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# 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.

1                                   **DEFINITION OF PSYCHIATRIC MENTAL HEALTH NURSING**

2  
3   Psychiatric mental health nursing is a specialized area of nursing practice committed to  
4   promoting mental health through the assessment, diagnosis, and treatment of human  
5   responses to mental health problems and psychiatric disorders. Psychiatric mental health  
6   nursing, a core mental health profession, employs a purposeful use of self as its art and a  
7   wide range of nursing, psychosocial, and neurobiological theories and research evidence  
8   as its science. Psychiatric mental health nurses provide comprehensive, patient-centered  
9   mental health and psychiatric care and outcome evaluation in a variety of settings across  
10  the entire continuum of care. Essential components of this specialty practice include  
11  health and wellness promotion through identification of mental health issues, prevention  
12  of mental health problems and care and treatment of persons with psychiatric disorders.

13  
14                                   **HISTORY AND EVOLUTION OF THE SPECIALTY**

15  
16   Psychiatric Mental Health Nursing as a specialty has its roots in 19th century reform  
17   movements to reorganize mental asylums into hospitalized settings and develop care and  
18   treatment for the mentally ill. (Church, 1982). The first organized efforts to develop  
19   psychiatric nursing started at McLean Asylum in Massachusetts in 1882. Early nursing  
20   leaders such as Harriet Bailey, Euphemia Jane Taylor and Lillian Wald supported the  
21   Mental Hygiene Movement and advocated for the acceptance of the emerging specialty  
22   of psychiatric nursing into the larger community of general nursing. The first nurse-  
23   organized training program for psychiatric nursing within a general nursing education  
24   program was established at Phipps Clinic at Johns Hopkins Hospital in 1913. This served  
25   as prototype for other nursing education programs. (Buckwalter & Church, 1979).

26  
27   Under nursing leadership, psychiatric mental health nursing evolved from the narrow  
28   focus of medical models and mind-body dichotomy towards a biopsychosocial approach  
29   to mental illness including the concept of mind as expressed in behavior and adaptation to  
30   experience (Church, 1982). As early as 1914, Adelaide Nutting, a well-known nursing  
31   educator at Teachers College at Columbia, addressing a conference at the new  
32   Psychopathic Hospital in Boston emphasized the role that nursing could play, not only in  
33   promoting recovery from mental illness, but in prevention of mental illness through the  
34   educative aspects of nursing care (Nutting, 1926).

35  
36   Psychiatric mental health nursing leaders played a critical role in identifying and  
37   developing relevant, specialized bodies of knowledge and securing the didactic and  
38   clinical experiences necessary for students to develop to achieve competence as mental  
39   health nurses. They were successful in promoting the integration of mental health  
40   concepts into general nursing educational programs facilitating a national public  
41   awareness of the inter-relationship of mental and physical health in achieving patient  
42   outcomes. Through their efforts, psychiatric mental health nursing practice moved far  
43   beyond the walls of state hospital institutions in meeting the mental health needs of the  
44   broader community (Church, 1982). This position and visibility became extremely  
45   important when the next wave of reform occurred in the 1940's with the passage of the  
46   Mental Health Act.

1  
2  
3                   ***ADVANCED PRACTICE PSYCHIATRIC MENTAL HEALTH NURSING***  
4

5 Specialty nursing at the graduate level began to evolve in the late 1950's in response to  
6 the passage of the National Mental Health Act of 1946 and the creation of the National  
7 Institute of Mental Health in 1949. The National Mental Health Act of 1946 identified  
8 psychiatric nursing as one of four core disciplines for the provision of psychiatric care  
9 and treatment, along with psychiatry, psychology and social work. Nurses played an  
10 active role in treatment in meeting the growing demand for psychiatric services resulting  
11 from increasing awareness of post-war mental health issues. (Bigbee & Amidi-Nouri,  
12 2000).

13  
14 The first specialty degree in Psychiatric Mental Health Nursing, a Master's Degree, was  
15 awarded at Rutgers University in 1954 under the leadership of Hildegard Peplau. In  
16 contrast to existing graduate nursing programs that focused on developing educators and  
17 consultants, graduate education in psychiatric mental health nursing focused on preparing  
18 nurse therapists who could assess and diagnose mental health problems and psychiatric  
19 disorders, and provide individual, group and family therapy. Psychiatric nurses pioneered  
20 the development of the advanced practice nursing role and led in establishing national  
21 specialty certification through the American Nurses Association.  
22

23 The Community Mental Health Centers Act of 1963 facilitated the expansion of  
24 Psychiatric Clinical Nurse Specialist (CNS) practice into outpatient and ambulatory care  
25 sites. These master's and doctorally prepared CNS's fulfilled a crucial role in helping  
26 deinstitutionalized mentally ill persons adapt to community life. Traineeships to fund  
27 graduate education provided through the National Institute of Mental Health played a  
28 significant role in expanding the Psychiatric Clinical Nurse Specialist workforce. By the  
29 late 1960's they were providing individual, group and family psychotherapy in a broad  
30 range of settings and obtaining third-party reimbursement.  
31

32 Another paradigm shift occurred as research established the neurobiologic basis of the  
33 more severe forms of mental illness and as more efficacious psychotropic medications  
34 with fewer side effects were developed. Psychopharmacology assumed a more central  
35 role in psychiatric treatment. The role of the Psychiatric Mental Health Clinical Nurse  
36 Specialist evolved to address the expanding biopsychosocial perspective and the  
37 competencies required for practice congruent with emerging science. Many psychiatric  
38 graduate nursing programs added content related to neurology, pathophysiology and the  
39 medical management of psychiatric illness to their curricula, and prescriptive privileges  
40 became embedded in Psychiatric Mental Health Clinical Nurse Specialist roles in most  
41 states. (Kaas & Markley, 1998).  
42

1 Other trends in mental health and the larger healthcare system sparked other significant  
2 changes in advanced practice psychiatric nursing. These trends included a shift in NIMH  
3 funds from education to research, leading to a dramatic decline in enrollment in  
4 psychiatric nursing graduate programs (Taylor, 1999); an increase in physical health  
5 problems in mentally ill persons living in community settings (Chafetz, White, Collins-  
6 Bride & Nickens, 2005); the shift to primary care as a primary point of entry for  
7 comprehensive health care, including psychiatric specialty care, and the growth and  
8 public recognition of the nurse practitioner role in primary care settings.

9  
10 In responding to these challenges, psychiatric nursing graduate programs changed their  
11 curricula to include greater emphasis on comprehensive health assessment and referral  
12 and management of common physical health problems, in addition to continued focus on  
13 educational preparation to meet the state criteria and professional competencies for  
14 prescriptive authority. The tremendous expansion in use of nurse practitioners in primary  
15 care settings had made the title ‘Nurse Practitioner’ synonymous with ‘advanced practice  
16 nurse’ for many in the general public and in some state practice acts. Although  
17 Psychiatric Mental Health Nursing was not seeking a title change (Bjorkland, 2003), the  
18 specialty found itself drawn toward the use of the Nurse Practitioner title in response to  
19 market forces and state regulations (Wheeler & Haber, 2003; Delaney, et. al., 1999).

20  
21 Currently, the titles used by Psychiatric Mental Health Clinical Nurse Specialists and  
22 Psychiatric Mental Health Nurse Practitioners are more reflective of the language in state  
23 practice acts and regulations. Psychiatric Mental Health Nursing Advanced Practice  
24 Nurses, whether a Clinical Nurse Specialist or Nurse Practitioner, share the same core  
25 competencies related to clinical and professional practice which suggest the core  
26 curriculum content for psychiatric mental health nursing graduate core curriculum  
27 content.

28  
29 The findings of the Logistical Job Analysis conducted by the American Psychiatric  
30 Nurses Association and the American Nurses Credentialing Center in December, 2005  
31 supported the fact that Psychiatric Mental Health Clinical Nurse Specialists and  
32 Psychiatric Mental Health Nurse Practitioners share one scope of practice and can be  
33 assessed with one exam (ANCC & APNA Summary Report, 1/17/06).

34  
35 Although the American Nurses Credentialing Center (ANCC) currently offers  
36 certification exams for both the Psychiatric Mental Health Nurse Practitioner and  
37 Psychiatric Mental Health Clinical Nurse Specialist, there is currently little evidence of  
38 consistent differences in these roles nationwide. This has led to support within the  
39 specialty for use of the term Advanced Practice Registered Nurse—Psychiatric Mental  
40 Health (APRN-PMH) as the preferred title for advanced practice psychiatric nursing  
41 nationwide. ANA identifies Advanced Practice Registered Nurses (APRNs) as  
42 professional nurses who have successfully completed a graduate program of study in a  
43 nursing specialty that provides specialized knowledge and skills that form the foundation  
44 for expanded roles in health care.

1  
2  
3 **CURRENT ISSUES AND TRENDS**  
4

5 *The Need for Nursing in a Transformed Mental Health Care System*  
6

7 Major changes in the health care delivery system, practice patterns of health  
8 professionals, and funding continue to have a profound effect on mental health care and  
9 psychiatric –mental health nursing practice. Nationally, health care delivery systems,  
10 educational institutions, policy makers, and health professionals have been challenged to  
11 create a vision for mental health care delivery that reduces health disparities and embeds  
12 quality safety evidence-based practice, interprofessional practice, and cultural  
13 competence as essential dimensions of consumer-focused 21st century mental health care  
14 delivery and professional practice. (Allan et al, 2004; President’s New Freedom  
15 Commission, 2003; IOM, 1999, 2003, 2005; Stuart, 2004; Eddy, 2005).  
16

17 Because mental disorders are a major health problem in the United States and  
18 internationally, a challenge has been issued to all core health professions, especially  
19 nursing, to identify, treat, and prevent mental illness. An estimated 22.1 percent of  
20 Americans aged 18 and older, about 1 in 5 adults, suffer from a diagnosable psychiatric  
21 disorder in a given year. Based on the 1998 US Census residential population estimate,  
22 this figure translates to 44.3 million people.  
23

24 The 2002 World Health Organization Report cites depression as the number one health  
25 problem worldwide. Approximately 15 percent of the population with a psychiatric  
26 illness have co-occurring psychiatric illnesses; this co-morbidity predisposes them to a  
27 persistent course of chronic illness and increased utilization of mental health and other  
28 resources. Furthermore, 4 of the 10 leading causes of disability in the US and other  
29 developed countries are psychiatric disorders, that is major depression, bipolar disorder,  
30 schizophrenia, and anxiety disorders. The World Health Organization (2001) reports that  
31 psychiatric disorders account for 24 percent of all health-related disability, alcohol and  
32 drug use disorders for 12 percent, and Alzheimer’s and dementias for 7 percent. Adding  
33 these categories together allows one to conclude that fully 43 percent of all health-related  
34 disability is directly due to psychiatric disorders.  
35

36 The overall prevalence of psychiatric disorders in children is not as well documented as it  
37 is for adults. However, approximately 20 percent of children are estimated to have mental  
38 disorders with at least mild functional impairment. Children and adolescents with a  
39 serious emotional disturbance number approximately 5 to 9 percent of children ages 9 to  
40 17 (USDHHS, 2000a).  
41

42 Estimates generated from the ECA Survey (President’s New Freedom Commission,  
43 2003) suggest that approximately 20 percent of the older adult population have a  
44 diagnosable psychiatric disorder during a one-year period; this does not include older  
45 adults with severe cognitive impairments like Alzheimer’s disease.  
46

1 Considerable research now documents that mental health is the key to overall physical  
2 health and wellbeing (Fawzy & Fawzy, 1993; Sephton, Sapolsky, Kraemer & Spiegel,  
3 2000). Compelling evidence reports that up to 75 percent of all primary care visits can be  
4 attributed to psychosocial problems including mood, anxiety, and substance-related  
5 disorders (America Health Together, 2003; President’s New Freedom Commission.,  
6 2003) and that mental health has a significant impact on clinical outcomes related to  
7 myocardial infarction (Bush et al., 2005), stroke (Whyte & Mulsant, 2002), cancer  
8 (Chochinov, 2001; Stark & House, 2000), and other chronic diseases like diabetes  
9 (deGroot, Anderson, Freedland, Clouse & Lustman, 2001).

10  
11 Although the prevalence of psychiatric disorders did not change during the decade  
12 between 1990-1992 (29.2%) and 2001-2003 (30.5%), the rate of treatment increased from  
13 20.3 percent between 1990-1992 to 32.9 percent between 2001-2003 (Kessler et al.,  
14 2005) reflecting the expansion of primary care, managed care, and behavioral “carve-out”  
15 programs for mental health services. However, these percentages speak to the fact that  
16 that most people with psychiatric disorders do not receive treatment.

17  
18 Stigma and barriers to accessible, effective, and coordinated treatment contribute to  
19 health disparities within the population (IOM, 2005). Financial barriers include lack of  
20 parity in insurance coverage for psychiatric mental health care and treatment, resulting in  
21 restrictions on number and type of outpatient visits, number of covered inpatient days and  
22 high co-pays for services. Changes in eligibility criteria for public insurance programs  
23 have contributed to an increase in the number of uninsured. Reductions in reimbursement  
24 have affected the number of clinicians willing or able to afford to provide services.  
25 Geographical barriers include lack of affordable, accessible public transportation in urban  
26 areas and lack of accessible clinical services in rural areas. Cultural barriers to seeking  
27 help for mental health problems are also an issue.

28  
29 These disparities occur at a time of growing evidence of intervention effectiveness for  
30 treatment of mental health problems and psychiatric disorders. Research evidence now  
31 exists to support the lifelong ability to influence the structure and function of the brain  
32 through manipulation of environmental and behavioral factors commonly referred to as  
33 our brain’s plasticity. The evidence to support clinical decision making by psychiatric  
34 nurses and other mental health professionals continues to evolve.

35  
36 As Psychiatric Mental Health (PMH) nurses address their practice in the 21st century, it  
37 is critical they examine the vision of mental health care to inform their practice. Federal  
38 agencies, commissions and advocacy groups have identified a future vision of a mental  
39 health care system organized to respond to all consumers in need of services. (See Table  
40 1). These reports converge on several points but most central is that a transformed mental  
41 health system has the consumer at center stage. Key to this vision are strategies for  
42 remedying the inadequacy and fragmentation of services and for creating a workforce  
43 who will carry out the transformation. There is particular emphasis on providing services  
44 to children, adolescents, older adults, and other underserved populations.

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

7  
8 Recovery is the lead principle of the SAMHSA, NCD, NAMI, IOM, and the President's  
9 New Freedom Commission's transformation plans. The recovery paradigm of mental  
10 health care emphasizes the reawakening of hope, engagement in life and empowerment  
11 over illness (Ridgeway, 2001). Recovery is a critical component of psychosocial  
12 rehabilitation which also focuses on helping individuals develop the skills they need to  
13 assume meaningful employment, suitable housing and interpersonal relationships  
14 (Anthony, Cohen, Farkas, & Cagne, 2002).

15  
16 While the person-centered recovery model supports an individualized, subjectively-  
17 defined experience based approach, evidence-based practice is driven by objective  
18 outcomes data generated scientifically to support prescriptive approaches. This creates a  
19 tension that must be explored and negotiated by Psychiatric Mental Nurses who must  
20 balance and integrate the science of evidence-based treatment with a philosophical  
21 understanding of how individuals attach meaning to experiences that shape their behavior  
22 and their treatment choices in maximizing patient outcomes, including desired outcomes  
23 defined by the patient (Raingruber, 2003; Baker, 1999; Salyers & Macy, 2005).

24  
25 The President's New Freedom Commission Transformation Plan also calls for  
26 community level service systems that coordinate multiple agencies to provide care. These  
27 points of connection between agencies are vital to the realization of individualized  
28 recovery plans (SAMSHA, 2005). However, the notion of widespread, out-patient  
29 community based services runs contrary to the current trend which has decreasing monies  
30 being spent on all forms of mental health treatment, including outpatient services  
31 (Manderscheid et al, 2004; Martin & Leslie, 2003; National Association of Psychiatric  
32 Hospital Systems, 2003).

33  
34 A person with a serious and persistent psychiatric disorder may indeed move toward  
35 recovery with the assistance of interagency collaboration and assertive community  
36 treatment; but the past shows us a vision of care that carries no guarantee for the  
37 infrastructure to enact the plan (Phillips et al, 2001). The past also demonstrates that to  
38 operate complex case management systems demands team leaders that are experienced,  
39 trained, mental health professionals (Rapp, 1998) and that psychiatric nurses have been  
40 identified as a key ingredient for achieving positive patient outcomes in case management  
41 teams (McGrew & Bond, 1995).

1  
2 The transformed mental health system will require nurses who understand systems and  
3 can work between and within systems, connect services and serving as an important  
4 safety net in the event of service gaps. Psychiatric nurses are professionals perfectly  
5 poised to enact this role and make significant contributions to positive clinical recovery  
6 outcomes for the vulnerable, and often underserved, patient population. It behooves the  
7 psychiatric nursing specialty to assure they are certified and identified in the workforce as  
8 core mental health professionals.  
9

10 Another key to the transformed mental health care system is consumer input on access,  
11 efficiency and outcomes to gauge quality. The government is seeking to define and  
12 capture quality on the patient level via the development of an information system, termed  
13 the DS2000 (Manderscheid & Henderson, 2004). This system represents the broad use of  
14 information technology to capture not just quality, but provider data, cost and outcomes.  
15 With its full implementation, decision support would link quality performance to quality  
16 outcomes, and payment. The hope is to establish a large data system that providers,  
17 mental health systems and state planners could access to determine what works, at what  
18 cost, with what type of patient.  
19

20 Quality initiatives should be implemented in an integrated fashion, whereby clinicians are  
21 accountable for understanding and using technology to build an evidence base for their  
22 practice. Psychiatric nurses as clinicians must understand that technology is the vehicle  
23 for data accountability that will be used to gauge quality of care and enact policy  
24 changes. Psychiatric nursing faculty is in an excellent position to use technology in the  
25 educational process and thus create future clinicians who are fluent in its use (Carlson-  
26 Sabelli & Delaney, 2005; McGuinness, 2004).  
27

28 The Transformation plan includes the vision of inclusion for the homeless, children, older  
29 adults, rural sector and other underserved populations. Certainly an ideology of inclusion  
30 returns both equity and humanity to the system. But for many of these groups social  
31 problems are inextricably bound with their emotional illness.  
32

33 A recent study of children with serious emotional disorder (SED) found that almost half  
34 had social, family and educational issues that accompanied their SED (Pottick et al,  
35 2002). Evidence related to psychiatric disorders in older adults reveals high rates of  
36 comorbid medical illness. Comorbidity in the aged is a predictor of poorer response to  
37 mental health treatment, as well as a predictor of relapse (Hanrahan and Sullivan-Marx,  
38 2005). . Moreover, despite a dramatic growth in evidence-based treatment for mental  
39 health problems of older adults, mental health service use is extremely low. Less than 3  
40 percent of older adults receive outpatient mental health services, only 7 percent of all  
41 inpatient psychiatric services, and 9 percent of private psychiatric care (Bartels, 2002;  
42 Persky, 1998).  
43

1 Nursing models for rural care are specifically designed to address the interplay of  
2 poverty, mental illness and social issues (Hauenstein, 1997). Such nursing models  
3 recognize that resource-poor environments require service models with provisions for  
4 moving clients into self-management and for bridging systems so that medical issues are  
5 addressed. This nursing approach will be of significant importance in crafting  
6 individualized treatment plans organized to address populations with tremendous  
7 physical and social needs which are inextricably bound with their mental health issues.  
8 The need for psychiatric nurses will be great since their command of multiple bodies of  
9 knowledge (medical science, the neurobiology of psychiatric disorders, treatment  
10 methods and relationship science) situates them as the key players to maintain the  
11 connection between psychiatry, medicine, and case management systems (Hanrahan &  
12 Sullivan-Marx, 2005).

13  
14 The transformed mental health care system will require a mental health workforce with  
15 additional characteristics. As articulated by the Annapolis Coalition (2003) it is a  
16 workforce that must be comfortable with the use of technology in care delivery, be able  
17 to operate in teams, and be fluent in the use of evidence based practice. To work within a  
18 system synchronized with a recovery models will also require professionals who operate  
19 within the relationship with the patient to build therapeutic alliances.

20  
21 Psychiatric nurses have always been professionals on the direct lines of care who  
22 understand both everyday needs and complex medical/psychiatric needs of patients  
23 (Rolfe & Cutcliffe, 2005). Also in line with the Annapolis Coalition recommendations,  
24 Advanced Practice Nursing education is competency based (National Panel for  
25 Psychiatric-Mental Health NP Competencies, 2003; Wheeler and Haber, 2004) and  
26 already implementing innovative programs that embed multidisciplinary teamwork at the  
27 core of their curriculum (Sills & Clement, 2005).

28  
29 In a transformed mental health care system, the workforce will be fluent in the use of  
30 evidence-based practice. As outlined above, the transition to EBP has been rapid and not  
31 without its critics ( Norcross, Beutler & Levant, 2006). The use of the “best available”  
32 research evidence, coupled with expert clinical judgment, and patient preferences creates  
33 essential linkages between and among the consumer, the provider, the setting, and the  
34 science (Sackett, 2000). The key is that the person isn’t relegated to either extreme of  
35 being a patient or consumer and that EBPs are always maintained within a relationship  
36 based approach (Messer, 2006).

37  
38 The promise of evidence related to genetics and innovative treatments for major mental  
39 illness are the promise of the future (Krestenbaum, 2001). Psychiatric nursing should take  
40 leadership in creating client- centered care that understands the evidence related to the  
41 neurobiology of psychiatric disorders and medications but also able to demonstrate how  
42 to construct relationships within a recovery based model (Forchuk, Martin, Chan, &  
43 Jensen, 2005).

44

1 While much of the focus of the transformed mental health care system is on the creation  
2 of new service structures, none of the agencies have lost sight of safety.(Spear, 2005).  
3 Safety is especially pertinent to nursing practice due to safety issues surrounding restraint  
4 and because error/mortality can be tied to the nurse/patient ratios. As scrutiny of safety  
5 and error continue, nurses have assumed a key role in designing studies on the  
6 relationship of nursing, staffing and patient safety. But they must also maintain a role  
7 consistent with their direct care position and anticipate systems error and act before a  
8 flawed process plays out In the inpatient arena, psychiatric nurses, as managers of the  
9 milieu, must move the safety agenda beyond reducing restraint to a studied approach of  
10 how to create safe units, both physical and psychological, and devise the measurement of  
11 key systems/staffing factors that result in reductions in restraint, violence, and other  
12 threats to patient safety (Johnson & Delaney, in review; Delaney, 2006).

13  
14 Alongside their focus on treatment and recovery, Psychiatric Mental Health nurses  
15 provide leadership to prevention efforts (Commission for the Prevention of Youth  
16 Violence, 2000). Armed with the growing understanding of how stress and mental illness  
17 interact, Psychiatric Mental Health nurses educate the public on the ramifications of  
18 stress and stress reduction techniques (deVries & Wilkerson, 2003).

19  
20 The behaviors that place our youth at risk is a priority focus for prevention efforts  
21 (Romer, 2003). While traditional prevention foci (such as decreasing tobacco, alcohol  
22 and substance use) continue, increased attention is being directed to the effects of our  
23 media/internet driven society on teen's risk behaviors. Though youth spend, on average,  
24 three hours a day watching television and spend 2 hours on-line at least 4 times a week,  
25 little is known about how this media saturation shapes their normative behaviors and  
26 social interaction patterns (Escobar-Chaves,Tortolero, Markham, Low, Eitel &  
27 Thickstun, 2005). School nurses, often the first contact with youth, already function as  
28 key mental health service providers and their role in prevention should be strengthened  
29 and supported by the specialty (SAMHSA, 2006)

## 30 31 **SCOPE OF PRACTICE**

### 32 33 **DEFINITION OF PSYCHIATRIC MENTAL HEALTH NURSING**

34  
35 Psychiatric mental health nursing is a specialized area of nursing practice committed to  
36 promoting mental health through the assessment, diagnosis, and treatment of human  
37 responses to mental health problems and psychiatric disorders. Psychiatric mental health  
38 nursing, a core mental health profession, employs a purposeful use of self as its art and a  
39 wide range of nursing, psychosocial, and neurobiological theories and research evidence  
40 as its science. Psychiatric mental health nurses provide comprehensive, patient-centered  
41 mental health and psychiatric care and outcome evaluation in a variety of settings across  
42 the entire continuum of care. Essential components of this specialty practice include  
43 health and wellness promotion through identification of mental health issues, prevention  
44 of mental health problems and care and treatment of persons with psychiatric disorders.

1 Psychiatric mental health nursing involves the delivery of comprehensive primary mental  
2 health care in a variety of settings. Primary mental health care is defined as the  
3 continuous and comprehensive services necessary for the promotion of optimal health;  
4 the prevention of mental illness; health maintenance; management of, and referral for,  
5 mental and physical health problems; the diagnosis and treatment of psychiatric disorders  
6 and their sequelae, and rehabilitation (Haber & Billings, 1995). Psychiatric mental health  
7 nursing is necessarily holistic and considers the needs and strengths of the individual,  
8 family, group and community.

9  
10 It is within the scope of Psychiatric Mental Health Nursing Practice to provide primary  
11 mental health care to patients seeking mental health services in a wide range of delivery  
12 settings. Primary mental health care involves overall health promotion, universal,  
13 selective, and preventive interventions (Mrazek & Hagerty, 1994), general health  
14 teaching, health screening and appropriate referral for treatment of general or complex  
15 health problems and a specialization in the evaluation and management of those with  
16 psychiatric disorders and those at risk for them, including psychiatric rehabilitation  
17 (Haber and Billings 1995).

18  
19 The psychiatric mental health nurse's assessment is a synthesis of the information  
20 obtained from interviews, behavioral observations and other available data from which a  
21 diagnosis is derived and validated with the patient. The psychiatric mental health nurse  
22 uses diagnoses and standard classifications of mental disorders such as North American  
23 Nursing Diagnosis Association (NANDA, 1999), The Diagnostic and Statistical Manual  
24 of Mental Disorders of the American Psychiatric Association (APA cite latest edition) or  
25 the International Classification of Diseases (WHO, 1993) to develop a treatment plan  
26 based on assessment data and theoretical premises. The nurse then selects and  
27 implements interventions and periodically evaluates patient outcomes, revising the plan  
28 of care as needed, to achieve optimal results. Such classification systems enhance  
29 communication and permit the data to be used for research purposes.

30  
31 Mental health problems and psychiatric disorders are addressed across a continuum of  
32 care. A continuum of care consists of an integrated system of settings, services, health  
33 care clinicians, and care levels spanning illness to wellness states (Boyd, 2005). The  
34 primary goal of a continuum of care is to provide treatment that allows the patient to  
35 achieve the highest level of functioning in the least restrictive environment.

36  
37 Psychiatric Mental Health Nurses are concerned about:

- 38
- 39 • Promotion of optimal mental and physical health and well-being and prevention of  
40 mental illness
  - 41 • Impaired ability to function related to psychiatric, emotional and physiological  
42 distress
  - 43 • Alterations in thinking, perceiving and communicating due to psychiatric disorders or  
44 mental health problems.
  - 45 • Behaviors and mental states that indicate potential danger to self or others
  - 46 • Emotional stress related to illness, pain, disability and loss

- 1 • Symptom management, side effects/toxicities associated with self-administered  
2 drugs, psychopharmacological intervention and other treatment modalities.
- 3 • The barriers to treatment efficacy and recovery posed by alcohol and substance abuse  
4 and dependence
- 5 • Self-concept and body image changes, developmental issues, life process changes,  
6 and end of life issues.
- 7 • Physical symptoms that occur along with altered psychological status
- 8 • Psychological symptoms that occur along with altered physiological status
- 9 • Interpersonal, organizational, sociocultural, spiritual or environmental circumstances  
10 or events which have an effect on the mental and emotional well-being of the  
11 individual and family or community.
- 12 • Elements of recovery including the ability to maintain housing, employment and  
13 social support that help individuals re-engage in the seeking of meaningful lives.

## 14 **LEVELS OF PSYCHIATRIC MENTAL HEALTH NURSING PRACTICE**

15  
16  
17 Psychiatric mental health nurses are registered nurses who are educationally prepared in  
18 nursing and licensed to practice in their individual states. Levels of practice are  
19 differentiated by educational preparation, complexity of practice, and performance of  
20 certain nursing functions. (SERPN, 2005)

### 21 *The Psychiatric Mental Health Registered Nurse*

22  
23  
24 A psychiatric mental health registered nurse is a registered nurse who demonstrates  
25 competence, including specialized knowledge, skills, and attitudes, obtained through  
26 education or experience, in caring for persons with mental health issues, mental health  
27 problems and psychiatric disorders.

28  
29 Nurses from a number of educational backgrounds participate and practice in psychiatric  
30 nursing settings. Due to the complexity of care in the specialty the preferred educational  
31 preparation is at the baccalaureate level.

32  
33 The science of nursing is based on a critical thinking framework, known as the nursing  
34 process, composed of assessment, diagnosis, outcomes identification, planning,  
35 implementation and evaluation. These steps serve as the foundation for clinical decision-  
36 making and are used to provide an evidence base for practice (ANA, 2004, pp. 11-12).

37  
38 Psychiatric mental health registered nursing practice is characterized by the use of the  
39 nursing process with persons with actual or potential mental health problems or  
40 psychiatric disorders to promote and foster health and safety, assess dysfunction, assist  
41 persons to regain or improve their coping abilities, maximize strengths, and prevent  
42 further disability. Data collection at the point of contact involves observational and  
43 investigative activities, which are guided by nurse's knowledge of human behavior and  
44 the principles of the psychiatric interviewing process.

1 The work of psychiatric mental health nurses is accomplished through the nurse-client  
2 relationship and therapeutic intervention skills. These skills include but are not limited to  
3 self awareness, empathy and moral integrity which enable psychiatric mental health  
4 nurses to practice the use of self artfully in therapeutic relationships. Some characteristics  
5 of artful therapeutic practice are respect for the client, availability, spontaneity, hope,  
6 acceptance, sensitivity, vision, accountability, advocacy and spirituality.

7  
8 Psychiatric mental health registered nurses practice in a variety of clinical settings across  
9 the care continuum and engage in a broad array of clinical activities including, but not  
10 limited to, health promotion and health maintenance; intake screening, evaluation and  
11 triage; case management; provision of therapeutic and safe environments; promotion of  
12 self care activities; administration of psychobiological treatment regimens and  
13 monitoring response and effects; crisis intervention and stabilization; and psychiatric  
14 rehabilitation.

15  
16  
17 Psychiatric mental health registered nurses maintain current knowledge of advances in  
18 genetics and neuroscience and their impact on psychopharmacology and other evidence-  
19 based treatment modalities. Psychiatric mental health nurses provide leadership in  
20 identifying mental health issues and problems and developing strategies, in partnership  
21 with consumers, patients, communities and other health professionals, to ameliorate or  
22 prevent them.

### 23 24 25 ***The Psychiatric Mental Health Advanced Practice Registered Nurse***

26  
27 The psychiatric mental health advanced practice registered nurse (APRN-PMH) is a  
28 licensed registered nurse who is educationally prepared at the master's or doctorate level  
29 in the specialty of psychiatric mental health nursing. The Psychiatric Mental Health  
30 Advanced Practice Registered Nurse builds on the practice of registered nurses by  
31 demonstrating a greater depth and breadth of knowledge, a greater synthesis of data,  
32 increased complexity of skills and interventions, and significant role autonomy ( ANA  
33 2004, p. 14).

34  
35 The American Nurses Association (ANA) identifies Advanced Practice Registered  
36 Nurses (APRNs) as professional nurses who have successfully completed a graduate  
37 program of study in a nursing specialty that provides specialized knowledge and skills  
38 that form the foundation for expanded roles in health care. The ANA's use of APRN as  
39 an umbrella term for all advanced practice nurses has been a successful political strategy  
40 to educate regulators and legislators regarding the contributions that APRNs make in  
41 providing access to high quality care.

1 The full scope and standards of practice for psychiatric mental health advanced practice  
2 nursing is set forth in this document. While individual APRN-PMHs may actually  
3 implement portions of the full scope and practice based on their role, position description,  
4 and practice setting, it is, importantly, the full breadth of the knowledge base that informs  
5 their practice.

6  
7 APRN-PMH practice is autonomous and focuses on the application of competencies,  
8 knowledge and experience with individuals, families or groups with complex psychiatric  
9 mental health problems. Promoting mental health within our society is a significant role  
10 for the APRN-PMH as is collaboration with and referral to other health professionals as  
11 either the patient's need or the APRN's practice focus may dictate.

12  
13 The scope of practice in psychiatric-mental health nursing is continually expanding as the  
14 context of practice, the need for patient access to holistic care, and the various scientific  
15 and nursing knowledge bases evolve. It is within the scope of practice of the APRN-  
16 PMH, to provide primary mental health care to patients seeking mental health services in  
17 a wide range of delivery settings. APRNs in psychiatric-mental health nursing are  
18 accountable for functioning within the parameters of their education and training, and the  
19 scope of practice as defined by their state practice acts. APRNs-PMH are responsible for  
20 making the referrals for health problems that are outside of their scope of practice.  
21 Although many primary care clinicians treat some symptoms of mental health problems  
22 and psychiatric disorders, the APRN-PMH provides the full range of comprehensive  
23 services that comprise primary mental health and psychiatric care and treatment.

24  
25 The APRN-PMH is professionally qualified to assume autonomous responsibility for the  
26 clinical role functions. They are accountable for their own practice and are prepared to  
27 perform services independent of other disciplines in the full range of delivery settings.  
28 The educational preparation of advanced practice psychiatric mental health nurses in both  
29 the biological and social sciences gives them a unique ability to differentiate various  
30 aspects of the patient's functioning and to make appropriate judgments about the need for  
31 interventions, referral or consultation with other clinicians (ANA, 2001, p.20).

32  
33 Additional functions practiced by the APRN-PMH include advanced practice level  
34 practice of psychopharmacological interventions, complementary interventions, various  
35 forms of psychotherapy, community interventions, case management, consultation-  
36 liaison, clinical supervision, and expanded advocacy activities.

### 37 38 ***Psychotherapy***

39  
40 Psychotherapy interventions include all generally accepted methods of brief or long-term  
41 therapy, specifically including individual therapy, group therapy, couple/marital therapy  
42 and family therapy using a broad array of therapy models including, but not limited to,  
43 insight-oriented, cognitive, behavioral and interpersonal therapies.

1 Psychotherapy denotes a formally structured contractual relationship between the  
2 therapist (APRN-PMH) and patient(s) for the explicit purpose of effecting negotiated  
3 outcomes. This treatment approach to mental disorders is intended to alleviate emotional  
4 distress and/or symptoms, reverse or change maladaptive behaviors, and facilitate  
5 personal growth and development. The contract with the patients(s) or client(s), usually  
6 verbal but may be written, includes the well-accepted elements such as purpose of the  
7 therapy, time, place, fees, confidentiality and privacy components, and access to  
8 emergency after hours contact information.

### 10 ***Psychopharmacology Interventions***

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

### 19 ***Case Management***

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

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

### 39 ***Consultation Liaison***

41 Consultation-liaison activities take place in general (non-psychiatric) health care arenas  
42 such as hospitals, extended care facilities, rehabilitation centers, schools, nursing homes  
43 and outpatient clinics. The role of the consultation-liaison psychiatric-mental health nurse  
44 focuses on providing mental health specialist consultation or direct care psychiatric  
45 mental health nursing services.

1 The clinical aspect of the role ranges from mental health promotion to illness  
2 rehabilitation. In consultation-liaison activities, the APRN-PMH focuses on the  
3 emotional, spiritual, developmental, cognitive, and behavioral responses of patients who  
4 enter any setting of the health care system with actual or potential physiological  
5 dysfunction (client-centered consultation). The psychiatric-mental health consultation  
6 may include consultee-centered consultation with nurses and clinicians in other specialty  
7 areas to increase their biopsychosocial knowledge and skills. Such consultation may also  
8 assist the consultee to recognize and manage their own reactions to patients that,  
9 undetected and unaddressed could adversely affect their patient care. Psychiatric-mental  
10 health consultation may also include assessment and recommendations for action  
11 focusing on the health care delivery organization as the client (administrative-  
12 consultation) (Caplan & Caplan, 1993).

### 13 14 *Clinical Supervision*

15  
16 The APRN-PMH provides clinical supervision to assist other PMH clinicians to further  
17 develop their clinical practice skills, to meet the standard requirement for ongoing peer  
18 consultation and for essential peer supervision. This process is an educative process  
19 focused on professional growth and development rather than staff performance  
20 evaluation. Through education, preparation and clinical experience, the APRN-PMH is  
21 qualified to provide clinical supervision at the request of other mental health clinicians  
22 and clinician-trainees. The APRN-PMH as a clinical supervisor is expected to be  
23 involved in providing direct patient care and serve as a clinical role model as well as a  
24 clinical consultant.

## 25 26 **FOCUSED AREAS OF PRACTICE**

27  
28 Specialty programs in psychiatric-mental health nursing generally focus on adult and/or  
29 child-adolescent psychiatric-mental health nursing and certifications are currently  
30 available for these two specialties. Areas of focus within psychiatric-mental health  
31 nursing has emerged based on current and anticipated societal needs. These areas of focus  
32 may be organized according to a developmental period (geriatric), a specific  
33 mental/emotional disorder (depression, severe and persistent mental illness,  
34 developmental disability), a particular practice focus (forensics, addictions, community,  
35 family, couple, individual) and/or a specific role or function (case management,  
36 consultation-liaison).

### 37 38 39 *Psychiatric-Mental Health Nursing Clinical Practice Settings*

40  
41 The settings and arrangements for psychiatric-mental health nursing practice vary widely  
42 in purpose, type, location, and the auspices under which they are operated. Psychiatric-  
43 mental health nurses may work in organized settings and may be paid for their services  
44 on a salaried, contractual or fee for service basis. In addition, the APRN-PMH may be  
45 self-employed, practice autonomously and bill clients for services provided.

1 Today, because of the advances in brain research and pharmacological treatments, as well  
2 as the current focus on cost effective treatment, most clients in need of mental health are  
3 cared for in community settings. Acute, intermediate and long-term care settings still  
4 admit and care for psychiatric patients but lengths of stay, especially in acute and  
5 intermediate settings have decreased in response to fiscal mandates, the availability of  
6 community-based settings, and consumer preference.

#### 7 8 Crisis Intervention/Psychiatric Emergency Services

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

#### 12 13 Acute Inpatient Care

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

#### 18 19 Intermediate and Long Term Care

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

#### 31 32 Partial Hospitalization/Intensive Outpatient Treatment

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

#### 35 36 Residential Services

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

1 Community-based Care

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

8  
9 Assertive Community Treatment (ACT)

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

15  
16 Telehealth

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

32  
33 Self-employment

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

1                   **STANDARDS OF PSYCHIATRIC MENTAL**  
2                   **HEALTH NURSING PRACTICE**

3                   **Draft Revision 2006**

4  
5                   **Standards Of Practice**

6  
7                   **Standard 1. ASSESSMENT**

8  
9                   **The psychiatric mental health registered nurse collects comprehensive health data**  
10                  **that is pertinent the patient’s health or situation.**

11  
12                  ***Rationale***

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

16  
17                  ***Measurement Criteria***

18  
19                  **The Psychiatric-Mental Health Registered Nurse:**

20  
21                  Collects data in a systematic and ongoing process.

22  
23                  Involves the patient, family, other healthcare providers, and environment, as  
24                  appropriate, in holistic data collection.

25  
26                  Demonstrates effective clinical interviewing skills that facilitate development of a  
27                  therapeutic alliance.

28  
29                  Prioritizes data collection activities based on the patient’s immediate condition or  
30                  anticipated needs of the patient or situation. The data may include but is not limited  
31                  to the patient’s:

- 32
- 33                  • Central complaint, focus or concern and symptoms of major psychiatric disorders.
  - 34                  • History and presentation regarding suicidal, violent, and self-mutilating behaviors  
35                  to assess level of risk.
  - 36                  • History of reliability with regard to patient’s verbal agreement to seek  
37                  professional assistance prior to engaging in behaviors dangerous to self or others.
  - 38                  • Pertinent family history of psychiatric disorders, substance abuse and other  
39                  mental health issues.
  - 40                  • Evidence of abuse or neglect.
  - 41                  • Stressors, contributing factors and coping strategies.

- 1 • Demographic profile and history of health patterns, illnesses and past treatments
- 2 and level of adherence and effectiveness.
- 3 • Actual or potential barriers to adherence to recommended or prescribed treatment.
- 4 • Health beliefs and practices.
- 5 • Religious and spiritual beliefs and practices.
- 6 • Cultural, racial and ethnic identity and practices.
- 7 • Physical, developmental, cognitive, mental status, emotional health concerns and
- 8 neurological assessment.
- 9 • Daily activities, personal hygiene, occupational functioning, functional health
- 10 status and social roles, including work, sleep and sexual functioning.
- 11 • Economic, political, legal, and environmental factors affecting health.
- 12 • Significant support systems and community resources including what has been
- 13 available and underutilized.
- 14 • Knowledge, satisfaction, and motivation to change, related to health.
- 15 • Strengths and competencies that can be used to promote health.
- 16 • Current and past medications, both prescribed and over-the-counter inclusive of
- 17 herbs, alternative medications, vitamins, or nutritional supplements.
- 18 • Medication interactions and history of side effects and past efficacy.
- 19 • History and patterns of alcohol and substance abuse including type, amount, most
- 20 recent use and withdrawal symptoms.
- 21 • Complementary therapies used to treat health and mental illness and outcomes.
- 22

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

25  
26 Uses analytical modes and problem-solving techniques.

27  
28 Ensures that appropriate consents, as determined by regulations and policies, are  
29 obtained to protect patient confidentiality and support the patient's rights in the  
30 process of data gathering.

31  
32 Synthesizes available data, information, and knowledge relevant to the situation to  
33 identify patterns and variances.

34  
35 Uses therapeutic principles to understand and interpret the patient's emotion, thoughts  
36 and behaviors.

37  
38 Documents relevant data in a retrievable format.

39  
40



1  
2 **Additional Measurement Criteria for the Psychiatric Mental Health Advanced**  
3 **Practice Registered Nurse**  
4

5 **The APRN-PMH:**  
6

7 Systematically compares and contrasts clinical findings with normal and abnormal  
8 variations and developmental events in formulating a differential diagnosis.  
9

10 Develops a differential diagnosis derived from the collection and synthesis of  
11 assessment data, and applies standardized taxonomy systems to the diagnosis of  
12 mental health problems and psychiatric disorders utilizing current DSM & ICD  
13 Taxonomy.  
14

15 Utilizes complex data and information obtained during interview, examination and  
16 diagnostic procedures in identifying diagnosis.  
17

18 Documents the diagnosis.  
19

20 Identifies long-term effects of psychiatric disorders on mental, physical and social  
21 health.  
22

23 Evaluates the health impact of life stressors, traumatic events and situational crises  
24 within the context of the family cycle.  
25

26 Evaluates the impact of the course of psychiatric disorders and mental health  
27 problems on quality of life and functional status.  
28

29 Assists staff in developing and maintaining competency in the diagnostic process.  
30

31 **Standard 3. OUTCOMES IDENTIFICATION**  
32

33 **The psychiatric mental health registered nurse identifies expected outcomes for a**  
34 **plan individualized to the patient or to the situation.**  
35

36 Rationale  
37

38 Psychiatric mental health registered nurses provide nursing care to influence positive  
39 patient outcomes including the achievement of individualized mental and physical health  
40 goals.  
41

1 *Measurement Criteria*

2  
3 **The psychiatric mental health registered nurse:**

4  
5 Derives culturally appropriate expected outcomes from the diagnosis.

6  
7 Involves the patient, family, and other healthcare providers in formulating expected  
8 outcomes when possible and appropriate.

9  
10 Considers associated risks, benefits, costs, current scientific evidence, and clinical  
11 expertise when formulating expected outcomes.

12  
13 Defines expected outcomes in terms of the patient, patient values, ethical  
14 considerations, environment or situation with such consideration as associated risks,  
15 benefits and costs, and current scientific evidence.

16  
17 Develops expected outcomes that provide direction for continuity of care .

18  
19 Documents expected outcomes as measurable goals.

20  
21 Includes a time estimate for attainment of expected outcomes.

22  
23 Modifies expected outcomes based on changes in the status of the patient or evaluation  
24 of the situation.

25  
26 **Additional Measurement Criteria for the Psychiatric Mental Health Advanced**  
27 **Practice Registered Nurse**

28  
29 **The APRN-PMH:**

30  
31 Identifies expected outcomes that incorporate scientific evidence and are achievable  
32 through implementation of evidence-based practices.

33  
34 Identifies expected outcomes that incorporate cost and clinical effectiveness, patient  
35 satisfaction, and continuity and consistency among providers.

36  
37 Supports the use of clinical guidelines linked to positive patient outcomes.

38  
39  
40 **Standard 4. PLANNING**

41  
42 **The psychiatric mental health registered nurse develops a plan that prescribes**  
43 **strategies and alternatives to attain expected outcomes.**

1 Rationale

2

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

5

6 *Measurement Criteria*

7

8 **The psychiatric mental health registered nurse:**

9

10 Develops the plan in collaboration with the patient, family, and other health care  
11 providers when appropriate.

12

13 Prioritizes elements of the plan based on the assessment of the patient's level of risk for  
14 potential harm to self or others and safety needs

15

16 Includes strategies within the plan that address each of the identified diagnoses or  
17 issues, which may include strategies for promotion and restoration of health and  
18 prevention of illness, injury, and disease.

19

20 Assists patients in securing treatment or services in the least restrictive environment.

21

22 Includes an implementation pathway or timeline within the plan.

23

24 Provides for continuity within the plan.

25

26 Utilizes the plan to provide direction to other members of the health care team.

27

28 Documents the plan using standardized language or recognized terminology.

29

30 Defines the plan to reflect current statutes, rules and regulations, and standards.

31

32 Develops the plan to reflect the use of available research evidence.

33

34 Considers the economic impact of the plan.

35

36 Modifies the plan based on ongoing assessment of the patient's response and other  
37 outcome indicators.

38

39





1           **Standard 5 B. HEALTH TEACHING AND HEALTH PROMOTION**

2  
3   **The psychiatric mental health registered nurse employs strategies to promote health**  
4   **and a safe environment.**

5  
6   ***Rationale***

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

10  
11   ***Measurement Criteria***

12  
13   **The psychiatric mental health registered nurse:**

14  
15       Uses health promotion and health teaching methods appropriate to the situation,  
16       patient’s developmental level, learning needs, readiness, ability to learn, language  
17       preference and culture.

18  
19       Provides health teaching related to the patient’s needs and situation that may include,  
20       but is not limited to, mental health problems and psychiatric disorders, treatment  
21       regimen, coping skills, relapse prevention, self-care activities, resources, conflict  
22       management, problem-solving skills, stress management and relaxation techniques, and  
23       crisis management. .

24  
25       Integrates current knowledge and research regarding psychotherapeutic educational  
26       strategies and content.

27  
28       Engages consumer alliances and advocacy groups, as appropriate, in health teaching  
29       and health promotion activities.

30  
31       Identifies community resources to assist consumers in using prevention and mental  
32       health care services appropriately

33  
34       Seeks opportunities for feedback and evaluation of the effectiveness of strategies  
35       utilized.

36  
37       Provides anticipatory guidance to individuals and families to promote mental health and  
38       to prevent or reduce the risk of psychiatric disorders.

39



- 1 involved in the treatment and care delivery processes, schedules of events pertinent to  
2 their care and treatment, and expectations regarding behaviors.  
3  
4 Orients the patient to their rights and responsibilities particular to the treatment or care  
5 environment.  
6  
7 Conducts ongoing assessments of the patient in relationship to the environment to guide  
8 nursing interventions in maintaining a safe environment and patient safety.  
9  
10 Selects specific activities that meet the patient's physical and mental health needs for  
11 meaningful participation in the milieu and promoting personal growth.  
12  
13 Ensures that the patient is treated in the least restrictive environment necessary to  
14 maintain the safety of the patient and others.  
15  
16 Informs the patient in a culturally competent manner about the need for the limits and  
17 the conditions necessary to remove the restrictions.  
18  
19 Provides the patient with the opportunity to discuss their illness experience with The  
20 psychiatric mental health nurse to promote support, validation and prevention of  
21 complications.  
22  
23  
24

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

27  
28 **The psychiatric-mental registered nurse uses knowledge of pharmacological,**  
29 **biological and complementary interventions and applies clinical skills to restore the**  
30 **patient's health and prevent further disability.**  
31

32 *Measurement Criteria*  
33

34 **The psychiatric mental health registered nurse:**  
35

- 36 Applies current research findings to guide nursing actions related to pharmacology,  
37 other biological therapies, and complementary therapies.  
38  
39 Assesses patient's response to biological interventions based on current knowledge of  
40 pharmacological agents' intended actions, interactive effects, potential untoward  
41 effects and therapeutic doses.  
42  
43 Includes health teaching for medication management to support patients in managing  
44 their own medications, and adherence to prescribed regimen.

1 Educates on information about mechanism of action, intended effects, potential  
2 adverse effects of the proposed prescription, ways to cope with transitional side  
3 effects and other treatment options, including no treatment.

4  
5 Directs interventions toward alleviating untoward effects of biological interventions.

6  
7 Communicates observations about the patient's response to biological interventions  
8 are to other health clinicians.

9  
10 **Standard 5E. PRESCRIPTIVE AUTHORITY AND TREATMENT**

11  
12 **The APRN-PMH prescribes or recommends, pharmacological agents for patients**  
13 **with mental health problems and psychiatric disorders based on individual**  
14 **characteristics, such as culture, ethnicity, gender, religious beliefs, age and physical**  
15 **health problems.**

16  
17 *Measurement Criteria*

18  
19 The APRN-PMH:

20  
21 Conducts a thorough assessment of past medical trials, side effects, efficacy and patient  
22 preference.

23  
24 Prescribes or recommends pharmacological agents based on research evidence and  
25 knowledge of psychopathology, neurobiology, physiology, expected therapeutic  
26 actions, anticipated side effects and courses of action.

27  
28 Prescribes or recommends psychotropic and related medications based on clinical  
29 indicators of patient status. Assesses a reasoned balance of risk and benefits, including  
30 results of diagnostic and lab tests as appropriate, to treat symptoms of psychiatric  
31 disorders and improve functional status

32  
33 Provides health teaching about mechanism of action, intended effects, potential adverse  
34 effects of the proposed prescription, ways to cope with transitional side effects and  
35 other treatment options, including no treatment.

36  
37 Educates and assists the patient in selecting the appropriate use of complementary and  
38 alternative therapies.

39  
40 Evaluates therapeutic and potential adverse effects of pharmacological and non-  
41 pharmacological treatments.

42  
43  
44 Evaluates pharmacological outcomes by utilizing standard symptom measurements and  
45 patient report to determine efficacy.

46

1 Adjusts medications based on continual monitoring in collaboration with patient.  
2  
3

4 **Standard 5F. PSYCHOTHERAPY**  
5

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

10  
11 *Measurement Criteria*  
12

13 **The APRN-PMH:**  
14

15 Uses knowledge of personality theory, growth and development, psychology,  
16 neurobiology, psychopathology, social systems small-group and family dynamics,  
17 stress and adaptation, and theories and best available research evidence to select  
18 therapeutic methods based on the patient's needs.  
19

20 Structures the therapeutic contract to include, but not limited to:

- 21 • Purpose, goals, and expected outcomes
- 22 • Time, place and frequency of therapy
- 23 • Participants involved in therapy
- 24 • Confidentiality and appropriate written release of information
- 25 • Availability and means of contacting therapist
- 26 • Responsibilities of both patient and therapist
- 27 • Fees and payment schedule
- 28 • Cancellations/alteration in schedule policy  
29

30 Utilizes interventions that promote mutual trust to build a therapeutic treatment  
31 alliance.  
32

33 Empowers patients to be active participants in treatment.  
34

35 Applies therapeutic communication strategies based on theories and research evidence  
36 to reduce emotional distress, facilitate cognitive and behavioral change and foster  
37 personal growth.  
38

39 Uses self-awareness of emotional reactions and behavioral responses to others to  
40 enhance the therapeutic alliance.  
41

42 Analyzes the impact of duty to report and other advocacy actions on the therapeutic  
43 alliance.  
44

45 Arranges for the provision of care in the therapist's absence.  
46

1 Applies ethical and legal principles to the treatment of patients with mental health  
2 problems and psychiatric disorders.  
3  
4 Makes referrals when it is determined that the patient will benefit from a transition of  
5 care or consultation due to change in clinical condition.  
6  
7 Evaluates effectiveness of interventions in relation to outcomes using standardized  
8 methods as appropriate.  
9  
10 Monitors outcomes of therapy and adjusts plan of care when indicated.  
11  
12 Therapeutically concludes the nurse-patient relationship and transitions the patient to  
13 other levels of care, when appropriate.  
14  
15 Identifies and maintains professional boundaries to preserve the integrity of the  
16 therapeutic process.  
17  
18

#### 19 **Standard 5G. CONSULTATION**

20  
21 **The psychiatric mental health advanced practice nurse provides consultation to**  
22 **influence the identified plan, enhance the abilities of other clinicians to provide**  
23 **services for patients and effect change.**  
24

#### 25 *Measurement Criteria*

#### 26 27 **The APRN-PMH:**

28  
29 Synthesizes clinical data, theoretical frameworks, and evidence when providing  
30 consultation.  
31

32 Initiates consultation at the request of the consultee.  
33

34 Establishes a working alliance with the patient or consultee based on mutual respect  
35 and role responsibilities.  
36

37 Facilitates the effectiveness of a consultation by involving the stakeholders in the  
38 decision-making process.  
39

40 Communicates consultation recommendations that influence the identified plan,  
41 facilitate understanding by involved stakeholders, enhance the work of others, and  
42 effect change.  
43

44 Clarifies that implementation of system changes or changes to the plan of care remain  
45 the consultee's responsibility.  
46

1  
2 **Standard 6. EVALUATION**  
3

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

6  
7 *Measurement Criteria*  
8

9 **The psychiatric mental health registered nurse:**

10  
11 Conducts a systematic, ongoing, and criterion-based evaluation of the outcomes in  
12 relation to the structures and processes prescribed by the plan and indicated timeline.

13  
14 Involve the patient, family or significant others, and other health care clinicians in the  
15 evaluation process.

16  
17 Documents results of the evaluation.

18  
19 Evaluates the effectiveness of the planned strategies in relation to patient responses and  
20 the attainment of the expected outcomes.

21  
22 Uses on going assessment data to revise the diagnoses, outcomes, the plan and the  
23 implementation as needed.

24  
25 Disseminates the results to the patient and others involved in the care or situation, as  
26 appropriate, in accordance with state and federal laws and regulations.

27  
28 **Additional Measurement Criteria for the Psychiatric Mental Health Advanced**  
29 **Practice Nurse:**

30  
31 **The APRN-PMH:**

32  
33 Evaluates the accuracy of the diagnosis and effectiveness of the interventions in  
34 relationship to the patient's attainment of expected outcomes.

35  
36 Synthesizes the results of the evaluation analyses to determine the impact of the plan on  
37 the affected patients, families, groups, communities, and institutions.

38  
39 Uses the results of the evaluation analyses to make or recommend process or structural  
40 changes, including policy, procedure, or protocol documentation, as appropriate  
41  
42



- 1           • Implementing processes to remove or decrease barriers within  
2           organizational systems.

3  
4  
5           **Additional Measurement Criteria for the Psychiatric Mental Health Advanced**  
6           **Practice Nurse.**

7  
8           **The APRN-PMH:**

9  
10           Obtains and maintains professional certification if available in the area of  
11           expertise.

12           Designs quality improvement initiatives.

13           Implements initiatives to evaluate the need for change.

14           Evaluates the practice environment and quality of nursing care rendered in  
15           relation to existing evidence, identifying opportunities for the generation and use  
16           of research.

17  
18  
19  
20  
21  
22  
23           **Standard 8. EDUCATION**

24  
25           **The psychiatric mental health registered nurse attains knowledge and competency**  
26           **that reflects current nursing practice.**

27  
28           *Measurement Criteria*

29  
30           **The psychiatric mental health registered nurse:**

31  
32           Participates in ongoing educational activities related to appropriate knowledge  
33           bases and professional issues.

34           Demonstrates a commitment to lifelong learning through self-reflection and  
35           inquiry to identify learning needs.

36           Seeks experiences that reflect current practice in order to maintain skills and  
37           competence in clinical practice or role performance.

38           Acquires knowledge and skills appropriate to the specialty area, practice setting,  
39           role, or situation.

40           Maintains professional records that provide evidence of competency and life long  
41           learning.





1  
2 **Standard 11: COLLABORATION**  
3

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

6  
7 *Measurement Criteria*  
8

9 **The psychiatric-mental health registered nurse:**

10  
11 Communicates with patient, family, and healthcare providers regarding patient care and  
12 the nurse's role in the provision of that care.

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

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

18 Documents referrals, including provisions for continuity of care.  
19

20  
21 **Additional Measurement Criteria for the Psychiatric Mental Health Advanced**  
22 **Practice Registered Nurse.**  
23

24 **The APRN-PMH:**

25  
26 Partners with other disciplines to enhance patient care through interdisciplinary  
27 activities, such as education, consultation, management, technological development, or  
28 research opportunities.

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

30 Documents plan of care communications, rationales for plan of care changes, and  
31 collaborative discussions to improve patient care.  
32

33  
34 **Standard 12: ETHICS**  
35

36 **The psychiatric mental health registered nurse integrates ethical provisions in all**  
37 **areas of practice.**  
38

1 *Measurement Criteria*

2

3 **The psychiatric mental health registered nurse:**

4

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

7

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

10

11 Maintains patient confidentiality within legal and regulatory parameters.

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

13

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

17

18 Monitors and carefully manages self-disclosure therapeutically.

19

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

22

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

25

26 Reports illegal, incompetent, or impaired practices.

27

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

30

31 **The APRN-PMH:**

32

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

34

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

36

37

38

**Standard 13: RESEARCH**

39

40 **The psychiatric mental health registered nurse integrates research findings into**  
41 **practice.**

42

1 *Measurement Criteria*  
2

3 **The psychiatric-mental health registered nurse:**  
4

5 Utilizes the best available evidence, including research findings, to guide practice  
6 decisions.  
7

8 Actively participates in research activities at various levels appropriate to the  
9 nurse's level of education and position. Such activities may include:  
10

- 11 • Identifying clinical problems specific to psychiatric-mental health  
12 nursing research (patient care and nursing practice).
- 13 • Participating in data collection (surveys, pilot projects, formal studies).
- 14 • Participating in a formal committee or program.
- 15 • Sharing research activities and/or findings with peers and others
- 16 • Conducting research.
- 17 • Critically analyzing and interpreting research for application to  
18 practice.
- 19 • Using research findings in the development of policies, procedures,  
20 and standards of practice in patient care.
- 21 • Incorporating research as a basis for learning.  
22

23  
24 **Additional Measurement Criteria for the Psychiatric Mental Health Advanced**  
25 **Practice Nurse**  
26

27 **The APRN-PMH:**  
28

29 Contributes to nursing knowledge by conducting, critically appraising or  
30 synthesizing research that discovers, examines and evaluates knowledge, theories,  
31 criteria, and creative approaches to improve healthcare practice.  
32

33 Formally disseminates research findings through activities such as presentations,  
34 publications, consultation, and journal clubs.  
35

36 Demonstrates leadership in promoting a culture that consistently integrates the  
37 best available research evidence into practice.  
38  
39

1 **STANDARD 14. RESOURCE UTILIZATION**

2  
3 **The psychiatric mental health registered nurse considers factors related to safety,**  
4 **effectiveness, cost, and impact on practice in the planning and delivery of nursing**  
5 **services.**

6  
7 *Measurement Criteria*

8  
9 **The psychiatric-mental health registered nurse:**

10  
11 Evaluates factors such as safety, effectiveness, availability, cost and benefits,  
12 efficiencies, and impact on practice, when choosing practice options that would  
13 result in the same expected outcome.

14  
15 Assists the patient and family in identifying and securing appropriate and  
16 available services to address health-related needs.

17  
18 Assigns or delegates tasks, based on the needs and condition of the patient,  
19 potential for harm, stability of the patient's condition, complexity of the task, and  
20 predictability of the outcome.

21  
22 Assists the patient and family in becoming informed consumers about the options,  
23 costs, risks, and benefits of treatment and care.

24  
25  
26 **Additional Measurement Criteria for the Psychiatric Mental Health Advanced**  
27 **Practice Nurse**

28  
29 **The APRN-PMH:**

30  
31 Utilizes organizational and community resources to formulate multidisciplinary or  
32 interdisciplinary plans of care.

33  
34 Develops innovative solutions for patient care problems that address effective  
35 resource utilization and maintenance of quality.

36  
37 Develops evaluation strategies to demonstrate quality, cost effectiveness, cost  
38 benefit, and efficiency factors associated with nursing practice.

1 **STANDARD 15. LEADERSHIP**

2  
3 **The psychiatric mental health registered nurse provides leadership in the**  
4 **professional practice setting and the profession.**

5  
6 *Measurement Criteria*

7  
8 **The psychiatric-mental health registered nurse:**

9  
10 Engages in teamwork as a team player and a team builder.

11  
12 Works to create and maintain healthy work environments in local, regional,  
13 national, or international communities.

14  
15 Displays the ability to define a clear vision, the associated goals, and a plan to  
16 implement and measure progress.

17  
18 Demonstrates a commitment to continuous, life long learning for self and others.

19  
20 Teaches others to succeed by mentoring and other strategies.

21  
22 Exhibits creativity and flexibility through times of change.

23  
24 Demonstrates energy, excitement, and a passion for quality work.

25  
26 Willingly accepts mistakes by self and others thereby creating a culture in which  
27 risk-taking is not only safe, but expected.

28  
29 Inspires loyalty through valuing of people as the most precious asset in an  
30 organization.

31  
32 Directs the coordination of care across settings and among caregivers, including  
33 oversight of licensed and unlicensed personnel in any assigned or delegated tasks.

34  
35 Serves in key roles in the work setting by participating on committees, councils,  
36 and administrative teams.

37  
38 Promotes advancement of the profession through participation in professional  
39 organizations.





1  
2 **Counseling** - A specific, time-limited interaction of a nurse with a patient, family, or  
3 group experiencing immediate or ongoing difficulties related to their health or well-  
4 being. The difficulty is investigated using a problem-solving approach for the purpose of  
5 understanding the experience and integrating it with other life experiences.  
6

7 **Crisis intervention** – A short-term therapeutic process that focuses on the rapid  
8 resolution of an immediate crisis or emergency using available personnel, family, and/or  
9 environmental resources.  
10

11 **Diagnostic and Statistical Manual of Mental Disorders-IV Edition** - Published by the  
12 American Psychiatric Association, the manual provides a listing of official diagnostic  
13 classifications for mental disorders. Each disorder is classified on one of five Axes-- I  
14 and II include all clinical syndromes and personality disorders, III contains physical  
15 disorders, and IV and V provide information about psycho-social stressors and adaptive  
16 functioning.(revise)  
17

18 **Evidence-based** - The collection, interpretation, and integration of valid, important, and  
19 applicable patient-reported, clinician-observed, and research-derived evidence. The best  
20 available evidence, moderated by patient circumstances and preferences, is applied to  
21 improve the quality of clinical judgments (McKibbin et al. 1996).  
22

23 **Family** – Family of origin or significant others as identified by the patient.  
24

25 **Family and marital therapy** - Approaches used to enhance the family's or couple's  
26 relationship and patterns of communication. Diagnoses, interventions, and outcomes  
27 emphasize the observable, interrelated behaviors that characterize the family or couple  
28 system.  
29

30 **Functional status** - Level of the patient's ability to independently perform activities  
31 related to self-care, social relations, occupational functioning, and use of leisure time.  
32

33 **Holistic treatment** – Provision of comprehensive care that identifies physical, emotional,  
34 social, economic, and spiritual needs as they relate to the individual's response to illness  
35 and to the ability to perform activities of daily living.  
36

37 **Illness trajectory** – The course of the illness or chronic condition, which depends on the  
38 individual, the interventions utilized, and unpredictable events that occur during the  
39 illness' course.  
40

41 **Interventions** - Nursing activities that promote and foster health, assess dysfunction,  
42 assist patients to regain or improve their coping abilities, and prevent further disabilities.  
43

44  
45 **Managed care** - Spans a broad continuum of entities, from the simple requirements of  
46 prior authorization for a service in an indemnity health insurance plan, to the assumption  
47 of all legal, financial, and organizational risks for the provision of a set of  
48 comprehensive benefits to a defined population. Also, the management of health care

1 clinical services supplied by groups of providers with the aims of cost-effectiveness,  
2 quality, and accessibility.

3  
4 **Mental disorder/illness** - A disturbance in thoughts or mood that causes maladaptive  
5 behavior, inability to cope with normal stresses, and/or impaired functioning. Etiology  
6 may include genetic, physical, chemical, biological, psychological, or sociocultural  
7 factors. Mental illness covers all mental disorders.

8  
9 **Mental functions** - Characterized by alteration of thinking, mood, or behavior, or a  
10 combination of those.

11  
12 **Mental status:** The basic means of evaluation used by all mental health disciplines to  
13 establish a baseline for and create a written record of the following areas: general  
14 observations, orientation, mood and affect, speech, thought processes, cognitions and  
15 insight.

16  
17 **Mental Health** - State of well-being in which individuals function well in society and are  
18 generally satisfied with their lives. State of successful performance of mental functions,  
19 resulting in productive activity, fulfilling relationships with other people, and the ability  
20 to adapt to change and to cope with adversity.

21  
22 **Mental health problems** - Signs and symptoms of mental disorders with insufficient  
23 intensity or duration to meet criteria for any mental disorders.

24  
25 **Milieu therapy/therapeutic environment** – A type of psychotherapy using the total  
26 environment to provide a therapeutic community. The emphasis is on developing the  
27 therapeutic potential of the setting by developing the physical surroundings, structured  
28 activities, a stable social structure, and cultural setting to promote interactions and  
29 personal growth.

30  
31 **National Council of State Boards of Nursing:** A membership organization comprised  
32 of states' boards of nursing that recommends practice guidelines and addresses practice  
33 **issues**  
34 of interest to states

35  
36  
37 **Nurse Practice Act** – State statute that defines the legal limits of practice for registered  
38 nurses.

39  
40 **Nurse Practitioner:** An advanced practice nurse (APRN) with Master's degree in a  
41 specialty area of practice with specific competencies outlined in the scope and standards  
42 of practice for each specialty.

43  
44  
45 **Nursing practice standards** – Authoritative statements that describe a level of care or  
46 performance, common to the profession of nursing, by which the quality of nursing can  
47 be judged. They include activities related to assessment, diagnosis, outcomes

1 identification, planning, implementation, evaluation, quality of care, performance  
2 appraisal, education, collegiality, ethics, collaboration, research, and resource utilization.

3  
4 **Nursing process** – A systematic and problem-solving approach that includes  
5 individualized patient assessment, planning, implementation/intervention, and evaluation.

6  
7 **Outcomes** – The patient’s goal, or the result of interventions, that includes the degree of  
8 wellness and the continued need for care, medication, support, counseling, education.

9  
10 **Pathophysiology** – The body’s biological and physical processes that result in  
11 observable signs and symptoms.

12  
13 **Patient/patient system** – The individual, family, group, or community for whom the  
14 nurse is providing formally specified services.

15  
16 **Phenomena of concern** - Actual or potential mental problems that are of concern to  
17 psychiatric-mental health nurses.

18  
19 **Prescriptive authority** – The statutory/regulatory authority to prescribe drugs and  
20 devices as a component of a profession's scope of practice.

21  
22 **Primary mental health care** – A mode of service delivery that is initiated at the first  
23 point of contact with the mental health care system. It involves the continuous and  
24 comprehensive mental health services necessary for promotion of optimal mental health,  
25 prevention of mental illness, intervention, health maintenance, and rehabilitation.

26  
27 **Professional code of ethics** - Statement of ethical guidelines for nursing behavior that  
28 serves as a framework for decision making.

29  
30 **Psychiatric Disorder** – A mental illness that is a disorder of the brain marked by  
31 impairment/disruption in an individual’s cognitive, behavioral, social and emotional  
32 functioning. This term is used interchangeably with mental disorder, although the former  
33 is preferred by some advocacy groups. A recent Institute of Medicine publication  
34 recommends use of the term Mental or Substance Use illness or problem over the term  
35 disorder.

36  
37 **Psychiatric-mental health consultation** - The process in which assistance is sought  
38 from a mental health professional about either the clinical care of a patient (client-  
39 centered consultation) or their own psychosocial or educational/skill development issues  
40 related to patient care issues (consultee-centered consultation), or the attainment of  
41 administrative expertise in either management of staff or program development  
42 (administrative consultation).

43  
44 **Psychiatric-mental health nursing** - A specialized area of nursing practice that  
45 employs theories of human behavior as its science and the purposeful use of "self" as its  
46 art. It is the diagnosis and treatment of human responses to actual or potential mental  
47 disorders and their long-term effects. Interventions include the continuous and  
48 comprehensive primary mental health care services necessary for the promotion of

1 optimal mental health, the prevention of mental illness, rehabilitation from mental  
2 disorders, and health maintenance.

3  
4 **Psychiatric-mental health registered nurse (RN-PMH)** - A registered nurse who has  
5 worked in the field of psychiatric-mental health nursing for a minimum of two years, and  
6 demonstrates competency in the skills of psychiatric-mental health nursing identified in  
7 this document. (REVISE)

8  
9 **Psychobiological interventions** - Interventions (e.g., relaxation techniques, hypnosis,  
10 nutrition and dietary regulations, exercise, rest schedules, and psychopharmacological  
11 agents) used to improve well-being and functioning.

12  
13 **Psychopathology** - The mind's biological and physical processes that result in observable  
14 signs and symptoms of mental disorder.

15  
16 **Psychopharmacological agents** – Mediations used to treat mental disorders.

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

19  
20 **Psychotherapy** - A formally structured, contractual relationship between the therapist  
21 and patient(s) for the purpose of effecting change in the patient system. Approaches  
22 include all generally accepted and respected methods of therapy, including individual  
23 therapy (play and other expressive therapies, insight therapy, behavioral therapy,  
24 cognitive therapy, and brief goal- or solution-oriented therapy), group therapy,  
25 couple/marital therapy, and family therapy.

26  
27 **Recovery:** A way of living a satisfying, hopeful, and contributing life even with the  
28 limitations caused by illness. Recovery involves the development of new meaning and  
29 purpose in one's life as one grows beyond the catastrophic events of mental illness.

30  
31 **Registered nurse (RN)** - An individual educationally prepared in nursing and licensed  
32 by the state board of nursing to practice nursing in that state. Registered nurses may  
33 qualify for specialty practice at two levels-basic and advanced. These levels are  
34 differentiated by educational preparation, professional experience, type of practice, and  
35 certification.

36  
37 **Therapeutic community** – The physical environment, patients, staff, and policies of the  
38 therapeutics facility, which have an influence on individuals functioning in the activities  
39 of daily living.

40  
41 **Therapeutic process** - Use of the nurse-patient relationship and the nursing process to  
42 promote and maintain a patient's adaptive coping responses