiatric and substance related disorders
- Symptom sment with those who have addiction and/or serious and persistent psychiatric disorders

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- Concepts of co-morbidities
- Symptom management with those who have co-occurring chronic conditions (e.g. medical conditions and psychiatric disorders, and substance abuse and psychiatric disorders).
- Concept of relapse and relapse prevention
- Maintain therapeutic relationship
- Identify common mechanisms of adaptation and coping used by persons experiencing a chronic psychiatric disorder
- Plan, implement, and evaluate a relapse prevention plan for those experiencing a chronic psychiatric disorder
- Methods of monitoring behavior and mood for changes requiring intervention
- Strategies for modifying interactions with persons exhibiting behavioral changes

14.0 Demonstrate clinical judgment and accountability for patient outcomes when delegating to and supervising other members of the healthcare team

- 14.1 Understands principles of delegation, supervision, and team functioning
- 14.2 Applies appropriate strategies for delegation, supervision, and maximizing team effectiveness
- 14.3 Demonstrates awareness of the complex relationship between decision-making and delegation

Sample Content:

- Definition of delegation
- Principles of delegation and supervision
- Methods for evaluating how tasks and relationships influence delegation to a specific individual

15.0 Coordinate and manage care for a group of individuals with *psychiatric disorders* in order to maximize health, independence, and quality of life.

- 15.1 Uses therapeutic communication techniques in care practices with persons experiencing common psychiatric symptoms such as hallucinations, delusions, and alogia
- 15.2. Demonstrates competent generalist group participation/ leadership skills in working with persons experiencing, or at risk for, psychiatric illness
- 15.3 Demonstrates the ability to establish collaborative working relationships with the consumer, their families and with other members of the multidisciplinary team.
- 15.4 Describes the principles, functions and care provider roles of the Assertive Community Treatment, Case Management, Recovery and Rehabilitation models

Sample Content:

- Therapeutic communication
- Collaboration
- Support groups
- Assertive Community Treatment Model
- Recovery Model

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- Relapse Counseling

16.0 Demonstrate the application of psychomotor skills for the efficient, safe, and compassionate delivery of patient care in Generalist Psychiatric Mental Health Nursing Practice.

- 16.1 Demonstrates critical thinking skills to explore role of psychiatric nurse in relation to health promotion, disease prevention, community resources, and ethical/legal/economic considerations relating to care.
- 16.2 Applies nursing fundamental skills to care of persons with alterations in physiological function related to psychiatric dysfunction such as eating and elimination problems.
- 16.3 Demonstrates knowledge, theory, and skill in teaching about disease process, medication management, and non-pharmacologic methods such as crisis intervention, problem solving, and stress management approaches.
- 16.4 Demonstrates correct principles and techniques of safety in medication administration by common routes.
- 16.5 Reflects knowledge of common psychomotor skills and legal aspects of care such as restraints usage, CPR, and assisting with nursing care during procedures such as electroconvulsive therapy.
- 16.6 Applies nursing fundamental skills to care of persons with alterations in physiological function existing along with common psychiatric problems
- 16.7 Conducts assessment, planning, intervention, evaluation, and documentation on a regular schedule with completeness and accuracy.
- 16.8 Uses physical assessment skills to evaluate and integrate physical and psychosocial functioning.
- 16.9 Promotes safety with correct reporting and interventions when someone becomes violent toward others or self.

Sample Content:

- Knowledge and theory of pathophysiology and skill in nursing interventions regarding:
 - disease process regarding common psychiatric diagnoses*
 - medication management to treat common psychiatric diagnoses
 - non-pharmacologic methods (crisis intervention, problem solving, and stress management) to treat common psychiatric diagnoses
 - *schizophrenia
 - *bipolar/depression
 - *Alzheimer disease and related dementias
 - *alcohol and drug abuse
 - *anxiety disorders (obsessive compulsive disorders, post traumatic stress disorders)
- Correct principles and techniques of safety in medication administration by common routes
 - Intravenous

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- IM, SC, Oral
- Dermal patch
- Skills and legal aspects of care such as:
 - application of restraints
 - CPR
 - assisting with nursing care during procedures such as
 - electroconvulsive therapy
 - DNRs, advanced directives
- Nursing process conducted on a regular schedule with completeness and accuracy
- Physical Assessment skills are used to evaluate both physical and psychosocial functioning.
 - lung, heart, neuro, skin
 - mental status
 - relevant labs for baseline and monitoring

17.0 Develop an awareness of *complementary modalities* and their usefulness in promoting health for persons coping with psychiatric disorders.

- 17.1. Assesses complementary modalities being used by individuals with psychiatric and substance use disorders.
- 17.2. Evaluates the evidence for complementary modalities with persons who have psychiatric disorders.
- 17.3. Advocates for complementary modalities consistent with a person's worldview to promote stress management and promote healthy coping behaviors.
- 17.4. Investigates the possible adverse and/or interaction of alternative/complementary modalities with conventional psychiatric/addictions care.

Sample Content:

- Complementary methods for: stress reduction, methods to promote sleep and relaxation
- Practice –based evidence for complimentary modalities
- Identification of cultural manifestation of stress
- Theories in mind-body relationships
- Pathophysiological understanding of the interrelationship of anxiety/depression with immune and endocrine systems
- Define complimentary modalities that are compatible with conventional treatments and alternative treatments that are used in lieu of conventional treatments. The most frequent complimentary modalities are: acupressure, aromatherapy, biofeedback, guided imagery, healing presence, humor, journaling, music therapy, meditation, relaxation, and therapeutic touch/healing touch.

18.0 Develop an appreciation of patients as well as healthcare professionals' spiritual beliefs and values and how those beliefs and values impact health care.

- 18.1 Describes importance of spiritual care as a right for persons receiving healthcare.

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- 18.2 Discusses crisis factors such as fear and loneliness often experienced during serious illness that stimulate need for spiritual care.
- 18.3 Discusses role of spiritual care when cure is not an expected outcome of illness.
- 18.4 Discusses the essential nature of spirituality to healthcare workers who care for persons who are seriously ill.
- 18.5 Defines need area of spiritual care in organizations at a time when moral, ethical, and spiritual concerns arise secondary to limited allocation of resources.
- 18.6 Lists common clinical areas for spiritual care intervention such as acute care; palliative care, long term care, addiction and recovery and mental health sites.
- 18.7 Values importance of patient variables such as culture, religion, pharmaco-genomics, and socio-economic factors on medication outcomes.
- 18.8 Values importance of developing appreciation of patient variables such as culture, religion, socio-economic status and family beliefs

Sample Content:

- Spiritual resources viewed as helpful to the mental health care consumer in times of crisis
- Interventions to assist patients find meaning in suffering thru lens of spirituality essential to holistic care
- Increased level of trust in health care provider when provided opportunity to discuss spirituality
- Spiritual care as essential aspect of holistic care and incorporates hopes, fears, and beliefs
- Recognize and respect health care provider spirituality
- Nurture spirituality to enhance compassionate care provider *functioning*
- Spiritual distress includes disturbances in the belief or value system that provide strength, hope and meaning to life
- National groups in nursing and medicine researching and applying spiritual *aspects of effect on* illness and recovery
- Clear definition of spirituality vs. religion

19.0 Recognize and manage common psychiatric syndromes.

- 19.1 Assesses and responds appropriately to level of risk (ANA) involved in experiences of depression, suicide, psychosis, aggression (violence) and substance abuse and dependence across the life span and across clinical encounters/sites of care
- 19.2 Recognizes the complex interaction of various physical conditions and common psychiatric syndromes, emphasizing the role of personal, environmental, cultural and spiritual factors involved for each individual client
- 19.3 Applies knowledge of signs and symptoms of common psychiatric syndromes in observing, assessing, and planning nursing care, including:
 - a. Psychosis
 - b. Depression
 - c. Suicidal ideation/behavior

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- d. Rage/aggression
 - e. Delirium
 - f. Dementia
 - g. Substance abuse/dependence
 - h. Acute drug intoxication/poisoning
 - i. Acute substance withdrawal
 - j. Anxiety, including PTSD and panic
 - k. Side effects or adverse effects of psychotropic medications
 - l. Drug interactions, psychiatric side effects or adverse effects of medications used to treat physical conditions
 - m. Nicotine dependence
 - n. Common geriatric syndromes
- 19.4 Uses evidence-based instruments to assess risk for or level of co-morbidity of physical conditions and common psychiatric syndromes:
- a. Mini-mental Status exam (e.g. Folstein)
 - b. Full Mental Status Exam
 - c. Depression Scales (e.g. Beck)
 - d. Anxiety Scales (e.g. Beck)
 - e. Suicide Assessment Scales
 - f. Substance Use/Abuse Scales (e.g. Cage, Trauma, CIWA etc.)
- 19.5 Applies appropriate therapeutic interaction skills and strategies to assess and manage symptoms of common psychiatric syndromes co-occurring with physical illness
- 19.6 Applies psychiatric nursing skills and strategies including medication, close observation, restraint and referral as necessary to manage symptoms of common psychiatric syndromes co-occurring in clients with physical illnesses, emphasizing client dignity and the legal and ethical implications of these actions
- 19.7 Documents accurately all observations, assessments and interventions related to managing symptoms of common psychiatric syndromes in physical care settings
- 19.8 Collaborates with the interdisciplinary team to plan further assessment and management of symptoms of common psychiatric syndromes for clients in physical care settings.

Sample Content:

- Knowledge about signs and symptoms of common psychiatric syndromes, and co-occurring disorders
- Knowledge about risk factors for common psychiatric syndromes co-occurring with physical illness in general and with particular physical illnesses
- Skills development in administering, scoring and analyzing data from evidence-based assessment instruments
- Knowledge about therapeutic communication rationales and skills to assess and manage symptoms of common psychiatric syndromes in clinical care settings
- Knowledge and skills development regarding application of mechanical or chemical means to manage symptoms of common psychiatric syndromes

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- Knowledge about pharmacological side effects and adverse effects of psychotropic medications and possible psychiatric adverse effects of medications used to treat physical illness
- Interdisciplinary collaborative skills development

20.0. Understand *the nursing role* and participate in disaster planning and response with an awareness of environmental factors and the risks they pose to self and patients.

- 20.1 Recognizes and responds effectively to all patients across the lifespan affected by trauma and stress.
- 20.2 Modifies communication to account for variations in the patient's ability to comprehend and respond during a disaster.
- 20.3 Provides a safe, calm environment to aid coping skills in disaster situations.

Sample Content:

- Therapeutic interpersonal communication
- Crisis Intervention
- Differentiating normal emotional responses from psychiatric symptoms
- Knowledge of individual and group response to different types of crisis
- Information about immediate and long term response to crisis

21. Engage in caring and healing techniques that promote a therapeutic nurse-patient relationship with patients who have mental disorders, altered mental status and/or unusual behaviors.

- 21.1 Applies therapeutic communication techniques in care practices with persons experiencing common psychiatric symptoms such as hallucinations, delusions, and decreased production of speech.
- 21.2 Demonstrates caring concern for people suffering from psychiatric disorders.
- 21.3 Engages the patient with mental health problems and psychiatric disorders in an active partnership based on therapeutic alliance.
- 21.4 Assumes responsibility and accountability for one's own behavior within a therapeutic nurse-patient relationship
- 21.5 Maintains professional boundaries while implementing a therapeutic nurse-patient relationship.
- 21.6 Role models tolerance of variations in behavior in people with mental disorders and respect for the diversity of human experience

Sample Content:

- Variations in therapeutic nurse-patient relationships and relationship development with patients with altered mental status and mental disorders.
- Strategies that promote safety while implementing a caring nurse-patient relationship

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- Self awareness techniques to help the student nurse alter behavior that creates barriers to therapeutic nurse-patient relationship with patients who have mental disorders

22.0 Demonstrate tolerance for the ambiguity and unpredictability of the world and its effect on the behavioral health of populations they care for as nurses.

22.1 Understands the nature of ambiguity and its influence on health care systems

22.2 Prepares to cope with unpredictability in patients, health care systems, and their own ecosystem,

Sample Content:

- Knowledge about the effects of crisis on individuals and groups in a variety of settings where behavioral health care is provided by nurses
- A model of crisis intervention that acknowledges that an unpredictable world may adversely influence behavioral health status
- Knowledge about prioritizing behavioral health needs in a time of crisis.
- Skill development in understanding the personal influence of ambiguity and an unpredictable world as they provide nursing care.
- Development of creative problem solving skills applicable to times of crisis and unpredictability in a variety of settings
- Awareness of global crises and implications for nursing intervention

SUGGESTED STRATEGIES FOR LEARNING

(collated and organized by Pearson 3/1/09)

Knowledge

- Psychiatric assessment
- Psychosocial assessment
 - Mental status
 - Family assessment
 - Use of screening instruments
 - Influence of physical health on mental health
 - Neurobiology of the brain
- DSM IVTR Diagnoses
- Definition of co-morbidities
- Motivational interviewing
- Learning theory
- Prominent psychiatric treatment modalities (individual, family, and group therapy)
- Medication management including symptoms, side effects, and client education needs
- Communication skills
- Use the research literature to critique evidence based interventions
- Prepare and deliver a poster presentation on psychiatric mental health clinical issues

Practicum-based Activities

- Role-playing with peers
- Develop** a nursing care plan
- Develop a family genogram using self or peers
- Practice psychiatric interviewing with peers
- Clinical and classroom experiences that focus on medication effects, side effects, common drug interactions, lab monitoring, and approaches to medication administration
- Videotape client interactions
- Use journals to explore role of spirituality in nursing care
- Identify elements of counter-transference and transference that influence care
- Use videos, web sites, and simulations as enhancements to lectures
- Invite consumers (clients or family members) to speak to students

Patient-Centered Activities

- Interview family members regarding the stress of coping with the mental illness of a family member
- Attend a support group for families coping with the mental illness of a family member
- Invite clients and family guests to classroom to talk from first person about issues such as adherence, self determination, culture and disparities experienced
- Evaluate a continuum of care for a client experiencing a psychiatric disorder
- Evaluate a client's living situation for safety, structure, and support
- Participate in discharge planning meetings with client and family members present
- Conduct an assessment for medication side effects
- Conduct a suicide/homicide assessment
- Role play multiple responses to changes in client behavior
- Examine alternative meanings of client behavior

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- ❑ Clients and family guests to talk from first person

System-Centered Activities

- ❑ Visit group homes and mental health support groups
- ❑ “Shadow” a psychiatric home care nurse
- ❑ “Shadow” a nursing member of a Psychiatric Assertive Community Treatment (PACT) team
- ❑ Environmental scan for potential sources of safe and unsafe patient care environment for vulnerable clients such as suicidal, cognitively impaired, detoxing
- ❑ Participate in a team to develop strategies to reduce harm to self and others
- ❑ Participate in training to learn methods of resolving conflict and managing aggressive behavior
- ❑ Role play identifying and reporting errors and near misses to a person higher in the chain of command
- ❑ Defining the potential situations that lead to ambiguity and unpredictable responses that involve behavioral health
- ❑ Understand human response in unpredictable events as it interacts with behavioral health
- ❑ Clinical and classroom teaching that integrates behavioral health responses occurring in populations faced with unpredictable events
- ❑ Attend Twelve Step meetings

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APPENDICES:

- I. Essentials of Psychiatric Mental Health Nursing In the BSN Curriculum: A Joint Project of the ISPN Education Council and SERPN Division; April, 2005**
- II. Mental Health Competencies; OHSU OCNE PMH competency task group; 6/15/05**
- III. Substance Use Websites**
- IV. Mental Health Websites**

APPENDIX I

Essentials of Psychiatric Mental Health Nursing In the BSN Curriculum: A Joint Project of the ISPN Education Council and SERPN Division; April, 2005

During the period from 1998 to 2004, the significance of mental health issues in contributing to the mortality and morbidity of populations world-wide has been increasingly documented. It has been identified that approximately 450 million people suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse (World Health Organization, 2001). The World Health Organization (WHO) has also identified that “understanding how inseparable mental and physical health really are, and how their influence on each other is complex and profound... WHO (also states that) mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries and must be universally regarded in a new light (WHO, 2001, p ix).”

Mental health has also been identified as a national health priority by Healthy People 2010 (<http://www.healthypeople.gov>) and the US Surgeon General (<http://www.surgeongeneral.gov>). This report, developed by a consortium of 400 national membership organizations, state and territorial health departments, and key national associations of State health officials, identified nine priority health indicators related to mental health/substance abuse concerns. The priorities include: tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, and access to health care. Furthermore, in 1999, the first ever White House Conference on Mental Health was convened. The U.S. Surgeon General presented the first report (DHHS, 1999) on the mental health of the nation in which the inextricably intertwined relationship between mental health, physical health and well-being were noted. The report presented a challenge to the nation, communities, health care providers, and policy makers to take action as mental health issues are important health concerns for all ages. This landmark report was an undeniable call to make the mental health needs of the nation imperative.

Although the opportunities for mental health care world-wide vary according to each setting’s resources and priorities, the avenues through which mental health needs must be addressed are at the primary, secondary and tertiary levels. Even as the United States has been identified as a nation with a high level of mental health resources (WHO, 2001; The President’s New Commission on Mental Health [President’s Commission], 2003), it is still plagued by a “lack of national priority for mental health and suicide prevention, and fragmentation and gaps in care (across the life span) (President’s Commission, 2000, p. 3).”

The International Society of Psychiatric Mental Health Nurses (ISPN) recognizes and supports the importance of mental health to the overall well-being of each individual. As part of this understanding, our international organization identifies that the task of promoting mental health is multifaceted. In addition to providing direct care, professional education, consultation, combating stigmatization, improving access, furthering research, advocacy and policy development are each facets for improving mental health care. Because a comprehensive approach to mental health care is multidisciplinary and collaborative, Nursing has an integral role in affecting the mental health of millions of people through the use of unique skills, and by nature of the numbers of nurses who interact with clients in a variety of settings. *The President’s Commission Report* (2003), *The World Health Report 2001* (2001) and the most recent *Mental Health, United States, 2002* (Department of Health and Human Services [DHHS], 2004) identify that nurses play a key role in the delivery of mental health care at all levels of intervention and that there is a need to improve and expand this workforce providing evidence –based mental health services and supports.

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As part of their leadership role, ISPN has identified that the educational preparation for the practice of psychiatric nursing begins at the pre-baccalaureate level (DHHS, 2004). Communication and therapeutic interpersonal relationships are critical components that must underlie all nursing skills. Given the critical role of nurses in all areas of health care, their ability to affect the emotional wellbeing of clients regardless of the setting and the need for exemplary mental health service delivery (informed by effectively prepared nursing professionals) the following curriculum is recommended for implementation.

Table 1

Guidelines for Undergraduate Education in Psychiatric Mental Health Nursing (PMHN)

****see definitions below**

Insert Table from document at <http://www.ispn-psych.org/>

APPENDIX II

Mental Health Competencies --OHSU OCNE PMH competency task group 6/15/05

Donna Markle, RN, PMHNP (Oregon Health & Science University, Ashland Campus),
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Liz LeCuyer PhD PMHNP (Oregon Health & Science University, Portland Oregon)

What every RN should be able to do/handle

1. Communicate with cognitively impaired persons, including the potentially violent person.
2. Establish therapeutic communication and relationships with individuals across the lifespan
 - a. With individuals who are experiencing acute and/or chronic illnesses
 - b. With anxious individuals
 - c. With depressed individuals
 - d. With psychotic individuals
3. Assess an individual for suicide risk
4. Teach individuals across lifespan about ways in which to maintain mental health
5. Differentiate between major depressive disorder and grief/loss, and respond/or refer appropriately.
6. Differentiate depression, delirium, dementia, psychoses; collect relevant collateral information in order to make decisions about appropriate action and/or to make a case for appropriate medical treatment.
7. Recognize limitations and assure safety for self and others
8. Recognize consequences and signs (“red flags”) of substance abuse in individuals hospitalized for these problems; notice and respond appropriately to withdrawal from abused substances.
9. Participate in interventions directed toward prevention of substance abuse relapse.
10. Explain to clients and families the potential for various therapeutic treatment modalities ; communicate with client in a way that supports whatever treatment modality the patient is receiving.
11. Recognize signs and symptoms of methamphetamine abuse
12. Assess individuals & families about sensitive topics/issues including substance abuse, child and elder abuse, sexuality, suicide thoughts, other safety issues, domestic violence, eating habits/obesity. Second year: Recognize cultural issues related to this assessment, and handle appropriately. Interpret & respond appropriately, within the limits of their abilities, policies of clinical agency & resources available.
13. Recognize stigma and its impact on vulnerable clients.

Second year:

14. Every RN should be able to handle patients with psychiatric disorders –
15. Assess individuals and their families as in #12; respond therapeutically with minimal cuing to persons with psychiatric diagnoses including
 - a. Psychotic disorders
 - b. Anxiety disorders: including PTSD
 - c. Mood disorders.
16. Communicate therapeutically (including with those who are potentially violent) and establish relationships with persons with psychiatric diagnoses.
17. Intervene in mental health/psychiatric emotional crisis situations.
18. Recognize the value and role of groups, community-based treatment approaches, self-help groups such as AA.

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19. Recognize the role of psychopharmaceuticals in the treatment of mental disorders and understand the indications, target symptoms, and potential side and adverse effects of these drugs.
20. Recognize the impact of culture on presentation of mental health and illness, and in choosing appropriate information to gather (assessments) and choosing interventions.
21. Understand legal issues in working with mental health clients: pt rights, commitment laws, duty to warn.
22. See # 12 above; Second year: Recognize cultural issues related to this assessment, and handle appropriately. Interpret & respond appropriately, within the limits of their abilities, policies of clinical agency & resources available.

Other, regarding implementation of learning

Teaching approaches for psych-mental health:

1. Relationship with faculty is important for student acquisition of knowledge, skills.
2. Discussion about own responses and self-awareness when working with mental health issues
3. Students need experience in establishing a relationship with persons with psychiatric diagnoses (as in competency 16).
4. Intense, consolidated experience with people with psychiatric diagnoses is needed, not to be replaced by role play, or sim-lab experiences.
5. Practice in a setting where mental health issues are predominant is necessary in the 3rd year of program (2nd year of nursing program)
6. Psych faculty needed to teach psych-mental health concepts and clinical.
7. Modular approach can be used in second yr for content (first year of nursing program)

Pathophys: (should be in those courses)

- Relationship between alcohol abuse and physiological consequences
- Neurobiological basis for psychiatric disorders

Other considerations/recommendations:

1. We would like to approach all of these topics from a lifespan approach.
2. We would like to approach all of these topics along the care continuum including in health promotion, acute care, chronic care, and population-based care.
3. We suggest a basic curriculum thread of including human sexuality as a component in wellness, as well as acute and chronic illness.
4. We would like to recommend that assessment/intervention re: pediatric and gero abuse be included in other specialty groups such as community/public health.

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APPENDIX III

Substance Use Websites

- National Center for Chronic Disease Prevention and Health Promotion
<http://www.cdc.gov/nccdphp>
- National Institute on Drug Abuse
<http://www.nida.nih.gov/>
- Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov/>
- National Clearinghouse for Alcohol and Drug Information
<http://www.health.org/>
- National Center on Addiction and Substance Abuse (CASA)
<http://www.casacolumbia.org/>
- *National Institute on Alcoholism (NIAAA)*
<http://www.niaaa.nih.gov/>

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APPENDIX IV

Mental Health Websites

- *National Institute of Mental Health*, <http://www.nimh.nih.gov/>
- *Mental Health Data and Statistics*, <http://www.cdc.gov/mentalhealth/data.htm>
- Substance Abuse and Mental Health Services Agency, <http://www.samhsa.gov>
- Substance Abuse and Mental Health Data Archive (SAMHDA), supported by the Substance Abuse and Mental Health Services Agency, provides free, ready access to comprehensive research data and promotes the sharing of these data among researchers, academics, policymakers, service providers, and others.
- Epidemiology of Mental Illness, a section from Mental Health: A Report of the Surgeon General
- Fact Sheets from Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General
- The Global Burden of Disease study, conducted by the World Health Organization, the World Bank, and Harvard University
- ChildStats.gov: Access to statistics and reports on children and families
- Healthcare Cost and Utilization Project (HCUP) - a family of health care databases and related products sponsored by the Agency for Healthcare Research and Quality (AHRQ). This site includes HCUPnet, a free, on-line query system with instant access to the largest set of publicly available all-payer hospital care databases.
- Mental Health America, <http://www.nmha.org>
- National Alliance on Mental Illness, <http://www.nami.org>
- National Association for Rural Mental Health, <http://www.narmh.org>
- Center for Disease Control and Prevention: Mental health work group, <http://www.cdc.gov/mentalhealth/>
- The Carter Center, <http://www.cartercenter.org>