Psychiatric Mental Health Nursing
Scope & Standards

Draft Revision 2006

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Psychiatric Mental Health Nursing

Scope

Draft Revision 2006

Introduction

The nursing profession, by developing and articulating the scope and standards of professional nursing practice, defines its boundaries and informs society about the parameters of nursing practice. The scope and standards also guides the development of state level nurse practice acts, rule and regulations governing nurse practice.

Because each state develops its own laws regulating nursing, the designated limits, functions, and titles for nurses, particularly at the Advanced Practice level, may differ significantly from state to state. Nurses must ensure that their practice remains within the boundaries as defined by their state practice acts. Individual nurses are accountable for ensuring that they practice within the limits of their own competency, professional code of ethics and professional practice standards. The National Council of State Boards of Nursing (NCSBN) has made some progress (Compact and Model Practice Acts) to support standardization across states, recognizing that new trends in health care, including telehealth, require that nurses move more seamlessly between states to promote access to care.

Nursing practice is differentiated according to the nurse’s educational preparation that determines the level of practice. The nurse’s role, position description and work practice setting further define practice. The nurse’s role may be focused on clinical practice, administration, education or research.

This document addresses the role, scope and standards of practice, specific to the specialty practice of psychiatric mental-health nursing. The scope statement addresses the definition of psychiatric mental health nursing, its evolution as a nursing specialty, its levels of practice based on educational preparation, current clinical practice activities and sites, and current trends and issues relevant to the practice of psychiatric mental health nursing. The standards of psychiatric mental health nursing practice are authoritative statements by which the psychiatric mental health nursing specialty describes the responsibilities for which its practitioners are accountable.
DEFINITION OF PSYCHIATRIC MENTAL HEALTH NURSING

Psychiatric mental health nursing is a specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders. Psychiatric mental health nursing, a core mental health profession, employs a purposeful use of self as its art and a wide range of nursing, psychosocial, and neurobiological theories and research evidence as its science. Psychiatric mental health nurses provide comprehensive, patient-centered mental health and psychiatric care and outcome evaluation in a variety of settings across the entire continuum of care. Essential components of this specialty practice include health and wellness promotion through identification of mental health issues, prevention of mental health problems and care and treatment of persons with psychiatric disorders.

HISTORY AND EVOLUTION OF THE SPECIALTY

Psychiatric Mental Health Nursing as a specialty has its roots in 19th century reform movements to reorganize mental asylums into hospitalized settings and develop care and treatment for the mentally ill. (Church, 1982). The first organized efforts to develop psychiatric nursing started at McLean Asylum in Massachusetts in 1882. Early nursing leaders such as Harriet Bailey, Euphemia Jane Taylor and Lillian Wald supported the Mental Hygiene Movement and advocated for the acceptance of the emerging specialty of psychiatric nursing into the larger community of general nursing. The first nurse-organized training program for psychiatric nursing within a general nursing education program was established at Phipps Clinic at Johns Hopkins Hospital in 1913. This served as prototype for other nursing education programs. (Buckwalter & Church, 1979).

Under nursing leadership, psychiatric mental health nursing evolved from the narrow focus of medical models and mind-body dichotomy towards a biopsychosocial approach to mental illness including the concept of mind as expressed in behavior and adaptation to experience (Church, 1982). As early as 1914, Adelaide Nutting, a well-known nursing educator at Teachers College at Columbia, addressing a conference at the new Psychopathic Hospital in Boston emphasized the role that nursing could play, not only in promoting recovery from mental illness, but in prevention of mental illness through the educative aspects of nursing care (Nutting, 1926).

Psychiatric mental health nursing leaders played a critical role in identifying and developing relevant, specialized bodies of knowledge and securing the didactic and clinical experiences necessary for students to develop to achieve competence as mental health nurses. They were successful in promoting the integration of mental health concepts into general nursing educational programs facilitating a national public awareness of the inter-relationship of mental and physical health in achieving patient outcomes. Through their efforts, psychiatric mental health nursing practice moved far beyond the walls of state hospital institutions in meeting the mental health needs of the broader community (Church, 1982). This position and visibility became extremely important when the next wave of reform occurred in the 1940’s with the passage of the Mental Health Act.
ADVANCED PRACTICE PSYCHIATRIC MENTAL HEALTH NURSING

Specialty nursing at the graduate level began to evolve in the late 1950’s in response to the passage of the National Mental Health Act of 1946 and the creation of the National Institute of Mental Health in 1949. The National Mental Health Act of 1946 identified psychiatric nursing as one of four core disciplines for the provision of psychiatric care and treatment, along with psychiatry, psychology and social work. Nurses played an active role in treatment in meeting the growing demand for psychiatric services resulting from increasing awareness of post-war mental health issues. (Bigbee & Amidi-Nouri, 2000).

The first specialty degree in Psychiatric Mental Health Nursing, a Master’s Degree, was awarded at Rutgers University in 1954 under the leadership of Hildegard Peplau. In contrast to existing graduate nursing programs that focused on developing educators and consultants, graduate education in psychiatric mental health nursing focused on preparing nurse therapists who could assess and diagnose mental health problems and psychiatric disorders, and provide individual, group and family therapy. Psychiatric nurses pioneered the development of the advanced practice nursing role and led in establishing national specialty certification through the American Nurses Association.

The Community Mental Health Centers Act of 1963 facilitated the expansion of Psychiatric Clinical Nurse Specialist (CNS) practice into outpatient and ambulatory care sites. These master’s and doctorally prepared CNS’s fulfilled a crucial role in helping deinstitutionalized mentally ill persons adapt to community life. Traineeships to fund graduate education provided through the National Institute of Mental Health played a significant role in expanding the Psychiatric Clinical Nurse Specialist workforce. By the late 1960’s they were providing individual, group and family psychotherapy in a broad range of settings and obtaining third-party reimbursement.

Another paradigm shift occurred as research established the neurobiologic basis of the more severe forms of mental illness and as more efficacious psychotropic medications with fewer side effects were developed. Psychopharmacology assumed a more central role in psychiatric treatment. The role of the Psychiatric Mental Health Clinical Nurse Specialist evolved to address the expanding biopsychosocial perspective and the competencies required for practice congruent with emerging science. Many psychiatric graduate nursing programs added content related to neurology, pathophysiology and the medical management of psychiatric illness to their curricula, and prescriptive privileges became embedded in Psychiatric Mental Health Clinical Nurse Specialist roles in most states. (Kaas & Markley, 1998).
Other trends in mental health and the larger healthcare system sparked other significant changes in advanced practice psychiatric nursing. These trends included a shift in NIMH funds from education to research, leading to a dramatic decline in enrollment in psychiatric nursing graduate programs (Taylor, 1999); an increase in physical health problems in mentally ill persons living in community settings (Chafetz, White, Collins-Bride & Nickens, 2005); the shift to primary care as a primary point of entry for comprehensive health care, including psychiatric specialty care, and the growth and public recognition of the nurse practitioner role in primary care settings.

In responding to these challenges, psychiatric nursing graduate programs changed their curricula to include greater emphasis on comprehensive health assessment and referral and management of common physical health problems, in addition to continued focus on educational preparation to meet the state criteria and professional competencies for prescriptive authority. The tremendous expansion in use of nurse practitioners in primary care settings had made the title ‘Nurse Practitioner’ synonymous with ‘advanced practice nurse’ for many in the general public and in some state practice acts. Although Psychiatric Mental Health Nursing was not seeking a title change (Bjorkland, 2003), the specialty found itself drawn toward the use of the Nurse Practitioner title in response to market forces and state regulations (Wheeler & Haber, 2003; Delaney, et. al., 1999).

Currently, the titles used by Psychiatric Mental Health Clinical Nurse Specialists and Psychiatric Mental Health Nurse Practitioners are more reflective of the language in state practice acts and regulations. Psychiatric Mental Health Nursing Advanced Practice Nurses, whether a Clinical Nurse Specialist or Nurse Practitioner, share the same core competencies related to clinical and professional practice which suggest the core curriculum content for psychiatric mental health nursing graduate core curriculum content.

The findings of the Logistical Job Analysis conducted by the American Psychiatric Nurses Association and the American Nurses Credentialing Center in December, 2005 supported the fact that Psychiatric Mental Health Clinical Nurse Specialists and Psychiatric Mental Health Nurse Practitioners share one scope of practice and can be assessed with one exam (ANCC & APNA Summary Report, 1/17/06).

Although the American Nurses Credentialing Center (ANCC) currently offers certification exams for both the Psychiatric Mental Health Nurse Practitioner and Psychiatric Mental Health Clinical Nurse Specialist, there is currently little evidence of consistent differences in these roles nationwide. This has led to support within the specialty for use of the term Advanced Practice Registered Nurse—Psychiatric Mental Health (APRN-PMH) as the preferred title for advanced practice psychiatric nursing nationwide. ANA identifies Advanced Practice Registered Nurses (APRNs) as professional nurses who have successfully completed a graduate program of study in a nursing specialty that provides specialized knowledge and skills that form the foundation for expanded roles in health care.
CURRENT ISSUES AND TRENDS

The Need for Nursing in a Transformed Mental Health Care System

Major changes in the health care delivery system, practice patterns of health professionals, and funding continue to have a profound effect on mental health care and psychiatric–mental health nursing practice. Nationally, health care delivery systems, educational institutions, policy makers, and health professionals have been challenged to create a vision for mental health care delivery that reduces health disparities and embeds quality safety evidence-based practice, interprofessional practice, and cultural competence as essential dimensions of consumer-focused 21st century mental health care delivery and professional practice. (Allan et al, 2004; President’s New Freedom Commission, 2003; IOM, 1999, 2003, 2005; Stuart, 2004; Eddy, 2005).

Because mental disorders are a major health problem in the United States and internationally, a challenge has been issued to all core health professions, especially nursing, to identify, treat, and prevent mental illness. An estimated 22.1 percent of Americans aged 18 and older, about 1 in 5 adults, suffer from a diagnosable psychiatric disorder in a given year. Based on the 1998 US Census residential population estimate, this figure translates to 44.3 million people.

The 2002 World Health Organization Report cites depression as the number one health problem worldwide. Approximately 15 percent of the population with a psychiatric illness have co-occurring psychiatric illnesses; this co-morbidity predisposes them to a persistent course of chronic illness and increased utilization of mental health and other resources. Furthermore, 4 of the 10 leading causes of disability in the US and other developed countries are psychiatric disorders, that is major depression, bipolar disorder, schizophrenia, and anxiety disorders. The World Health Organization (2001) reports that psychiatric disorders account for 24 percent of all health-related disability, alcohol and drug use disorders for 12 percent, and Alzheimer’s and dementias for 7 percent. Adding these categories together allows one to conclude that fully 43 percent of all health-related disability is directly due to psychiatric disorders.

The overall prevalence of psychiatric disorders in children is not as well documented as it is for adults. However, approximately 20 percent of children are estimated to have mental disorders with at least mild functional impairment. Children and adolescents with a serious emotional disturbance number approximately 5 to 9 percent of children ages 9 to 17 (USDHHS, 2000a).

Estimates generated from the ECA Survey (President’s New Freedom Commission, 2003) suggest that approximately 20 percent of the older adult population have a diagnosable psychiatric disorder during a one-year period; this does not include older adults with severe cognitive impairments like Alzheimer’s disease.
Considerable research now documents that mental health is the key to overall physical health and wellbeing (Fawzy & Fawzy, 1993; Sephton, Sapolsky, Kraemer & Spiegal, 2000). Compelling evidence reports that up to 75 percent of all primary care visits can be attributed to psychosocial problems including mood, anxiety, and substance-related disorders (America Health Together, 2003; President’s New Freedom Commission, 2003) and that mental health has a significant impact on clinical outcomes related to myocardial infarction (Bush et al., 2005), stroke (Whyte & Mulsant, 2002), cancer (Chochinov, 2001; Stark & House, 2000), and other chronic diseases like diabetes (deGroot, Anderson, Freedland, Clouse & Lustman, 2001).

Although the prevalence of psychiatric disorders did not change during the decade between 1990-1992 (29.2%) and 2001-2003 (30.5%), the rate of treatment increased from 20.3 percent between 1990-1992 to 32.9 percent between 2001-2003 (Kessler et al., 2005) reflecting the expansion of primary care, managed care, and behavioral “carve-out” programs for mental health services. However, these percentages speak to the fact that that most people with psychiatric disorders do not receive treatment.

Stigma and barriers to accessible, effective, and coordinated treatment contribute to health disparities within the population (IOM, 2005). Financial barriers include lack of parity in insurance coverage for psychiatric mental health care and treatment, resulting in restrictions on number and type of outpatient visits, number of covered inpatient days and high co-pays for services. Changes in eligibility criteria for public insurance programs have contributed to an increase in the number of uninsured. Reductions in reimbursement have affected the number of clinicians willing or able to afford to provide services. Geographical barriers include lack of affordable, accessible public transportation in urban areas and lack of accessible clinical services in rural areas. Cultural barriers to seeking help for mental health problems are also an issue.

These disparities occur at a time of growing evidence of intervention effectiveness for treatment of mental health problems and psychiatric disorders. Research evidence now exists to support the lifelong ability to influence the structure and function of the brain through manipulation of environmental and behavioral factors commonly referred to as our brain’s plasticity. The evidence to support clinical decision making by psychiatric nurses and other mental health professionals continues to evolve.

As Psychiatric Mental Health (PMH) nurses address their practice in the 21st century, it is critical they examine the vision of mental health care to inform their practice. Federal agencies, commissions and advocacy groups have identified a future vision of a mental health care system organized to respond to all consumers in need of services. (See Table 1). These reports converge on several points but most central is that a transformed mental health system has the consumer at center stage. Key to this vision are strategies for remedying the inadequacy and fragmentation of services and for creating a workforce who will carry out the transformation. There is particular emphasis on providing services to children, adolescents, older adults, and other underserved populations.

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At the heart of several agendas is the notion of individualized plans of care that promote resiliency and recovery. For Psychiatric Mental Health Nurses to play a leadership role in shaping a transformed mental health care delivery system, they must understand the key threads in the government/agency/consumer group plan and the factors that can impact enactment. Moreover, Psychiatric Mental Health Nurses must articulate the need for nursing leadership in a transformed mental health care system.

Recovery is the lead principle of the SAMHSA, NCD, NAMI, IOM, and the President’s New Freedom Commission’s transformation plans. The recovery paradigm of mental health care emphasizes the reawakening of hope, engagement in life and empowerment over illness (Ridgeway, 2001). Recovery is a critical component of psychosocial rehabilitation which also focuses on helping individuals develop the skills they need to assume meaningful employment, suitable housing and interpersonal relationships (Anthony, Cohen, Farkas, & Cagne, 2002).

While the person-centered recovery model supports an individualized, subjectively-defined experience based approach, evidence-based practice is driven by objective outcomes data generated scientifically to support prescriptive approaches. This creates a tension that must be explored and negotiated by Psychiatric Mental Nurses who must balance and integrate the science of evidence-based treatment with a philosophical understanding of how individuals attach meaning to experiences that shape their behavior and their treatment choices in maximizing patient outcomes, including desired outcomes defined by the patient (Raingruber, 2003; Baker, 1999; Salyers & Macy, 2005).

The President’s New Freedom Commission Transformation Plan also calls for community level service systems that coordinate multiple agencies to provide care. These points of connection between agencies are vital to the realization of individualized recovery plans (SAMSHA, 2005). However, the notion of widespread, out-patient community based services runs contrary to the current trend which has decreasing monies being spent on all forms of mental health treatment, including outpatient services (Manderscheid et al, 2004; Martin & Leslie, 2003; National Association of Psychiatric Hospital Systems, 2003).

A person with a serious and persistent psychiatric disorder may indeed move toward recovery with the assistance of interagency collaboration and assertive community treatment; but the past shows us a vision of care that carries no guarantee for the infrastructure to enact the plan (Phillips et al, 2001). The past also demonstrates that to operate complex case management systems demands team leaders that are experienced, trained, mental health professionals (Rapp, 1998) and that psychiatric nurses have been identified as a key ingredient for achieving positive patient outcomes in case management teams (McGrew & Bond, 1995).
The transformed mental health system will require nurses who understand systems and can work between and within systems, connect services and serving as an important safety net in the event of service gaps. Psychiatric nurses are professionals perfectly poised to enact this role and make significant contributions to positive clinical recovery outcomes for the vulnerable, and often underserved, patient population. It behooves the psychiatric nursing specialty to assure they are certified and identified in the workforce as core mental health professionals.

Another key to the transformed mental health care system is consumer input on access, efficiency and outcomes to gauge quality. The government is seeking to define and capture quality on the patient level via the development of an information system, termed the DS2000 (Manderscheid & Henderson, 2004). This system represents the broad use of information technology to capture not just quality, but provider data, cost and outcomes. With its full implementation, decision support would link quality performance to quality outcomes, and payment. The hope is to establish a large data system that providers, mental health systems and state planners could access to determine what works, at what cost, with what type of patient.

Quality initiatives should be implemented in an integrated fashion, whereby clinicians are accountable for understanding and using technology to build an evidence base for their practice. Psychiatric nurses as clinicians must understand that technology is the vehicle for data accountability that will be used to gauge quality of care and enact policy changes. Psychiatric nursing faculty is in an excellent position to use technology in the educational process and thus create future clinicians who are fluent in its use (Carlson-Sabelli & Delaney, 2005; McGuiness, 2004).

The Transformation plan includes the vision of inclusion for the homeless, children, older adults, rural sector and other underserved populations. Certainly an ideology of inclusion returns both equity and humanity to the system. But for many of these groups social problems are inextricably bound with their emotional illness.

A recent study of children with serious emotional disorder (SED) found that almost half had social, family and educational issues that accompanied their SED (Pottick et al, 2002). Evidence related to psychiatric disorders in older adults reveals high rates of comorbid medical illness. Comorbidity in the aged is a predictor of poorer response to mental health treatment, as well as a predictor of relapse (Hanrahan and Sullivan-Marx, 2005). Moreover, despite a dramatic growth in evidence-based treatment for mental health problems of older adults, mental health service use is extremely low. Less than 3 percent of older adults receive outpatient mental health services, only 7 percent of all inpatient psychiatric services, and 9 percent of private psychiatric care (Bartels, 2002; Persky, 1998).
Nursing models for rural care are specifically designed to address the interplay of poverty, mental illness and social issues (Hauenstein, 1997). Such nursing models recognize that resource-poor environments require service models with provisions for moving clients into self-management and for bridging systems so that medical issues are addressed. This nursing approach will be of significant importance in crafting individualized treatment plans organized to address populations with tremendous physical and social needs which are inextricably bound with their mental health issues. The need for psychiatric nurses will be great since their command of multiple bodies of knowledge (medical science, the neurobiology of psychiatric disorders, treatment methods and relationship science) situates them as the key players to maintain the connection between psychiatry, medicine, and case management systems (Hanrahan & Sullivan-Marx, 2005).

The transformed mental health care system will require a mental health workforce with additional characteristics. As articulated by the Annapolis Coalition (2003) it is a workforce that must be comfortable with the use of technology in care delivery, be able to operate in teams, and be fluent in the use of evidence based practice. To work within a system synchronized with a recovery models will also require professionals who operate within the relationship with the patient to build therapeutic alliances.

Psychiatric nurses have always been professionals on the direct lines of care who understand both everyday needs and complex medical/psychiatric needs of patients (Rolfe & Cutcliffe, 2005). Also in line with the Annapolis Coalition recommendations, Advanced Practice Nursing education is competency based (National Panel for Psychiatric-Mental Health NP Competencies, 2003; Wheeler and Haber, 2004) and already implementing innovative programs that embed multidisciplinary teamwork at the core of their curriculum (Sills & Clement, 2005).

In a transformed mental health care system, the workforce will be fluent in the use of evidence-based practice. As outlined above, the transition to EBP has been rapid and not without its critics (Norcross, Beutler & Levant, 2006). The use of the “best available” research evidence, coupled with expert clinical judgment, and patient preferences creates essential linkages between and among the consumer, the provider, the setting, and the science (Sackett, 2000). The key is that the person isn’t relegated to either extreme of being a patient or consumer and that EBPs are always maintained within a relationship based approach (Messer, 2006).

The promise of evidence related to genetics and innovative treatments for major mental illness are the promise of the future (Krestenbaum, 2001). Psychiatric nursing should take leadership in creating client-centered care that understands the evidence related to the neurobiology of psychiatric disorders and medications but also able to demonstrate how to construct relationships within a recovery based model (Forchuk, Martin, Chan, & Jensen, 2005).
While much of the focus of the transformed mental health care system is on the creation of new service structures, none of the agencies have lost sight of safety.(Spear, 2005). Safety is especially pertinent to nursing practice due to safety issues surrounding restraint and because error/mortality can be tied to the nurse/patient ratios. As scrutiny of safety and error continue, nurses have assumed a key role in designing studies on the relationship of nursing, staffing and patient safety. But they must also maintain a role consistent with their direct care position and anticipate systems error and act before a flawed process plays out. In the inpatient arena, psychiatric nurses, as managers of the milieu, must move the safety agenda beyond reducing restraint to a studied approach of how to create safe units, both physical and psychological, and devise the measurement of key systems/staffing factors that result in reductions in restraint, violence, and other threats to patient safety (Johnson & Delaney, in review; Delaney, 2006).

Alongside their focus on treatment and recovery, Psychiatric Mental Health nurses provide leadership to prevention efforts (Commission for the Prevention of Youth Violence, 2000). Armed with the growing understanding of how stress and mental illness interact, Psychiatric Mental Health nurses educate the public on the ramifications of stress and stress reduction techniques (deVries & Wilkerson, 2003).

The behaviors that place our youth at risk is a priority focus for prevention efforts (Romer, 2003). While traditional prevention foci (such as decreasing tobacco, alcohol and substance use) continue, increased attention is being directed to the effects of our media/internet driven society on teen’s risk behaviors. Though youth spend, on average, three hours a day watching television and spend 2 hours on-line at least 4 times a week, little is known about how this media saturation shapes their normative behaviors and social interaction patterns (Escobar-Chaves, Tortolero, Markham, Low, Eitel & Thickstun, 2005). School nurses, often the first contact with youth, already function as key mental health service providers and their role in prevention should be strengthened and supported by the specialty (SAMHSA, 2006)

SCOPE OF PRACTICE

DEFINITION OF PSYCHIATRIC MENTAL HEALTH NURSING

Psychiatric mental health nursing is a specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders. Psychiatric mental health nursing, a core mental health profession, employs a purposeful use of self as its art and a wide range of nursing, psychosocial, and neurobiological theories and research evidence as its science. Psychiatric mental health nurses provide comprehensive, patient-centered mental health and psychiatric care and outcome evaluation in a variety of settings across the entire continuum of care. Essential components of this specialty practice include health and wellness promotion through identification of mental health issues, prevention of mental health problems and care and treatment of persons with psychiatric disorders.
Psychiatric mental health nursing involves the delivery of comprehensive primary mental health care in a variety of settings. Primary mental health care is defined as the continuous and comprehensive services necessary for the promotion of optimal health; the prevention of mental illness; health maintenance; management of, and referral for, mental and physical health problems; the diagnosis and treatment of psychiatric disorders and their sequelae, and rehabilitation (Haber & Billings, 1995). Psychiatric mental health nursing is necessarily holistic and considers the needs and strengths of the individual, family, group and community.

It is within the scope of Psychiatric Mental Health Nursing Practice to provide primary mental health care to patients seeking mental health services in a wide range of delivery settings. Primary mental health care involves overall health promotion, universal, selective, and preventive interventions (Mrazek & Hagerty, 1994), general health teaching, health screening and appropriate referral for treatment of general or complex health problems and a specialization in the evaluation and management of those with psychiatric disorders and those at risk for them, including psychiatric rehabilitation (Haber and Billings 1995).

The psychiatric mental health nurse’s assessment is a synthesis of the information obtained from interviews, behavioral observations and other available data from which a diagnosis is derived and validated with the patient. The psychiatric mental health nurse uses diagnoses and standard classifications of mental disorders such as North American Nursing Diagnosis Association (NANDA, 1999), The Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (APA cite latest edition) or the International Classification of Diseases (WHO, 1993) to develop a treatment plan based on assessment data and theoretical premises. The nurse then selects and implements interventions and periodically evaluates patient outcomes, revising the plan of care as needed, to achieve optimal results. Such classification systems enhance communication and permit the data to be used for research purposes.

Mental health problems and psychiatric disorders are addressed across a continuum of care. A continuum of care consists of an integrated system of settings, services, health care clinicians, and care levels spanning illness to wellness states (Boyd, 2005). The primary goal of a continuum of care is to provide treatment that allows the patient to achieve the highest level of functioning in the least restrictive environment.

Psychiatric Mental Health Nurses are concerned about:

- Promotion of optimal mental and physical health and well-being and prevention of mental illness
- Impaired ability to function related to psychiatric, emotional and physiological distress
- Alterations in thinking, perceiving and communicating due to psychiatric disorders or mental health problems.
- Behaviors and mental states that indicate potential danger to self or others
- Emotional stress related to illness, pain, disability and loss
• Symptom management, side effects/toxicities associated with self-administered drugs, psychopharmaceutical intervention and other treatment modalities.
• The barriers to treatment efficacy and recovery posed by alcohol and substance abuse and dependence
• Self-concept and body image changes, developmental issues, life process changes, and end of life issues.
• Physical symptoms that occur along with altered psychological status
• Psychological symptoms that occur along with altered physiological status
• Interpersonal, organizational, sociocultural, spiritual or environmental circumstances or events which have an effect on the mental and emotional well-being of the individual and family or community.
• Elements of recovery including the ability to maintain housing, employment and social support that help individuals re-engage in the seeking of meaningful lives.

LEVELS OF PSYCHIATRIC MENTAL HEALTH NURSING PRACTICE

Psychiatric mental health nurses are registered nurses who are educationally prepared in nursing and licensed to practice in their individual states. Levels of practice are differentiated by educational preparation, complexity of practice, and performance of certain nursing functions. (SERPN, 2005)

The Psychiatric Mental Health Registered Nurse

A psychiatric mental health registered nurse is a registered nurse who demonstrates competence, including specialized knowledge, skills, and attitudes, obtained through education or experience, in caring for persons with mental health issues, mental health problems and psychiatric disorders.

Nurses from a number of educational backgrounds participate and practice in psychiatric nursing settings. Due to the complexity of care in the specialty the preferred educational preparation is at the baccalaureate level.

The science of nursing is based on a critical thinking framework, known as the nursing process, composed of assessment, diagnosis, outcomes identification, planning, implementation and evaluation. These steps serve as the foundation for clinical decision-making and are used to provide an evidence base for practice (ANA, 2004, pp. 11-12).

Psychiatric mental health registered nursing practice is characterized by the use of the nursing process with persons with actual or potential mental health problems or psychiatric disorders to promote and foster health and safety, assess dysfunction, assist persons to regain or improve their coping abilities, maximize strengths, and prevent further disability. Data collection at the point of contact involves observational and investigative activities, which are guided by nurse’s knowledge of human behavior and the principles of the psychiatric interviewing process.
The work of psychiatric mental health nurses is accomplished through the nurse-client relationship and therapeutic intervention skills. These skills include but are not limited to self awareness, empathy and moral integrity which enable psychiatric mental health nurses to practice the use of self artfully in therapeutic relationships. Some characteristics of artful therapeutic practice are respect for the client, availability, spontaneity, hope, acceptance, sensitivity, vision, accountability, advocacy and spirituality.

Psychiatric mental health registered nurses practice in a variety of clinical settings across the care continuum and engage in a broad array of clinical activities including, but not limited to, health promotion and health maintenance; intake screening, evaluation and triage; case management; provision of therapeutic and safe environments; promotion of self care activities; administration of psychobiological treatment regimens and monitoring response and effects; crisis intervention and stabilization; and psychiatric rehabilitation.

Psychiatric mental health registered nurses maintain current knowledge of advances in genetics and neuroscience and their impact on psychopharmacology and other evidence-based treatment modalities. Psychiatric mental health nurses provide leadership in identifying mental health issues and problems and developing strategies, in partnership with consumers, patients, communities and other health professionals, to ameliorate or prevent them.

The Psychiatric Mental Health Advanced Practice Registered Nurse

The psychiatric mental health advanced practice registered nurse (APRN-PMH) is a licensed registered nurse who is educationally prepared at the master’s or doctorate level in the specialty of psychiatric mental health nursing. The Psychiatric Mental Health Advanced Practice Registered Nurse builds on the practice of registered nurses by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and significant role autonomy (ANA 2004, p. 14).

The American Nurses Association (ANA) identifies Advanced Practice Registered Nurses (APRNs) as professional nurses who have successfully completed a graduate program of study in a nursing specialty that provides specialized knowledge and skills that form the foundation for expanded roles in health care. The ANA’s use of APRN as an umbrella term for all advanced practice nurses has been a successful political strategy to educate regulators and legislators regarding the contributions that APRNs make in providing access to high quality care.
The full scope and standards of practice for psychiatric mental health advanced practice nursing is set forth in this document. While individual APRN-PMHs may actually implement portions of the full scope and practice based on their role, position description, and practice setting, it is, importantly, the full breadth of the knowledge base that informs their practice.

APRN-PMH practice is autonomous and focuses on the application of competencies, knowledge and experience with individuals, families or groups with complex psychiatric mental health problems. Promoting mental health within our society is a significant role for the APRN-PMH as is collaboration with and referral to other health professionals as either the patient’s need or the APRN’s practice focus may dictate.

The scope of practice in psychiatric-mental health nursing is continually expanding as the context of practice, the need for patient access to holistic care, and the various scientific and nursing knowledge bases evolve. It is within the scope of practice of the APRN-PMH, to provide primary mental health care to patients seeking mental health services in a wide range of delivery settings. APRNs in psychiatric-mental health nursing are accountable for functioning within the parameters of their education and training, and the scope of practice as defined by their state practice acts. APRNs-PMH are responsible for making the referrals for health problems that are outside of their scope of practice. Although many primary care clinicians treat some symptoms of mental health problems and psychiatric disorders, the APRN-PMH provides the full range of comprehensive services that comprise primary mental health and psychiatric care and treatment.

The APRN-PMH is professionally qualified to assume autonomous responsibility for the clinical role functions. They are accountable for their own practice and are prepared to perform services independent of other disciplines in the full range of delivery settings. The educational preparation of advanced practice psychiatric mental health nurses in both the biological and social sciences gives them a unique ability to differentiate various aspects of the patient’s functioning and to make appropriate judgments about the need for interventions, referral or consultation with other clinicians (ANA, 2001, p.20).

Additional functions practiced by the APRN-PMH include advanced practice level practice of psychopharmacological interventions, complementary interventions, various forms of psychotherapy, community interventions, case management, consultation-liaison, clinical supervision, and expanded advocacy activities.

Psychotherapy

Psychotherapy interventions include all generally accepted methods of brief or long-term therapy, specifically including individual therapy, group therapy, couple/marital therapy and family therapy using a broad array of therapy models including, but not limited to, insight-oriented, cognitive, behavioral and interpersonal therapies.
Psychotherapy denotes a formally structured contractual relationship between the therapist (APRN-PMH) and patient(s) for the explicit purpose of effecting negotiated outcomes. This treatment approach to mental disorders is intended to alleviate emotional distress and/or symptoms, reverse or change maladaptive behaviors, and facilitate personal growth and development. The contract with the patients(s) or client(s), usually verbal but may be written, includes the well-accepted elements such as purpose of the therapy, time, place, fees, confidentiality and privacy components, and access to emergency after hours contact information.

**Psychopharmacology Interventions**

Psychopharmacology interventions include the prescribing of pharmacologic agents and the ordering and interpretation of diagnostic and laboratory testing. In utilizing any psychobiological intervention, including the prescribing of psychoactive medications, the APRN-PMH intentionally seeks specific therapeutic responses, anticipates common side effects, safeguards against adverse drug interactions, and is alert for unintended or toxic responses.

**Case Management**

Case Management for the APRN-PMH involves population specific nursing knowledge coupled with research, knowledge of the social and legal systems related to mental health and expertise to engage a wide range of services for the patient, regardless of setting. The APRN-PMH may oversee or directly engage in case management activities. The APRN-PMH analyzes barriers to care and intervenes to change or improve systems to mobilize therapeutic resources needed by the patient for maximum positive outcomes. Case management activities may be with a single client or with a specific population such as the seriously and persistently mentally ill.

In the community, the APRN-PMH may focus on the mental health needs of the population as a whole. The APRN-PMH may design programs to meet the mental health needs of a population (such as the seriously and persistently mentally ill) or to target a population at risk for developing mental health problems through health and wellness promotion, identification and amelioration of risk factors, screening and early intervention. These activities are informed by the full range of nursing knowledge which includes a holistic approach to individuals, families, communities that is cognizant and respectful of cultural and spiritual norms and values.

**Consultation Liaison**

Consultation-liaison activities take place in general (non-psychiatric) health care arenas such as hospitals, extended care facilities, rehabilitation centers, schools, nursing homes and outpatient clinics. The role of the consultation-liaison psychiatric-mental health nurse focuses on providing mental health specialist consultation or direct care psychiatric mental health nursing services.
The clinical aspect of the role ranges from mental health promotion to illness rehabilitation. In consultation-liaison activities, the APRN-PMH focuses on the emotional, spiritual, developmental, cognitive, and behavioral responses of patients who enter any setting of the health care system with actual or potential physiological dysfunction (client-centered consultation). The psychiatric-mental health consultation may include consultee-centered consultation with nurses and clinicians in other specialty areas to increase their biopsychosocial knowledge and skills. Such consultation may also assist the consultee to recognize and manage their own reactions to patients that, undetected and unaddressed could adversely affect their patient care. Psychiatric-mental health consultation may also include assessment and recommendations for action focusing on the health care delivery organization as the client (administrative-consultation) (Caplan & Caplan, 1993).

Clinical Supervision

The APRN-PMH provides clinical supervision to assist other PMH clinicians to further develop their clinical practice skills, to meet the standard requirement for ongoing peer consultation and for essential peer supervision. This process is an educative process focused on professional growth and development rather than staff performance evaluation. Through education, preparation and clinical experience, the APRN-PMH is qualified to provide clinical supervision at the request of other mental health clinicians and clinician-trainees. The APRN-PMH as a clinical supervisor is expected to be involved in providing direct patient care and serve as a clinical role model as well as a clinical consultant.

FOCUSED AREAS OF PRACTICE

Specialty programs in psychiatric-mental health nursing generally focus on adult and/or child-adolescent psychiatric-mental health nursing and certifications are currently available for these two specialties. Areas of focus within psychiatric-mental health nursing has emerged based on current and anticipated societal needs. These areas of focus may be organized according to a developmental period (geriatric), a specific mental/emotional disorder (depression, severe and persistent mental illness, developmental disability), a particular practice focus (forensics, addictions, community, family, couple, individual) and/or a specific role or function (case management, consultation-liaison).

Psychiatric-Mental Health Nursing Clinical Practice Settings

The settings and arrangements for psychiatric-mental health nursing practice vary widely in purpose, type, location, and the auspices under which they are operated. Psychiatric-mental health nurses may work in organized settings and may be paid for their services on a salaried, contractual or fee for service basis. In addition, the APRN-PMH may be self-employed, practice autonomously and bill clients for services provided.
Today, because of the advances in brain research and pharmacological treatments, as well as the current focus on cost effective treatment, most clients in need of mental health are cared for in community settings. Acute, intermediate and long-term care settings still admit and care for psychiatric patients but lengths of stay, especially in acute and intermediate settings have decreased in response to fiscal mandates, the availability of community-based settings, and consumer preference.

**Crisis Intervention/Psychiatric Emergency Services**

Crisis intervention units may be found in the emergency department of a general or psychiatric hospital or within centers in the community. In crisis patients demonstrate severe symptoms and require a high intensity of nursing services.

**Acute Inpatient Care**

This setting involves the most intensive care and is reserved for acutely ill patients who are at high risk for harming themselves or others, and/or are unable to care for their basic needs. This treatment is often “short term”. These units may be in a psychiatric hospital, within a general hospital or a state mental hospital.

**Intermediate and Long Term Care**

Intermediate and long-term care facilities may admit patients but more often they receive patients transferred from acute care settings. Intermediate and long-term care provides treatment and rehabilitation for patients who are at chronic risk for harming themselves or others due to mental illness. Long-term inpatient care usually involves a minimum of three months. Both public and private psychiatric facilities provide this type of care. However, trends in psychiatric mental health care delivery continue to shift the locus of care to community settings. This is, in part, financially driven as state budgets continue to reduce funding for mental health care as part of their initiatives to balance their budgets and as reimbursement for intermediate and long term care for private institutions is consistently reduced. This trend increases the risk of homelessness and inadequate housing for persons who experience chronic symptoms of psychiatric illness.

**Partial Hospitalization/Intensive Outpatient Treatment**

The aim of partial hospitalization and Intensive Outpatient Programs is acute symptom stabilization for patients with safe housing options or employment.

**Residential Services**

A residential facility provides care for patients over a twenty-four hour period. Services in typical residential treatment facilities include psychoeducation around symptom management and medications, assistance with vocational training, and sometimes with the severely and persistently mentally ill, may include activities of daily living training. Rehabilitation is often a goal for residential treatment facilities.
Community-based Care

Psychiatric-mental health nurses provide care within the community as an effective method of responding to the mental health needs of individuals, families and groups. Community-based care refers to care delivered in partnerships with clients/consumers in their homes, worksites, mental health clinics and programs, health maintenance organizations, shelters and clinics for the homeless, crisis centers, senior centers, group homes, and other community settings.

Assertive Community Treatment (ACT)

The Assertive Community Treatment model is an interdisciplinary team approach providing services in the individual’s natural setting including homeless shelters. The ACT approach provides a comprehensive range of treatments. The goals of ACT are to help patients meet the requirements of community living after discharge from another more restricted form of care, and to reduce recurrences of hospitalization (Boyd, 2005).

Telehealth

The practice of telehealth is the removal of time and distance barriers for the delivery of health care services and related health care activities through telecommunications technologies (Farrell & McKinnon, 2003), and is an expanded means of communication that promotes access to health care. The psychiatric-mental health nurse may utilize electronic means of communication such as telephone consultation, computers, electronic mail, image transmission and interactive video sessions to establish and maintain a therapeutic relationship with patients by creating an alternative sense of the nursing presence that may or may not occur in “real time”. Psychiatric mental health nursing care in telehealth incorporates practice and clinical guidelines that are based on empirical evidence and professional consensus. Telehealth encounters carry with them particular issues especially related to confidentiality and regulation. Because telehealth technology can cross state and even national boundaries, it must be practiced in accordance with all applicable state, federal, and international laws and regulations. Particular attention must be directed to confidentiality, informed consent, documentation, and maintenance of records and the integrity of the transmitted information.

Self-employment

Self-employed advanced practice psychiatric-mental health nurses offer direct services in solo private practice and group practice settings, or through contracts with employee assistance programs, health maintenance organizations, managed care companies, preferred provider organizations, industry health departments, home health care agencies, or other service delivery arrangements. In these settings, the APRN provides primary mental health care to clients in the nurse’s caseload. In the consultation-liaison role, the PMH-APRN may also contract for consultation services focused either on the needs of the organization and its staff, or the needs of patients in a variety of health care settings (nursing homes, medical units, home health care). Self-employed nurses also may form nurse-owned corporations or organizations that would provide mental health service contracts to industries or employers.
Standards Of Practice

Standard 1. ASSESSMENT

The psychiatric mental health registered nurse collects comprehensive health data that is pertinent the patient’s health or situation.

Rationale

The psychiatric mental health registered nurse uses linguistically and culturally effective communication skills, interviewing, behavioral observation, record review and collection of collateral information to make sound clinical assessments.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse:

- Collects data in a systematic and ongoing process.
- Involves the patient, family, other healthcare providers, and environment, as appropriate, in holistic data collection.
- Demonstrates effective clinical interviewing skills that facilitate development of a therapeutic alliance.
- Prioritizes data collection activities based on the patient’s immediate condition or anticipated needs of the patient or situation. The data may include but is not limited to the patient’s:
  - Central complaint, focus or concern and symptoms of major psychiatric disorders.
  - History and presentation regarding suicidal, violent, and self-mutilating behaviors to assess level of risk.
  - History of reliability with regard to patient’s verbal agreement to seek professional assistance prior to engaging in behaviors dangerous to self or others.
  - Pertinent family history of psychiatric disorders, substance abuse and other mental health issues.
  - Evidence of abuse or neglect.
  - Stressors, contributing factors and coping strategies.
• Demographic profile and history of health patterns, illnesses and past treatments and level of adherence and effectiveness.
• Actual or potential barriers to adherence to recommended or prescribed treatment.
• Health beliefs and practices.
• Religious and spiritual beliefs and practices.
• Cultural, racial and ethnic identity and practices.
• Physical, developmental, cognitive, mental status, emotional health concerns and neurological assessment.
• Daily activities, personal hygiene, occupational functioning, functional health status and social roles, including work, sleep and sexual functioning.
• Economic, political, legal, and environmental factors affecting health.
• Significant support systems and community resources including what has been available and underutilized.
• Knowledge, satisfaction, and motivation to change, related to health.
• Strengths and competencies that can be used to promote health.
• Current and past medications, both prescribed and over-the-counter inclusive of herbs, alternative medications, vitamins, or nutritional supplements.
• Medication interactions and history of side effects and past efficacy.
• History and patterns of alcohol and substance abuse including type, amount, most recent use and withdrawal symptoms.
• Complementary therapies used to treat health and mental illness and outcomes.

Uses appropriate evidence-based assessment techniques and instruments in collecting pertinent data.

Uses analytical modes and problem-solving techniques.

Ensures that appropriate consents, as determined by regulations and policies, are obtained to protect patient confidentiality and support the patient’s rights in the process of data gathering.

Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.

Uses therapeutic principles to understand and interpret the patient’s emotion, thoughts and behaviors.

Documents relevant data in a retrievable format.
Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Nurse

The APRN-PMH:

Employs evidence-based clinical practice guidelines to guide screening and diagnostic activities as available and appropriate

Performs physical and comprehensive mental health assessment.

Initiates and interprets diagnostic tests and procedures relevant to the patient’s current status.

Conducts a multigenerational family assessment, including medical and psychiatric history.

Assesses the interface among the individual, family, community, and social systems and their relationship to mental health functioning.

Standard 2. DIAGNOSIS

The psychiatric-mental health registered nurse analyzes the assessment data in determining diagnoses or problems including level of risk.

Rationale

Through comprehensive and focused assessment and data analysis the psychiatric mental health registered nurse identifies patient needs related to actual or potential psychiatric disorders, mental health problems, and potential co-morbid physical illnesses.

Measurement Criteria

The psychiatric mental health registered nurse:

Derives the diagnosis or problems from the assessment data.

Identifies actual or potential risks to the patient’s health and safety and/or barriers to mental and physical health which may include but is not limited to interpersonal, systematic, or environmental circumstances.

Develops diagnoses or problem statements that conform, or are congruent with, available and accepted classifications systems.

Validates the diagnosis or problems with the patient, significant others and other health care clinicians.

Documents diagnoses or problems in a manner that facilitates the determination of the expected outcomes and plan.
**Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Registered Nurse**

**The APRN-PMH:**

Systematically compares and contrasts clinical findings with normal and abnormal variations and developmental events in formulating a differential diagnosis.

Develops a differential diagnosis derived from the collection and synthesis of assessment data, and applies standardized taxonomy systems to the diagnosis of mental health problems and psychiatric disorders utilizing current DSM & ICD Taxonomy.

Utilizes complex data and information obtained during interview, examination and diagnostic procedures in identifying diagnosis.

Documents the diagnosis.

Identifies long-term effects of psychiatric disorders on mental, physical and social health.

Evaluates the health impact of life stressors, traumatic events and situational crises within the context of the family cycle.

Evaluates the impact of the course of psychiatric disorders and mental health problems on quality of life and functional status.

Assists staff in developing and maintaining competency in the diagnostic process.

**Standard 3. OUTCOMES IDENTIFICATION**

The psychiatric mental health registered nurse identifies expected outcomes for a plan individualized to the patient or to the situation.

Rationale

Psychiatric mental health registered nurses provide nursing care to influence positive patient outcomes including the achievement of individualized mental and physical health goals.
Measurement Criteria

The psychiatric mental health registered nurse:

Derives culturally appropriate expected outcomes from the diagnosis.

Involves the patient, family, and other healthcare providers in formulating expected outcomes when possible and appropriate.

Considers associated risks, benefits, costs, current scientific evidence, and clinical expertise when formulating expected outcomes.

Defines expected outcomes in terms of the patient, patient values, ethical considerations, environment or situation with such consideration as associated risks, benefits and costs, and current scientific evidence.

Develops expected outcomes that provide direction for continuity of care.

Documents expected outcomes as measurable goals.

Includes a time estimate for attainment of expected outcomes.

Modifies expected outcomes based on changes in the status of the patient or evaluation of the situation.

Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

Identifies expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices.

Identifies expected outcomes that incorporate cost and clinical effectiveness, patient satisfaction, and continuity and consistency among providers.

Supports the use of clinical guidelines linked to positive patient outcomes.

Standard 4. PLANNING

The psychiatric mental health registered nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.
Rationale

A plan of care is used to systematically guide therapeutic interventions and document progress.

Measurement Criteria

The psychiatric mental health registered nurse:

- Develops the plan in collaboration with the patient, family, and other health care providers when appropriate.
- Prioritizes elements of the plan based on the assessment of the patient’s level of risk for potential harm to self or others and safety needs.
- Includes strategies within the plan that address each of the identified diagnoses or issues, which may include strategies for promotion and restoration of health and prevention of illness, injury, and disease.
- Assists patients in securing treatment or services in the least restrictive environment.
- Includes an implementation pathway or timeline within the plan.
- Provides for continuity within the plan.
- Utilizes the plan to provide direction to other members of the health care team.
- Documents the plan using standardized language or recognized terminology.
- Defines the plan to reflect current statutes, rules and regulations, and standards.
- Develops the plan to reflect the use of available research evidence.
- Considers the economic impact of the plan.
- Modifies the plan based on ongoing assessment of the patient’s response and other outcome indicators.
Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

Within the plan, identifies assessment, diagnostic strategies, and therapeutic interventions to address mental health problems and psychiatric disorders that reflect current evidence, including data, research, literature, and expert clinical knowledge.

Plans care to minimize the development of complications and promote function and quality of life using treatment modalities such as, but not limited to, behavioral therapies, psychotherapy and psychopharmacology.

Selects or designs strategies to meet the multifaceted needs of complex patients.

Includes synthesis of patients’ values and beliefs regarding nursing and medical therapies within the plan.

Standard 5. IMPLEMENTATION

The psychiatric mental health registered nurse implements the identified plan.

Measurement Criteria

The psychiatric mental health registered nurse:

Implements the plan in a safe and timely manner.

Documents implementation and any modifications, including changes or omissions of the identified plan.

Utilizes evidence based interventions and treatments specific to the diagnosis or problem.

Utilizes community resources and systems to implement the plan.

Collaborates with nursing colleagues and others to implement the plan.

Manages psychiatric emergencies by determining the level of risk and initiating and coordinating effective emergency care.
Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Registered Nurse.

The APRN-PMH:

Facilitates utilization of systems and community resources to implement the plan.

Supports collaboration with nursing colleagues and other disciplines to implement the plan.

Incorporates new knowledge and strategies to initiate change in nursing care practices if desired outcomes are not achieved.

Implements the plan using principles and concepts of project or systems management.

**Standard 5A. COORDINATION OF CARE**

The psychiatric mental health registered nurse coordinates care delivery.

*Measurement Criteria*

**The psychiatric mental health registered nurse:**

Coordinates implementation of the plan.

Documents the coordination of care.

Additional Measurement Criteria for Psychiatric Mental Health Advanced Practice Registered Nurse

**The APRN-PMH:**

Provides leadership in the coordination of multidisciplinary health care for integrated delivery of patient care services.

Synthesizes data and information to prescribe necessary system and community support measures, including environmental modifications.

Coordinates system and community resources that enhance delivery of care across continuums.

Assists patients in getting financial assistance as needed to maintain appropriate care.
Standard 5 B. HEALTH TEACHING AND HEALTH PROMOTION

The psychiatric mental health registered nurse employs strategies to promote health and a safe environment.

Rationale
The psychiatric mental health registered nurse, through health teaching, promotes the patient’s personal and social integration and assists the patient in achieving satisfying, productive, and health patterns of living.

Measurement Criteria

The psychiatric mental health registered nurse:

- Uses health promotion and health teaching methods appropriate to the situation, patient’s developmental level, learning needs, readiness, ability to learn, language preference and culture.
- Provides health teaching related to the patient’s needs and situation that may include, but is not limited to, mental health problems and psychiatric disorders, treatment regimen, coping skills, relapse prevention, self-care activities, resources, conflict management, problem-solving skills, stress management and relaxation techniques, and crisis management.
- Integrates current knowledge and research regarding psychotherapeutic educational strategies and content.
- Engages consumer alliances and advocacy groups, as appropriate, in health teaching and health promotion activities.
- Identifies community resources to assist consumers in using prevention and mental health care services appropriately.
- Seeks opportunities for feedback and evaluation of the effectiveness of strategies utilized.
- Provides anticipatory guidance to individuals and families to promote mental health and to prevent or reduce the risk of psychiatric disorders.
Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Registered Nurse.

The APRN-PMH:
Educates patients and significant others about intended effects and potential adverse effects of treatment options.

Provides education to individuals, families, and groups to promote knowledge, understanding and effective management of overall health maintenance, mental health problems and psychiatric disorders.

Uses knowledge of health beliefs, practices, evidence-based findings, and epidemiological principles, along with the social, cultural, and political issues that affect mental health in an identified community to develop health promotion strategies.

Synthesizes empirical evidence on risk behaviors, learning theories, behavioral change theories, motivational theories, epidemiology, and other related theories and frameworks when designing health information and patient education.

Designs health information and patient education appropriate to the patient’s developmental level, learning needs, readiness to learn, and cultural values and beliefs.

Evaluates health information resources, such as the Internet, within the area of practice for accuracy, readability, and comprehensibility to help patients access quality health information.

Standard 5C. MILIEU THERAPY

The psychiatric mental health registered nurse provides, structures, and maintains a safe and therapeutic environment in collaboration with the patients, families and other health care clinicians.

Rationale
The therapeutic environment consists of the physical environment, social structures, and the philosophy of care and treatment that provides safety at points of crisis and supports the patient’s ability to use new adaptive coping strategies and available resources.

Measurement Criteria

The psychiatric mental health registered nurse:
Orients the patient and family to the care environment including the physical environment, the roles of different health care team providers in their care, how to be
involved in the treatment and care delivery processes, schedules of events pertinent to their care and treatment, and expectations regarding behaviors.

Orients the patient to their rights and responsibilities particular to the treatment or care environment.

Conducts ongoing assessments of the patient in relationship to the environment to guide nursing interventions in maintaining a safe environment and patient safety.

Selects specific activities that meet the patient’s physical and mental health needs for meaningful participation in the milieu and promoting personal growth.

Ensures that the patient is treated in the least restrictive environment necessary to maintain the safety of the patient and others.

Informs the patient in a culturally competent manner about the need for the limits and the conditions necessary to remove the restrictions.

Provides the patient with the opportunity to discuss their illness experience with The psychiatric mental health nurse to promote support, validation and prevention of complications.

**Standard 5 D. PHARMACOLOGICAL, BIOLOGICAL AND COMPLEMENTARY INTERVENTIONS**

The psychiatric-mental registered nurse uses knowledge of pharmacological, biological and complementary interventions and applies clinical skills to restore the patient’s health and prevent further disability.

**Measurement Criteria**

The psychiatric mental health registered nurse:

- Applies current research findings to guide nursing actions related to pharmacology, other biological therapies, and complementary therapies.

- Assesses patient’s response to biological interventions based on current knowledge of pharmacological agents’ intended actions, interactive effects, potential untoward effects and therapeutic doses.

- Includes health teaching for medication management to support patients in managing their own medications, and adherence to prescribed regimen.
Educates on information about mechanism of action, intended effects, potential adverse effects of the proposed prescription, ways to cope with transitional side effects and other treatment options, including no treatment.

Directs interventions toward alleviating untoward effects of biological interventions.

Communicates observations about the patient’s response to biological interventions to other health clinicians.

**Standard 5E. PRESCRIPTIVE AUTHORITY AND TREATMENT**

The APRN-PMH prescribes or recommends, pharmacological agents for patients with mental health problems and psychiatric disorders based on individual characteristics, such as culture, ethnicity, gender, religious beliefs, age and physical health problems.

**Measurement Criteria**

The APRN-PMH:

- Conducts a thorough assessment of past medical trials, side effects, efficacy and patient preference.
- Prescribes or recommends pharmacological agents based on research evidence and knowledge of psychopathology, neurobiology, physiology, expected therapeutic actions, anticipated side effects and courses of action.
- Prescribes or recommends psychotropic and related medications based on clinical indicators of patient status. Assesses a reasoned balance of risk and benefits, including results of diagnostic and lab tests as appropriate, to treat symptoms of psychiatric disorders and improve functional status.
- Provides health teaching about mechanism of action, intended effects, potential adverse effects of the proposed prescription, ways to cope with transitional side effects and other treatment options, including no treatment.
- Educates and assists the patient in selecting the appropriate use of complementary and alternative therapies.
- Evaluates therapeutic and potential adverse effects of pharmacological and non-pharmacological treatments.
- Evaluates pharmacological outcomes by utilizing standard symptom measurements and patient report to determine efficacy.
Adjusts medications based on continual monitoring in collaboration with patient.

**Standard** 5F. PSYCHOTHERAPY

The Psychiatric Mental Health Advanced Practice Registered Nurse conducts individual, couples, group, and/or family psychotherapy using evidence-based psychotherapeutic frameworks, interpersonal transactions and nurse-patient therapeutic relationship.

**Measurement Criteria**

The APRN-PMH:

Uses knowledge of personality theory, growth and development, psychology, neurobiology, psychopathology, social systems small-group and family dynamics, stress and adaptation, and theories and best available research evidence to select therapeutic methods based on the patient’s needs.

Structures the therapeutic contract to include, but not limited to:
- Purpose, goals, and expected outcomes
- Time, place and frequency of therapy
- Participants involved in therapy
- Confidentiality and appropriate written release of information
- Availability and means of contacting therapist
- Responsibilities of both patient and therapist
- Fees and payment schedule
- Cancellations/alteration in schedule policy

Utilizes interventions that promote mutual trust to build a therapeutic treatment alliance.

Empowers patients to be active participants in treatment.

Applies therapeutic communication strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change and foster personal growth.

Uses self-awareness of emotional reactions and behavioral responses to others to enhance the therapeutic alliance.

Analyzes the impact of duty to report and other advocacy actions on the therapeutic alliance.

Arranges for the provision of care in the therapist’s absence.
Applies ethical and legal principles to the treatment of patients with mental health problems and psychiatric disorders.

Makes referrals when it is determined that the patient will benefit from a transition of care or consultation due to change in clinical condition.

Evaluates effectiveness of interventions in relation to outcomes using standardized methods as appropriate.

Monitors outcomes of therapy and adjusts plan of care when indicated.

Therapeutically concludes the nurse-patient relationship and transitions the patient to other levels of care, when appropriate.

Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process.

**Standard 5G. CONSULTATION**

The psychiatric mental health advanced practice nurse provides consultation to influence the identified plan, enhance the abilities of other clinicians to provide services for patients and effect change.

**Measurement Criteria**

The APRN-PMH:

Synthesizes clinical data, theoretical frameworks, and evidence when providing consultation.

Initiates consultation at the request of the consultee.

Establishes a working alliance with the patient or consultee based on mutual respect and role responsibilities.

Facilitates the effectiveness of a consultation by involving the stakeholders in the decision-making process.

Communicates consultation recommendations that influence the identified plan, facilitate understanding by involved stakeholders, enhance the work of others, and effect change.

Clarifies that implementation of system changes or changes to the plan of care remain the consultee’s responsibility.
Standard 6. EVALUATION

The psychiatric mental health registered nurse evaluates progress toward attaining expected outcomes.

Measurement Criteria

The psychiatric mental health registered nurse:

- Conducts a systematic, ongoing, and criterion-based evaluation of the outcomes in relation to the structures and processes prescribed by the plan and indicated timeline.
- Involve the patient, family or significant others, and other health care clinicians in the evaluation process.
- Documents results of the evaluation.
- Evaluates the effectiveness of the planned strategies in relation to patient responses and the attainment of the expected outcomes.
- Uses ongoing assessment data to revise the diagnoses, outcomes, the plan and the implementation as needed.
- Disseminates the results to the patient and others involved in the care or situation, as appropriate, in accordance with state and federal laws and regulations.

Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Nurse:

The APRN-PMH:

- Evaluates the accuracy of the diagnosis and effectiveness of the interventions in relationship to the patient’s attainment of expected outcomes.
- Synthesizes the results of the evaluation analyses to determine the impact of the plan on the affected patients, families, groups, communities, and institutions.
- Uses the results of the evaluation analyses to make or recommend process or structural changes, including policy, procedure, or protocol documentation, as appropriate.
STANDARDS OF PROFESSIONAL PERFORMANCE

Standard 7. QUALITY OF PRACTICE

The psychiatric mental health registered nurse systematically enhances the quality and effectiveness of nursing practice.

Measurement Criteria

The psychiatric-mental health registered nurse:

- Demonstrates quality by documenting the application of the nursing process in a responsible, accountable, and ethical manner.
- Uses the results of quality improvement activities to initiate changes in nursing practice and in the healthcare delivery system.
- Uses creativity and innovation in nursing practice to improve care delivery.
- Incorporates new knowledge to initiate changes in nursing practice if desired outcomes are not achieved.
- Obtains and maintains certification in psychiatric mental health nursing.
- Participates in quality improvement activities. Such activities may include:
  - Identifying aspects of practice important for quality monitoring.
  - Using indicators developed to monitor quality and effectiveness of nursing practice.
  - Collecting data to monitor quality and effectiveness of nursing practice.
  - Analyzing quality data to identify opportunities for improving nursing practice.
  - Formulating recommendations to improve nursing practice or outcomes.
  - Implementing activities to enhance the quality of nursing practice.
  - Developing, implementing, and evaluating policies, procedures and/or guidelines to improve the quality of practice.
  - Participating on interdisciplinary teams to evaluate clinical care or health services.
  - Participating in efforts to minimize costs and unnecessary duplication.
  - Analyzing factors related to safety, satisfaction, effectiveness, and cost/benefit options.
  - Analyzing organizational systems for barriers
• Implementing processes to remove or decrease barriers within organizational systems.

Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Nurse.

The APRN-PMH:

- Obtains and maintains professional certification if available in the area of expertise.
- Designs quality improvement initiatives.
- Implements initiatives to evaluate the need for change.
- Evaluates the practice environment and quality of nursing care rendered in relation to existing evidence, identifying opportunities for the generation and use of research.

Standard 8. EDUCATION

The psychiatric mental health registered nurse attains knowledge and competency that reflects current nursing practice.

Measurement Criteria

The psychiatric mental health registered nurse:

- Participates in ongoing educational activities related to appropriate knowledge bases and professional issues.
- Demonstrates a commitment to lifelong learning through self-reflection and inquiry to identify learning needs.
- Seeks experiences that reflect current practice in order to maintain skills and competence in clinical practice or role performance.
- Acquires knowledge and skills appropriate to the specialty area, practice setting, role, or situation.
- Maintains professional records that provide evidence of competency and lifelong learning.
Seeks experiences and formal and independent learning activities to maintain and
develop clinical and professional skills and knowledge.

**Additional Measurement Criteria for the Psychiatric Mental Health Advanced
Practice Nurse:**

**The APRN- PMH:**

Uses current healthcare research findings and other evidence to expand clinical
knowledge, enhance role performance, and increase knowledge of professional
issues.

**Standard 9: PROFESSIONAL PRACTICE EVALUATION**

The psychiatric mental health registered nurse evaluates his/her own practice in
relation to the professional practice standards and guidelines, relevant statutes,
rules, and regulations.

**Measurement Criteria**

**The psychiatric mental health registered nurse:**

Demonstrates the application of knowledge of current practice standards, guidelines,
statutes, rules, and regulations.

Provides age appropriate care in a culturally and ethnically sensitive manner.

Engages in self-evaluation of practice on a regular basis, identifying areas of strength as
well as areas in which professional development would be beneficial.

Obtains informal feedback regarding one’s own practice from patients, peers,
professional colleagues, and others.

Participates in systematic peer review as appropriate.

Takes action to achieve goals identified during the evaluation process.

Provides rationale for practice beliefs, decisions, and actions as part of the informal and
formal evaluation processes.
Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Registered Nurse:

The APRN-PMH:

Engages in a formal process seeking feedback regarding one’s own practice from patients, peers, professional colleagues, and others.

Standard 10. COLLEGIALITY

The psychiatric mental health registered nurse interacts with and contributes to the professional development of peers and colleagues.

Measurement Criteria

The psychiatric-mental health registered nurse:

Shares knowledge and skills with peers and colleagues as evidenced by such activities as patient care conferences or presentations at formal or informal meetings.

Provides peers with feedback regarding their practice and/or role performance.

Interacts with peers and colleagues to enhance one’s own professional nursing practice and/or role performance.

Maintains compassionate and caring relationships with peers and colleagues.

Contributes to an environment that is conducive to the education of healthcare professionals.

Contributes to a supportive and healthy work environment.

Additional Measurement Criteria for the psychiatric mental health advanced practice nurse.

The APRN-PMH:

Models expert practice to interdisciplinary team members and healthcare consumers.

Mentors other registered nurses and colleagues as appropriate.

Participates with interdisciplinary teams that contribute to role development and advanced nursing practice and health care.
Standard 11: COLLABORATION

The psychiatric mental health registered nurse collaborates with patients, family and others in the conduct of nursing practice.

Measurement Criteria

The psychiatric-mental health registered nurse:

Communicates with patient, family, and healthcare providers regarding patient care and the nurse’s role in the provision of that care.

Collaborates in creating a documented plan focused on outcomes and decisions related to care and delivery of services that indicates communication with patients, families, and others.

Partners with others to effect change and generate positive outcomes through knowledge of the patient or situation.

Documents referrals, including provisions for continuity of care.

Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Registered Nurse.

The APRN-PMH:

Partners with other disciplines to enhance patient care through interdisciplinary activities, such as education, consultation, management, technological development, or research opportunities.

Facilitates an interdisciplinary process with other members of the healthcare team.

Documents plan of care communications, rationales for plan of care changes, and collaborative discussions to improve patient care.

Standard 12: ETHICS

The psychiatric mental health registered nurse integrates ethical provisions in all areas of practice.
Measurement Criteria

The psychiatric mental health registered nurse:

Uses the Code of Ethics for Nurses with Interpretive Statements (ANA, 2001) to guide practice.

Delivers care in a manner that preserves and protects patient autonomy, dignity and rights.

Maintains patient confidentiality within legal and regulatory parameters.

Serves as a patient advocate assisting patients in developing skills for self advocacy.

Maintains a therapeutic and professional patient–nurse relationship with appropriate professional role boundaries and does not promote or engage in intimate, sexual, or business relationships with current or former patients.

Monitors and carefully manages self-disclosure therapeutically.

Demonstrates a commitment to practicing self-care, managing stress, and connecting with self and others.

Contributes to resolving ethical issues of patients, colleagues, or systems as evidenced in such activities as participating on ethics committees.

Reports illegal, incompetent, or impaired practices.

Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Nurse

The APRN-PMH:

Informs the patient of the risks, benefits, and outcomes of healthcare regimens.

Participates in interdisciplinary teams that address ethical risks, benefits, and outcomes.

Standard 13: RESEARCH

The psychiatric mental health registered nurse integrates research findings into practice.
Measurement Criteria

The psychiatric-mental health registered nurse:

Utilizes the best available evidence, including research findings, to guide practice decisions.

Actively participates in research activities at various levels appropriate to the nurse’s level of education and position. Such activities may include:

- Identifying clinical problems specific to psychiatric-mental health nursing research (patient care and nursing practice).
- Participating in data collection (surveys, pilot projects, formal studies).
- Participating in a formal committee or program.
- Sharing research activities and/or findings with peers and others
- Conducting research.
- Critically analyzing and interpreting research for application to practice.
- Using research findings in the development of policies, procedures, and standards of practice in patient care.
- Incorporating research as a basis for learning.

Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Nurse

The APRN-PMH:

Contributes to nursing knowledge by conducting, critically appraising or synthesizing research that discovers, examines and evaluates knowledge, theories, criteria, and creative approaches to improve healthcare practice.

Formally disseminates research findings through activities such as presentations, publications, consultation, and journal clubs.

Demonstrates leadership in promoting a culture that consistently integrates the best available research evidence into practice.
STANDARD 14. RESOURCE UTILIZATION

The psychiatric mental health registered nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.

Measurement Criteria

The psychiatric-mental health registered nurse:

- Evaluates factors such as safety, effectiveness, availability, cost and benefits, efficiencies, and impact on practice, when choosing practice options that would result in the same expected outcome.
- Assists the patient and family in identifying and securing appropriate and available services to address health-related needs.
- Assigns or delegates tasks, based on the needs and condition of the patient, potential for harm, stability of the patient’s condition, complexity of the task, and predictability of the outcome.
- Assists the patient and family in becoming informed consumers about the options, costs, risks, and benefits of treatment and care.

Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Nurse

The APRN-PMH:

- Utilizes organizational and community resources to formulate multidisciplinary or interdisciplinary plans of care.
- Develops innovative solutions for patient care problems that address effective resource utilization and maintenance of quality.
- Develops evaluation strategies to demonstrate quality, cost effectiveness, cost benefit, and efficiency factors associated with nursing practice.
STANDARD 15. LEADERSHIP

The psychiatric mental health registered nurse provides leadership in the professional practice setting and the profession.

Measurement Criteria

The psychiatric-mental health registered nurse:

- Engages in teamwork as a team player and a team builder.
- Works to create and maintain healthy work environments in local, regional, national, or international communities.
- Displays the ability to define a clear vision, the associated goals, and a plan to implement and measure progress.
- Demonstrates a commitment to continuous, life long learning for self and others.
- Teaches others to succeed by mentoring and other strategies.
- Exhibits creativity and flexibility through times of change.
- Demonstrates energy, excitement, and a passion for quality work.
- Willingly accepts mistakes by self and others thereby creating a culture in which risk-taking is not only safe, but expected.
- Inspires loyalty through valuing of people as the most precious asset in an organization.
- Directs the coordination of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.
- Serves in key roles in the work setting by participating on committees, councils, and administrative teams.
- Promotes advancement of the profession through participation in professional organizations.
Additional Measurement Criteria for the Psychiatric Mental Health Advanced Practice Nurse

The APRN-PMH:

Utilizes ethical principles to create a system of advocacy for access and parity for mental health problems, psychiatric disorders, and addiction services.

Influences health policy to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric disorders.

Works to influence decision-making bodies to improve patient care.

Provides direction to enhance the effectiveness of the healthcare team.

Initiates and revises protocols or guidelines to reflect evidence-based practice, to reflect accepted changes in care management, or to address emerging problems.

Promotes communication of information and advancement of the profession through writing, publishing, and presentations for professional or lay audiences.

Designs innovations to effect change in practice and improve health outcomes.
Glossary

**Advanced practice registered nurse in psychiatric-mental health (APRN-PMH) -** A licensed registered nurse (RN), educationally prepared at least at the master's degree level in the specialty, whose graduate level preparation is distinguished by a depth of knowledge of theory and practice, validated experience in clinical practice, and competence in advanced clinical nursing skills. The APRN-PMH focuses clinical practice on persons with diagnosed psychiatric disorders or those at risk of mental health disorders, and applies knowledge, skills, and experience autonomously to complex psychiatric-mental health problems.

**Assessment** - The systematic process of collecting relevant patient data for the purpose of determining actual or potential health problems and functional status. Methods used to obtain data include interviews, observations, physical examinations, review of records, and collaboration with colleagues.

**Behavioral Health Care** – An umbrella term for the continuum of services provided to individuals at risk for, or suffering from, mental health problems. Perhaps due to its roots in behavioral health, considered a subspecialty of behavioral medicine, recent Institute of Medicine publications have used the term Mental/Substance Use (M/HU) treatment.

**Brief therapy** - Treatment that focuses on the resolution of a specific problem or behavior in a limited number of sessions.

**Case management** - An intervention in which health care is integrated, coordinated, and advocated for individuals, families, and groups who require services. The aim of case management is to decrease fragmentation and ensure access to appropriate, individualized, and cost-effective care. As a case manager, the nurse has the authority and accountability required to negotiate with multiple clinicians and obtain diverse services for the client in the community.

**Clinical Nurse Specialist:** An advanced practice nurse (APRN) with Master’s degree in a specialty area of practice with specific competencies outlined in the scope and standards of practice for each specialty.

**Clinical supervision** - The process in which one mental health professional seeks assistance from another to discuss therapeutic issues or to identify or clarify a concern or problem and to consider alternatives for problem resolution.

**Competencies:** Measurable activities assigned to each level of practice and may be specialty-driven that outline a minimal and safe level of practice.
Counseling - A specific, time-limited interaction of a nurse with a patient, family, or group experiencing immediate or ongoing difficulties related to their health or well-being. The difficulty is investigated using a problem-solving approach for the purpose of understanding the experience and integrating it with other life experiences.

Crisis intervention – A short-term therapeutic process that focuses on the rapid resolution of an immediate crisis or emergency using available personnel, family, and/or environmental resources.

Diagnostic and Statistical Manual of Mental Disorders-IV Edition - Published by the American Psychiatric Association, the manual provides a listing of official diagnostic classifications for mental disorders. Each disorder is classified on one of five Axes-- I and II include all clinical syndromes and personality disorders, III contains physical disorders, and IV and V provide information about psycho-social stressors and adaptive functioning. (revise)

Evidence-based - The collection, interpretation, and integration of valid, important, and applicable patient-reported, clinician-observed, and research-derived evidence. The best available evidence, moderated by patient circumstances and preferences, is applied to improve the quality of clinical judgments (McKibbon et al. 1996).

Family – Family of origin or significant others as identified by the patient.

Family and marital therapy - Approaches used to enhance the family's or couple's relationship and patterns of communication. Diagnoses, interventions, and outcomes emphasize the observable, interrelated behaviors that characterize the family or couple system.

Functional status - Level of the patient's ability to independently perform activities related to self-care, social relations, occupational functioning, and use of leisure time.

Holistic treatment – Provision of comprehensive care that identifies physical, emotional, social, economic, and spiritual needs as they relate to the individual's response to illness and to the ability to perform activities of daily living.

Illness trajectory – The course of the illness or chronic condition, which depends on the individual, the interventions utilized, and unpredictable events that occur during the illness’ course.

Interventions - Nursing activities that promote and foster health, assess dysfunction, assist patients to regain or improve their coping abilities, and prevent further disabilities.

Managed care - Spans a broad continuum of entities, from the simple requirements of prior authorization for a service in an indemnity health insurance plan, to the assumption of all legal, financial, and organizational risks for the provision of a set of comprehensive benefits to a defined population. Also, the management of health care
clinical services supplied by groups of providers with the aims of cost-effectiveness, quality, and accessibility.

**Mental disorder/illness** - A disturbance in thoughts or mood that causes maladaptive behavior, inability to cope with normal stresses, and/or impaired functioning. Etiology may include genetic, physical, chemical, biological, psychological, or sociocultural factors. Mental illness covers all mental disorders.

**Mental functions** - Characterized by alteration of thinking, mood, or behavior, or a combination of those.

**Mental status**: The basic means of evaluation used by all mental health disciplines to establish a baseline for and create a written record of the following areas: general observations, orientation, mood and affect, speech, thought processes, cognitions and insight.

**Mental Health** - State of well-being in which individuals function well in society and are generally satisfied with their lives. State of successful performance of mental functions, resulting in productive activity, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity.

**Mental Health problems** - Signs and symptoms of mental disorders with insufficient intensity or duration to meet criteria for any mental disorders.

**Milieu therapy/therapeutic environment** – A type of psychotherapy using the total environment to provide a therapeutic community. The emphasis is on developing the therapeutic potential of the setting by developing the physical surroundings, structured activities, a stable social structure, and cultural setting to promote interactions and personal growth.

**National Council of State Boards of Nursing**: A membership organization comprised of states’ boards of nursing that recommends practice guidelines and addresses practice issues of interest to states.

**Nurse Practice Act** – State statute that defines the legal limits of practice for registered nurses.

**Nurse Practitioner**: An advanced practice nurse (APRN) with Master’s degree in a specialty area of practice with specific competencies outlined in the scope and standards of practice for each specialty.

**Nursing practice standards** – Authoritative statements that describe a level of care or performance, common to the profession of nursing, by which the quality of nursing can be judged. They include activities related to assessment, diagnosis, outcomes...
identification, planning, implementation, evaluation, quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization.

**Nursing process** – A systematic and problem-solving approach that includes individualized patient assessment, planning, implementation/intervention, and evaluation.

**Outcomes** – The patient’s goal, or the result of interventions, that includes the degree of wellness and the continued need for care, medication, support, counseling, education.

**Pathophysiology** – The body’s biological and physical processes that result in observable signs and symptoms.

**Patient/patient system** – The individual, family, group, or community for whom the nurse is providing formally specified services.

**Phenomena of concern** - Actual or potential mental problems that are of concern to psychiatric-mental health nurses.

**Prescriptive authority** – The statutory/regulatory authority to prescribe drugs and devices as a component of a profession's scope of practice.

**Primary mental health care** – A mode of service delivery that is initiated at the first point of contact with the mental health care system. It involves the continuous and comprehensive mental health services necessary for promotion of optimal mental health, prevention of mental illness, intervention, health maintenance, and rehabilitation.

**Professional code of ethics** - Statement of ethical guidelines for nursing behavior that serves as a framework for decision making.

**Psychiatric Disorder** – A mental illness that is a disorder of the brain marked by impairment/disruption in an individual’s cognitive, behavioral, social and emotional functioning. This term is used interchangeably with mental disorder, although the former is preferred by some advocacy groups. A recent Institute of Medicine publication recommends use of the term Mental or Substance Use illness or problem over the term disorder.

**Psychiatric-mental health consultation** - The process in which assistance is sought from a mental health professional about either the clinical care of a patient (client-centered consultation) or their own psychosocial or educational/skill development issues related to patient care issues (consultee-centered consultation), or the attainment of administrative expertise in either management of staff or program development (administrative consultation).

**Psychiatric-mental health nursing** - A specialized area of nursing practice that employs theories of human behavior as its science and the purposeful use of "self" as its art. It is the diagnosis and treatment of human responses to actual or potential mental disorders and their long-term effects. Interventions include the continuous and comprehensive primary mental health care services necessary for the promotion of
optimal mental health, the prevention of mental illness, rehabilitation from mental disorders, and health maintenance.

**Psychiatric-mental health registered nurse (RN-PMH)** - A registered nurse who has worked in the field of psychiatric-mental health nursing for a minimum of two years, and demonstrates competency in the skills of psychiatric-mental health nursing identified in this document. (REVISE)

**Psychobiological interventions** - Interventions (e.g., relaxation techniques, hypnosis, nutrition and dietary regulations, exercise, rest schedules, and psychopharmacological agents) used to improve well-being and functioning.

**Psychopathology** - The mind's biological and physical processes that result in observable signs and symptoms of mental disorder.

**Psychopharmacological agents** – Mediations used to treat mental disorders.

**Psychosocial domain** – The range of diagnoses and treatments that are related to mental health, social status, and functional ability.

**Psychotherapy** - A formally structured, contractual relationship between the therapist and patient(s) for the purpose of effecting change in the patient system. Approaches include all generally accepted and respected methods of therapy, including individual therapy (play and other expressive therapies, insight therapy, behavioral therapy, cognitive therapy, and brief goal- or solution-oriented therapy), group therapy, couple/marital therapy, and family therapy.

**Recovery**: A way of living a satisfying, hopeful, and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic events of mental illness.

**Registered nurse (RN)** - An individual educationally prepared in nursing and licensed by the state board of nursing to practice nursing in that state. Registered nurses may qualify for specialty practice at two levels - basic and advanced. These levels are differentiated by educational preparation, professional experience, type of practice, and certification.

**Therapeutic community** – The physical environment, patients, staff, and policies of the therapeutics facility, which have an influence on individuals functioning in the activities of daily living.

**Therapeutic process** - Use of the nurse-patient relationship and the nursing process to promote and maintain a patient's adaptive coping responses