As I end my term as President of ISPN I am proud to give you a "State of the Society" summary. The society is on good financial ground and is growing with the addition of a fourth division.

The dream we had five years ago to bring three specialty organizations together to form a stronger voice for advanced practice psychiatric-mental health nurses has more than come true. We have grown to four divisions representing all aspects of advanced practice psychiatric nursing. It has been a privilege to serve as President when we have grown to true international status. We have a number of members outside the United States and have collaborated with the Pan American Health Organization and Sigma Theta Tau International to assist in the establishment of competency for psychiatric nursing in Latin America. Our partnerships and alliances have grown and we are a major player in the mental health arena. During these past two years we have fine tuned our focus on advanced practice nursing.

The Education Council and SERPN have partnered with other nursing organizations to develop widely accepted practice competencies and education guidelines for our specialty. SERPN has also established a network for directors of graduate programs in psychiatric nursing. The Research Council has established priorities for the society and launched a focus on evidenced-based practice. The Legislative Council has increased communication with members about key issues through the ISPN Web site. The Practice Council has begun the revision of our existing practice guidelines and position statements as well as developed a new position statement on palliative care.

ACAPN has strengthened relationships with interdisciplinary child and adolescent groups to advocate for appropriate and quality care for youth in a shrinking delivery system. ACAPN has also begun to study the chapter model and how to better meet member needs. ISPCLN developed a comprehensive and popular practice guideline for Alcohol Withdrawal Syndrome and published the study of the core curriculum to prepare a consultation/liaison nurse. ISPCLN is also addressing the need to document the difference PCLN nurses make in patient outcomes. Our new division--Adult & Geropsychiatric-Mental Health Nurses (AGPN)--has established goals and is developing a full agenda with the addition of new members every month. ISPN is a Charter Member of the newly formed Nursing Organization Alliance. We value collaboration and understand the power in working together.

Services to members have been increased with a revision of the ISPN Web site and the addition of Legislative Alerts. The site has a member directory with easy access by all members, and very soon will feature a free CE offering. Also, we have just secured a new target e-mail system to facilitate quick and cost effective communication with members. If you have not received a message from ISPN by e-mail, please be sure our management office has your current/new e-mail address. You can send your e-mail, ideas, and questions to the ISPN e-mail: ispn@rmpinc.com. With the addition of AGPN, a third journal has been added to our choices, Perspectives in Psychiatric Care.

(Continued on pg. 3)
I hope each of you is looking forward to ISPN’s Fifth Annual Conference. This year the conference will be in Charleston, South Carolina, a wonderful city with beauty and historic interest. April 23-26 will be perfect weather, with gorgeous flowers in bloom. In addition to the great presentations, the Program Committee this year has included social events that will help us to relax and get to know each other. See you there!

The ACAPN Chapter project continues to be a challenge. The records simply do not reflect what we know to be true. The national office is working with us to try to resolve the discrepancies. We are developing a survey form to try to get accurate information. We will report on the results of the survey at the annual meeting in Charleston.

We are excited about the new members joining ACAPN and extend to them a very heartfelt welcome. Please let us know what we can do for you. Visit the ISPN Web site and participate fully in all the opportunities. You will find much to enhance your practice, and you can contribute to the organization from your creativity and experience.

The Eighteenth Annual Rosalynn Carter Symposium on Mental Health Policy focused on the “Status Report: Meeting the Mental Health Needs of the Country in the Wake of September 11, 2001.” I represented ACAPN/ISPN at the annual event, which was held on November 6 & 7, 2002. The symposium provides an opportunity for representatives from various professions to dialogue about mental health issues. A written report based on the group work at this symposium will be produced and distributed to the participants.

Schoolteachers were a focus of one presentation: A study by Dr. Betty J. Pfefferbaum from the University of Oklahoma Health Sciences Center found a need for support for the teachers and demonstrated that the support enabled the teachers to provide more effective counseling for children exposed to disasters or terrorism. Additional useful information was presented by Dr. Robert Pynoos of the National Child Traumatic Stress Network (NCTSN). NCTSN is funded by the Substance Abuse and Mental Health Services Administration and is accessible through the Web site www.NCTSN.net.

ACAPN/ISPN has been invited to join the World Federation for Mental Health (WFMH), an organization that has consultative status with both the United Nations and the World Health Organization. A goal of WFMH is “to increase the number of United States-based national mental health organizations among the Federation’s membership.” The possibility of a closer working relationship with the Federation of Families for Children’s Mental Health is being explored. Additionally, ACAPN/ISPN is hoping to partner more with the American Orthopsychiatric Association (ORTHO) as it reorganizes and moves its national office to the DC area.

We continue to receive inquiries about membership, meetings, and clinical issues from around the world. We appreciate the correspondence and look forward to even more.

As always, I invite your feedback, look forward to comments, requests, and suggestions! ▼

AGPN
DIVISION REPORT
Evelyn Parrish, MSN, RN, CS, ARNP
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The AGPN leadership has been focused on brainstorming and prioritizing potential projects. The first initiative we have undertaken is to produce a preconference (at this year’s conference), “Care of the Older Patient: Neurobiological and Psychopharmacological Challenges.” Presented by Mary Ann Boyd, PhD, APRN, BC, and Susan McCabe, EdD, RN, CS, this program will be a half-day session on an overview of the neurobiology of the older adult given the consideration of some psychiatric disorders and their appropriate pharmacological treatments.

We met recently to discuss potential projects for the upcoming year. Included in the discussion was the suggestion to pursue a position statement relating to the care of the client with schizophrenia. Inherent in the project analysis was the understanding that AGPN is in a unique position to have its projects underwritten by industry partners with the same advocacy goals. The partners we have talked with have been open to the idea of pursuing advocacy initiatives directly beneficial to the patients we serve.

I will continue to keep you posted on new developments as they arise. Additionally, if there are projects you would like to include and/or be a part of, please let me know. I look forward to seeing you in Charleston, SC April 23-26 for the Fifth Annual ISPN Conference! ▼

ISPCLN
DIVISION REPORT
Karen Ragaisis, MSN, APRN, CARN, BC
Division Director
Kragaisis01@snet.net

I n my home state of Connecticut, the first in a series of a stream of state employees layoff has begun as a response to growing budget deficits. People are out of work. Medical and social services cuts are impacting the day-to-day lives of patients. Concurrently, nursing lead-
President’s Message (continued)

I have been most fortunate to serve with a very supportive and active board. The board has worked hard to streamline the business of the society and to meet the goals set in the ISPN Strategic Plan. I also want to thank the Committee Chairs and their committee members, as well as the members of the councils and officers of the divisions, for their work and support during my presidency. Our liaisons to the mental health community deserve a well-earned thank you. Finally, I want to thank each member of ISPN. I cannot think of a time in the last two years when my requests for assistance have not been met with eager participation. Please keep your membership active and encourage all your colleagues to maintain their membership as well. We are only as strong as our members.

I pass the torch to our new President, Lynette Jack, with confidence that ISPN is strong and will continue to make a difference in the care of those with mental health issues. I will always feel at home with all of you, knowing we are like-minded and deeply committed to the promotion of mental health and the care of individuals and families who must deal with mental illness.

Best Wishes,
Linda Finke
PhD, RN, President, ISPN

Practice Council Report

One of the goals the Practice Council identified last year was completion of a position paper on palliative care. We are happy to report the work has been completed and sent to the Governing Board for review and approval. The council plans to share the finished product at the annual ISPN conference in April. We believe the document works to highlight the need to include the mentally ill along with the medically ill as consumer recipients who deserve quality palliative care. The document addresses ethical issues and recommends eight psychiatric-mental health initiatives related to advocacy, research, practice, education, and policy.

The council was also asked to review and provide feedback on the JCAHO Proposed Standards for Patient Safety for Home Care. Online feedback was provided to JCAHO in mid December. The standards focused primarily on environmental risks to safety within organizations, risk management, reporting/communication processes, prevention of adverse events, ways for organizations to promote safety; and ethical issues related to client and family knowledge of care, care outcomes, and unanticipated outcomes. The next goal of the council is to focus on facilitating revision of the Practice Council.

Research Council Report

By the time you are reading this, the ISPN conference in South Carolina will be about to occur. The Research Council’s presentation for this year is focusing on “Practitioner Research and Beyond: Stories and Lessons Learned.” Many psychiatric nurse researchers began their research careers addressing practice issues. Sometimes this has been in collaboration with nurses in clinical practice, at other times it has been doing research in practice settings where they work. Vicki Hines-Martin, Kathleen Scharer, Sarah Farrell, and I will make up the panel of researchers who will share their journeys and recommendations from their research experiences; Catherine Kane will facilitate the panel. We hope this will be useful information for beginning researchers and validation for those in the midst of a research career. Linda Finke will present on evidence-based practice, and other presenters will present their research.

We expect that we will once again announce the ISPN research grant recipients at the conference, and we will give awards for exemplarily research-based poster sessions.

The research our colleagues are doing is very important in moving both science and practice forward. We hope that many of you attending the conference will benefit from participating in some of these research-based events. For those of you working clinically who have clinical concerns or innovative practices that would benefit from systematic evaluation, explore collaborating with a nurse researcher to address those concerns and document the benefits of your innovations.
The Second National Conference on Children and University of Maryland School of Nursing
Sally Raphel, MS, APRN, CS-P, FAAN
Full 3 days $280; Conference only $180; Pre-Conference only $100.
June 12 and 13, 2003; Pre-conference June 11th
“Gateway to Treatment: Linking Service Systems for Mental Health”

Lorna Barrell, PhD, RN, Jeanne Clement, EdD, RN, and Family Violence) presented by Patricia Howard, PhD, RN,

McCabe, EdD, RN, CS, presents session, with Mary Ann Boyd, PhD, APRN, BC, and Susan McCabe, EdD, RN, CS, presents “Care of the Older Patient: Neurobiological and Psychopharmacological Challenges.”

The conference will be ushered in in grand style with an opening reception on Wednesday celebrating ISPN’s Fifth Anniversary. Dr. Tony Butterworth, CBEM, FRCP, presents keynote address, “Innovation in Workplace Planning and Development in Mental Health Care.” Friday will begin with a breakfast symposium, “Developing Integrated Practice Guidelines” (ADHD & Family Violence) presented by Patricia Howard, PhD, RN, Lorna Barrell, PhD, RN, Jeanne Clement, EdD, RN, and Mary Ann Boyd, PhD, APRN, BC.

This year’s theme is Promoting Children’s Mental Health by Linkages of Juvenile Justice and Health Care Systems. Hear the Honorable Jeri Cohn and David Mitchell, nationally renowned judges and this year’s plenary conference speakers, share their experiences with models linking health care services with juvenile justice system. Learn from Bernardo Rosa, California Community Organizer for adolescent male health and social services, about new initiatives for local action. Interdisciplinary presenters from social work, the school system, and nurses involved with the Family Court System will highlight innovative programs and service systems linked to juvenile justice, social welfare, and health care.

The conference will be a luncheon symposium on Friday. Geoffrey McEnany, PhD, Mary Neihart, MA, APRN, and Andrew Carter, MD, will present a review of antipsychotic pharmacotherapies. The conference will close with a plenary session by Linda Finke, PhD, RN, “Is Psychiatric Nursing Evidenced-Based?”

A total of 46 concurrent sessions will be presented during the 2 full days of the conference. The sessions offer a variety of topics including education, research, consultation/ liaison, child/adolescent, and adult/geriatric issues. The poster sessions will include 33 presentations displayed during the conference.

Come, join friends and colleagues on Thursday evening for “A Ghoulish Time!” Choose between two separate tours or enjoy an entire evening of fun! Start the evening with a carriage ride through historic Charleston with dinner at Sticky Fingers, and/or Dinner at Sticky Fingers and a guided ghost walk. The events are $35 each or $45 for both. Please sign up for this exciting evening when you register for the conference. Back by popular demand is the RAFFLE, so bring extra cash to purchase tickets for the opportunity to win one of several wonderful prizes.

SEE YOU IN CHARLESTON!
ers everywhere are repeatedly asked to scrutinize their budgets in order to eliminate line items that do not increase efficiency, generate revenue, or add value. I believe the potential is high for the role of the PCLN to come under this sort of scrutiny.

As practicing PCLNs we know the value of our work but are the people who “buy” our services as aware? How are PCLN positions changing? Who among us is pioneering a PCLN practice in a new setting? Looking to expand the role into other service sites? Needing to develop a stream of revenue generation to enhance viability in their organization? Given the continuing economic stagnation and the escalating cost of health care, it is imperative that we continuously sell our knowledge, skills, and abilities.

What is your “product?” Bridges (1997) suggests the term product is more useful than service. He explains that products meet unmet needs, are easy to budget for, and simple to justify on a cost-benefit basis. It forces the seller to think of features, benefits, competitiveness, and value. According to Robin Roffer (2000), author of Make a Name for Yourself, branding is one strategy with which to market your product. “Branding” is a process that helps a product create an emotional connection with its audience and distinguish itself from the crowd. Roffer cites the need to create a simple speech that can be delivered in 15-30 seconds. This soundbite “captures the essence of what you have to offer, creates interest and enthusiasm for it and enhances your working image...it’s the verbal equivalent of a logo that will come to people’s minds when they hear your name” (p. 33). To increase the utility of your product in the mind of your customer, Roffer suggests clearly defining your specific features and benefits. Remember, many people tune into the radio station WIFM (what’s in it for me)! Roffer’s book outlines strategies PCLNs can use to create what she calls a “tagline” and address fears of changing.

The customer will value something they believe will help them function well in roles they consider normal (Newell & Pinardo, 1998). Our customers want “real information, practical advice and honest, immediate responses. They want help navigating the system” (p. 71). I believe the PCLN is a practitioner who has the right training and role flexibility to meet customer needs (at any level in the system) in the right spot at the right time.

When you create a brand you become more than the sum of your parts. You are no longer one more among many but a specialist who can do a job better than anyone else. Wouldn’t all patients/families/staff/systems deserve a PCLN like you?

REFERENCES

SERPN
DIVISION REPORT
Kathleen R. Delaney, DNSc, RN
Division Director
Kathleen_r_delaney@rush.edu

Did you know that currently in the U.S. there are an estimated 26,000 psychiatrists, 88,000 psychologists, 97,000 social workers, and about 17,000 advanced practice psychiatric nurses? What would you guess is the largest professional discipline of mental health providers? You are correct if you picked counseling at approximately 110,000 registered members. We know a considerable amount about who and where these professionals are, less about what they are actually doing. For the last year I have been studying that problem via participation in the Center for Mental Health Services (CMHS), Human Resources Data Workgroup. CMHS is a division of the Substance Abuse and Mental Health Services Administration. CMHS plays a vital role in shaping mental health delivery, probably best demonstrated in its biannual publication, Mental Health U.S., which should be published this spring. It will be available in print or off the CMHS Web site at www.mentalhealth.org.publications/allpubs.

The Human Resources Data Workgroup is composed of representatives from nine professional disciplines, including nursing, psychiatry, social work, psychology, counseling, marriage and family therapists, pastoral counseling, sociology, and school psychology. The broad focus of the group’s work is tracking workforce trends. After a year on the task force I have become increasingly aware of the key role of data in understanding the mental health workforce’s capabilities and its vulnerabilities. Not just the well known dilemmas of the aging workforce, but also the emerging problems such as providing services to the increasing population of non-English speaking clients. The work of this CMHS task force is continuous, as one Mental Health U.S. is put to press the work on the next edition begins.

Psychiatric nurses’ participation on the task force is vital. Since we are a small group it is terribly important that we are able to articulate the role we play in mental health delivery systems. Equally important is that we understand our workforce size, its preparation, and development. Thus my plea–please continue to respond to our surveys and questions about your practice and for educators, your program and enrollment numbers. Please make sure
If you work in an organization of any size, by now you are well aware of HIPAA (Health Insurance Portability and Accountability Act of 1996). Indeed, most of us scrambled throughout the early winter to assure all would be compliant with the HIPAA privacy regulations that will go into effect April 14, 2003. The task may have seemed cumbersome, but it forced us to examine how we as providers protect patients’ written, oral, and electronic health records. The training on HIPAA helped prime all staff to examine practices that may lead themselves to inappropriate disclosure of patient information—e.g., your system’s faxing procedures. If you have questions about the thoroughness of your internal review, the SAMHSA Web site (www.hipaa.samhsa.gov) contains some useful guidelines for conducting a risk assessment on your privacy procedures.

Advanced practice nurses who bill electronically or even check benefits over the Web now understand they are members of a category named “covered entities.” As such, you should be gearing up for October 16, 2003 when the Electronic Transaction requirements go into effect. Per the HIPAA transaction requirements, providers will need to use a precise list of variables for all covered electronic transactions. Two SAMHSA Web sites should help providers navigate this new requirement. The SAMHSA site referenced above contains a list of new procedure codes for substance and mental health services. Another site, www.ds2kplus.org, deals with how a HIPAA mapper will work, that is, how the program will translate some of your commonly used variables into HIPAA language. For instance, HIPAA will use ICD-9 codes. However, if you use DSM IV-TR codes, the HIPAA mapper will translate your codes into ICD-9-CM language.

The third phase of HIPAA will introduce new security regulations. These regulations will deal with electronic security and identifying any potential vulnerabilities in your system. The Department of Health and Human Services has not released the final security regulations nor the procedures to address deficiencies. Since the anticipated date of release is unknown, it would be best for providers to keep abreast of announcements via the HIPAA Web site.

HIPAA is a foreshadowing of how behavioral healthcare data will be handled in the very near future. Insurance companies are already requiring electronic submission of claims. Once you begin to participate in any sort of electronic submission, the new HIPAA system will, in a sense, identify you. At any point after that you may be asked to demonstrate compliance with other parts (privacy/security) of the HIPAA regulations. Thus, the wheels of the HIPAA electronic transmission regulations have begun with insurance claims and it would be difficult, if not impossible, to sidestep the movement toward electronic commerce in health care.

When one looks beyond the labor involved with HIPAA compliance, the benefits of the system are significant. One, electronic transmission of data did put patient confidentiality at risk. Our current system of Xeroxing requested health information, some of which may be held in the bowels of medical records, made releasing health information a bit cumbersome. Think of electronic records and data transmission being just a click away. In that sense, the HIPAA regulations are needed protection.

A second significant benefit will be the behavioral health data that can be culled from HIPAA transaction records. When the language and format of transactions are standardized, the data will be easily entered into a core data set, Decision Support 2000 (DS2000). The first elements of DS2000 will be the population, person, encounter data. As the system rolls out it will contain human resource information as well as outcomes and performance measures. Since advanced practice psychiatric nurses are a relatively small mental health provider group, this new system will be a tremendous asset that will help us identify who we treat, what we do, and the outcomes we achieve.

Thus, it is important that we keep up with the development of HIPAA and Decision Support 2000. Keep checking the HIPAA and DS2000 Web sites. For specific updates on DS2000, another useful site is www.mhsip.org/DS2K+.htm. Finally, the Center for Mental Health Services/SAMHSA is planning a series of conferences for provider groups on the specifics of HIPAA and DS2000. The plan is that they will be offered as both live and audio-interactive conferences. As we learn them, the specifics of these conferences will be posted on the ISPN Web site.
The Education Council continues to work on the revision of the educational curricular guidelines, and we have had both success and excitement in this work. As a joint ISPN/APNA endeavor, many individuals have contributed their time and talents. The undergraduate revisions have been completed. Our work, to revise the graduate educational guidelines has merged with a larger national effort to identify the competencies for the advanced practice level of psychiatric mental-health nursing. The National Organization of Nurse Practitioner Faculties (NONPF) is spearheading a project to develop and validate nationally recognized outcome competencies for the psychiatric-mental health nurse practitioner. ISPN was invited to join in that work, and it seemed a logical fit with the work of the Education Council. Partnering with both NONPF and APNA on this venture will allow a single set of competencies to be developed and have the many voices of our specialty come together in strength and in vision.

The set of competencies was initially developed by a national panel that included representatives from the American Association of Colleges of Nursing, American Nurses Credentialing Center, APNA, the ISPN, and the National Organization of Nurse Practitioner Faculties. Dr. Grayce Sills has served as special consultant to the panel, and the National Association of Clinical Nurse Specialists has participated as a guest. In the first phase of the project, the panel reviewed existing standards and work, developed by various organizations and developed a set of competencies that describe entry-level practice as a psychiatric-mental health nurse practitioner and builds on a set of core competencies for all nurse practitioners. The panel has reached consensus on these competencies. The next step is to validate the competencies using a process of external review. Once the competencies are identified, the ISPN educational council group will address the curricular issues required to produce such outcomes in our graduates. It is indeed challenging but important work, and we look forward to a full report at the ISPN conference in April.

Division Reports (SERPN continued)

your Psychiatric Nursing Graduate program is correctly registered with the American Association of College of Nursing (AACN) so we can obtain accurate numbers in their report on enrollment and graduations. To address the problems in mental health service delivery, we must work with government agencies. To work with the agencies that fund our programs and practice, we must have data. Thank you for your past and future help in providing the data that keeps our discipline visible.
Welcome! New Members
The individuals below have joined ISPN or a new Division.

Kathy Aferiat, TX, G
Winola Amodio, OH, A
Mary Bedard Gray, NJ, A
Elizabeth Black, CT, I, G
Rose Blakely, MD, I
Gayle Bowen, NH, G
Felicia Boyd, SC, G
Brian Bracci, MA, G
Susie Breitenstein, IL, A
Patricia Buls, ME, A, S
Karen Cheeseman, GA, S
Crystal Choi, NJ, S, G
Nancy Coffin-Romig, CA, G, S
Floresol Culpa-Bondal, GA, S
John Cutcliffe, BC, S, G
Mary Lou deLeon Siantz, DC, A
Rita Draheim, AK, A
Anne Dunn, WI, S
Mary Dwyer, RI, G
Sally Featherstone, OR, S
Judy Figueroa, NH, A
Meredith Flood, SC, G
Jan Funk, ME, A
George Glade, WA, G
JoAnn Graham, PA, G
Tina Grant, NY, A
Linda Gravette Gentry, KY, G, S
Mary Halamek, TX, G
Joanne Hall, TN, S
Kathleen Hammaker, AK, A
Cathy Hanson Heath, NJ, I
Sheila Harrigan Fitch, MD, S, G
Shelby Havens, FL, S
Maricruz Hidalgo, NY, S
Charla Jamerson, AR, A
David Keller, UT, S
Michael Kennedy, WA, S
Lauren Langley, LA, G
Suzanne Lee, MN, S
Mary Long, PA, G
Diane Magvary, WA, A
Sharman Martin, KY, A, S
Joan McCuen, NC, G
Mimi McKay, KY, A, S
Danielle Morgan, CT, G
Erin Morin, AR, A
Carol Overtoom, NJ, A
Carolyn Paige, IL, S
Trudy Paquin, CT, S
Michelle Plass, MA, S
Barbara Ann Priebe, IL, S
Anthony Puckey, NY, A
Maerin Renee, MN, A
Nora Roan, NJ, A
Eugene Robb, IN, S, G
Leslie Robbins, NM, S
Barbara Robison, ID, G
LuAnn Sanderson, KS, G
Ramona Scarborough, TN, G, I, A
Nancy Shuma, PA, G
Catherine Stuart, VA, G
Sher Suave-Demos, CO, G
Viva Tapper, WA, A
Christine Tobin, MA, G
Tina Tashouhas, WA, G
Dorothy Valin Osgood, IL, G
Elouie Wakefield, NJ, I
Nanette Watson, MI, A
Howard Weiner, MA, A
Mary Westerman, IL, G
Wilma White, MO, I, S
Denise Will, MI, I, G
Margaret Yard, NY, G

* The Letter following the member's state indicates the Division(s) the person has joined. A=ACAPN; G=AGPN; I=ISPCLN; S=SERPN

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