

Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum:
Collaboratively Developed by ISPN and APNA, (2007-2008) approved 5/08

During the period from 1998 to 2008, the significance of mental health issues in contributing to the mortality and morbidity of populations world-wide has been increasingly documented. It has been identified that approximately 450 million people suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse (World Health Organization, 2001). The World Health Organization (WHO) has also identified that “understanding how inseparable mental and physical health really are, and how their influence on each other is complex and profound... WHO (also states that) mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries and must be universally regarded in a new light (WHO, 2001, p ix).”

Mental health has also been identified as a national health priority by Healthy People 2010 (<http://www.healthypeople.gov>) and the US Surgeon General (<http://www.surgeongeneral.gov>). This report, developed by a consortium of 400 national membership organizations, state and territorial health departments, and key national associations of State health officials, identified nine priority health indicators related to mental health/substance abuse concerns. The priorities include: tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, and access to health care.

The mortality rate for persons with schizophrenia is four times higher than the general population; they have a fivefold higher risk of myocardial infarction; a higher risk for cardiovascular disease and have higher rates of new-onset diabetes than that of the general population (Enger et al. 2004; Chafetz, et al. 2005; Chwastiak et al. 2006; Muir-Cochrane, 2006; Salokangas, 2007). Furthermore, the prevalence of the metabolic syndrome is higher among patients receiving Clozapine (Lamberti et al. 2006; Mitchell & Malone, 2006).

Furthermore, in 1999, the first ever White House Conference on Mental Health was convened. The U.S. Surgeon General presented the first report (DHHS, 1999) on the mental health of the nation in which the inextricably intertwined relationship between mental health, physical health and well-being were noted. The report presented a challenge to the nation, communities, health care providers, and policy makers to take action as mental health issues are important health concerns for all ages. This landmark report was an undeniable call to make the mental health needs of the nation imperative.

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

Nursing's efforts to provide safe and effective care gained important support from the Institute of Medicine's (IOM) Report, *Crossing the Quality Chasm: A new Health System for the 21st Century* (2001). The Report (2001) demands a reinvented, innovative, and improved delivery of health care. Six specific aims were proposed for the needed changes that is the health care system must be: (a) safe, (b) effective, (c) patient-centered, (d) timely, (e) efficient, and (f) equitable. The IOM Report (2001) also calls for changes in the environment to support the 10 rules for redesign to include: (a) applying evidence to health care delivery, (b) using information technology, (c) aligning payment policies with quality improvement, and (d) preparing the workforce. In 2003, the IOM issued another Report, *Health Profession's Education: A Bridge to Quality* which includes 8 core elements for an interdisciplinary health care workforce (IOM, 2003; Huckshorn, 2007).

The Essentials of Psychiatric Mental Health Nursing BSN Curriculum were originally developed by the Education Council Task Force of the International Society of Psychiatric Mental Health Nurses (ISPN) and presented for approval in April 2005. A Task Force of the American Psychiatric Nurses Association (APNA) updated the document during 2007 and a collaborative Task Force of APNA and ISPN continued the update in 2008.

The American Psychiatric Nurses Association (APNA) in collaboration with the International Society of Psychiatric Mental Health Nurses (ISPN) recognizes and supports the importance of mental health to the overall well-being of each individual. As part of this understanding, ISPN and APNA identifies that the task of promoting mental health is multifaceted. In addition to providing direct care, professional education, consultation, combating stigmatization, improving access, furthering research, advocacy and policy development are each factors for improving mental health care.

Because a comprehensive approach to mental health care is multidisciplinary and collaborative, Nursing has an integral role in affecting the mental health of millions of people through the use of unique skills, and by nature of the numbers of nurses who interact with clients in a variety of settings. *The President's Commission Report* (2003), *The World Health Report 2001* (2001) and the most recent *Mental Health, United States, 2002* (Department of Health and Human Services [DHHS], 2004) identify that nurses play a key role in the delivery of mental health care at all levels of intervention and that there is a need to improve and expand this workforce providing evidence –based mental health services and supports.

As part of their leadership roles, APNA and ISPN have identified that the educational preparation for the practice of psychiatric nursing begins at the pre-baccalaureate level (ANA, APNA & ISPN, 2007; DHHS, 2004). Communication and therapeutic interpersonal relationships are critical components that must underlie all nursing skills.

The recommended curriculum in this document may not be implemented in just one course or one semester but rather that students be exposed to the experiences and learning across the entire baccalaureate curriculum. This is specifically the case in which learning outcomes are across the life span and across settings. In addition, there are clear indicators that mental health content and learning outcomes may also span across several semesters. For example, experiences with families and or groups may not occur in P/MHN settings but may occur in pediatric, maternity, and/or community as well as in acute medical/surgical experiences. Furthermore, patients with psychiatric disorders who have other physical health problems are in fact treated in acute care medical/surgical settings which require that students and new BSN/RNs have the requisite skills to provide competent care. The ANA, APNA and ISPN Scope and Standards of Psychiatric-Mental Clinical Nursing Practice (2007) address the

trends for an increased awareness of physical health problems in the mentally ill living in the community. It is quite clear that the psychiatric/mental health nurse needs to be able to assess the physical component of the patient's health. This is a major issue in the co-morbidity area with issues like diabetes, hypertension and a number of other common disorders (Farnam et al., 1999; Getty & Knab, 1998; Huckshorn, 2007). This is not to suggest that P/MHN content and experiences should be completely integrated or diluted but to acknowledge again that all the experiences would not be possible to acquire in one theory or one psychiatric nursing clinical course. Furthermore, there is a belief that psychosocial content is the core for all areas of nursing; thus, areas such as therapeutic communication cannot wait until a specific P/MHN course.

The debate continues regarding the definitions of "learning outcomes" and "competencies", that is left to individual academic institutions. McCabe (2000) defines critical clinical competencies as "behavioral reflection of the epistemology of psychiatric nursing. They are the specific, measurable behaviors that reflect and represent the standards for practice and identify the nursing actions that can be expected of all psychiatric nurses" (p. 113). Even though our purpose is to consider competencies that prepare generalist nurses with competencies in mental health nurses that are needed for practice, it is reasonable to consider that these competencies still reflect standards of practice and nursing actions required to meet these standards as well. McCabe further asserts that the identified competencies must match practice realities. In determining competencies in psychiatric mental health nursing skills for generalist education at the baccalaureate level, it would seem necessary as well that these competencies match the realities of nursing education today. More recently, Huckshorn (2007) outlined eight core competencies of mental health staff (registered nurses, psychiatric technicians and/or aides) must have in order to improve the quality of care and service delivery in mental health settings (pp. 27-28). The revised *Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum* does include those core competencies.

Based on the results of a survey that Patzel, Ellinger, & Hamera (2007) conducted of APNA members who are nurse educators, the mean number of hours for BSN programs represented in the survey was 80.26 hours. This raises the question of how to have competencies that meet the required education purpose but are still feasible given the limitation of hours for the experience. Thus again, core competencies must be gained throughout the nursing program but are not a substitute for the discrete body of psychiatric/mental health nursing. Required clinical hours in specialty areas are regulated by the state Boards of Nursing and are beyond the scope of this document.

Given the critical role of nurses in all areas of health care, their ability to affect the emotional well being of clients regardless of the setting and the need for exemplary mental health service delivery (informed by effectively prepared nursing professionals) the following curriculum is recommended for implementation.

Essentials for Undergraduate Education in Psychiatric Mental Health Nursing (PMHN) **see definitions below

	Core Nursing Content	Essential PMHN Content	Learning Outcomes Defined as Clinical Competencies
1.	Growth & Development	<ul style="list-style-type: none"> a. Principles of cognitive, emotional, and psychological growth with corresponding developmental milestones b. Recognition of major disorders occurring in childhood/ adolescence <ul style="list-style-type: none"> 1. Mood disorders 2. Eating disorders 3. Conduct disorders 4. ADHD 5. Pervasive developmental disorders 6. Substance abuse/dependence disorders c. Recognition of major disorders occurring in adulthood <ul style="list-style-type: none"> 1. Mood disorders 2. Psychotic disorders 3. Personality disorders 4. Substance abuse/dependence disorders 5. Anxiety disorders d. Recognition of major disorders occurring in older age <ul style="list-style-type: none"> 1. Depression 2. Dementia 3. Delirium 	<ul style="list-style-type: none"> a. Demonstrate competent generalist assessment of the developmental needs of patients experiencing psychiatric disorders. b. Recognize normative versus non-normative behavioral patterns in terms of developmental milestones. c. Plan and implement and evaluate age appropriate care for patients with psychiatric disorders.
2.	Neurobiological Basis of Care Practices	<ul style="list-style-type: none"> a. Neuroanatomical and neurophysiological basis of and relationship to observable patient behaviors and symptoms of psychiatric disorders b. Neurobiological theories of etiology of common psychiatric health disorders c. Genetics and psychiatric disorders 	<ul style="list-style-type: none"> a. Demonstrate competent generalist assessment skills with emphasis on mental status and neurological functioning. b. Apply neurobiologic knowledge to care practices and patient teaching.
3.	Pharmacotherapeutics and Basic Principles of Pharmacology	<ul style="list-style-type: none"> a. Neurobiological basis of pharmacological and somatic treatments b. Major psychotropic agents for identified psychiatric disorders that include: <ul style="list-style-type: none"> 1. Classification 	<ul style="list-style-type: none"> a. Articulate knowledge of the neurobiological mechanism for various psychotropic medications. b. Evaluate effects of medications on patient, including symptom abatement, side effects,

	Core Nursing Content	Essential PMHN Content	Learning Outcomes Defined as Clinical Competencies
		2. Action and expected effect 3. Side effects and toxicity 4. Potential interactions with other medications and diet c. Common alternative medicine approaches used in the treatment of psychiatric disorders 1. Herbals, minerals, and vitamins 2. Other alternative treatments	toxicity, and potential interactions with other medications/substances. c. Identify factors contributing to patient non-adherence. d. Teach patients to manage their own medications including strategies to increase adherence to prescribed therapeutic regimen. e. Apply pharmacotherapeutic principles to the safe administration of psychotropic medications.
4.	Communication Theory and Interpersonal Relational Skills	a. Therapeutic interventions for patients, families, and groups experiencing, or at risk for, psychiatric disorders b. Therapeutic use of self with patients, families and groups experiencing, or at risk for, psychiatric disorders 1. Appropriate affective and cognitive responses to patients 2. Concept of professional boundaries with psychiatric patients and appropriate use of self disclosure 3. Communication with patients experiencing common psychiatric symptoms such as disorganized speech, hallucinations, delusions, and decreased production of speech 4. De-escalation of aggressive behavior 5. Suicide assessment techniques	a. Demonstrate therapeutic use of self with patients, families and groups. b. Apply therapeutic communication techniques in care practices with patients experiencing common psychiatric symptoms including disorganized speech, hallucinations, delusions, and decreased production of speech. c. Demonstrate group participation/leadership skills. d. Develop professional boundaries necessary for professional care giving relationships. e. Discuss strategies for safe management of crisis situations that occur in various treatment settings incorporating principles of therapeutic communication and patient psychopathology.
5.	Clinical Decision Making	a. Taxonomy systems commonly used in care of psychiatric disorders 1. NANDA 2. DSM-IVTR and ICD-10 3. Omaha System b. Evidence-based care principles for psychiatric disorders c. Use of outcome measurements to evaluate interventions and care strategies d. Principles of safety in various treatment	a. Apply taxonomy structures to patient specific situations including the development of nursing diagnosis. b. Identify signs and symptoms characteristic of each major disorder. c. Evaluate the degree of evidence-base available to support common psychiatric nursing actions. d. Implement evidenced-based care for patients with psychiatric disorders.

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		settings e. Concepts of psychiatric crisis and common intervention practices with patients experiencing psychiatric crisis f. Violence 1. Anger and aggression 2. Levels and types of violence expression such as suicide, homicide, domestic violence, child and elder abuse g. Standard care practices of common psychiatric disorders including: 1. Psychotic disorders 2. Mood disorders 3. Anxiety disorders 4. Personality disorders 5. Substance abuse/dependence disorders 6. Cognitive disorders 7. Eating disorders 8. Somatoform disorders 9. Family and community violence h. Use of informatics in psychiatric nursing	e. Plan and implement nursing interventions appropriate to patients needs that reflect etiological factors and standards of nursing care. f. Prioritize crisis intervention care practices with patients with psychiatric disorders. g. Assess patient potential for violence including suicide and homicide. h. Develop and implement suicide prevention strategies.
6.	Patient Care Roles	a. Principles of teaching/learning theories as they relate to patients with psychiatric disorders including psychoeducational approaches b. Principles of clinical care manager with psychiatric patients c. Principles of case manager with psychiatric patients d. Principles of patient advocacy with psychiatric patients e. Consumer advocacy groups 1. NAMI 2. NMHA 3. Local resource identification f. Overlap of nursing roles with self-help models of care including 12 step models g. Principles of collaborative relationships with individuals, families, consumers and advocacy	a. Demonstrate ability to effectively teach patients experiencing psychiatric disorders and their families. b. Plan and evaluate for a continuum of care that provides safety, structure, and support for patients with psychiatric disorders. c. Evaluate the continuum of care for a patient experiencing a psychiatric disorder. d. Refer patients and families to advocacy organizations. e. Assist patients to access self-help groups.

	Core Nursing Content	Essential PMHN Content	Learning Outcomes Defined as Clinical Competencies
		groups	
7.	Health Care Settings	<ul style="list-style-type: none"> a. Principles of inpatient care. b. Principles of psychiatric care in emergency department settings c. Principles of community mental health d. Principles of psychiatric home care e. Relationship of acuity of care and patient needs to the setting of care f. Evolving care settings (e.g. primary care, telecare and web-based) 	<ul style="list-style-type: none"> a. Describe available treatment options and community based resources. b. Plan and implement care in diverse settings including acute inpatient and community based settings of care. c. Analyze adequacy of care settings related to patient acuity and needs.
8.	Cultural, Ethnic, and Spiritual Concepts	<ul style="list-style-type: none"> a. Diversity b. Cultural, religious, and spiritual beliefs regarding mental health and illness c. Cultural issues and spiritual beliefs as they relate to psychiatric symptom expression d. Cultural/racial/ethnic diversity and impact on mental health care delivery e. Resources for culturally/linguistically sensitive PMH care 	<ul style="list-style-type: none"> a. Demonstrate competent generalist cultural and spiritual assessment. b. Provide culturally and spiritually competent care within the scope of nursing that meets the needs of patients from diverse cultural, racial and ethnic backgrounds.
9.	Health Promotion and Illness Prevention	<ul style="list-style-type: none"> a. Concepts of mental health promotion and illness prevention b. Known risk factors of common psychiatric disorders c. Screening and referral for common psychiatric disorders d. International and national indicators on mental health (e.g. World Health Report and Surgeon General's Report on Mental Illness) e. Healthy People 2010 goals and objectives f. Standardized screening and symptom rating instruments g. IOM Report and National Patient Safety Goals 	<ul style="list-style-type: none"> a. Describe populations at risk for psychiatric disorders. b. Evaluate the need for screening and referral for populations at risk for psychiatric disorders. c. Assess, plan, implement and evaluate interventions related to mental health promotion and illness prevention specific to the needs of diverse communities. d. Describe standardized screening tools used to identify at risk groups. e. Plan, implement, and evaluate preventive care practices for patients at risk for, or experiencing psychiatric disorders.
10.	Concepts of Chronic Illness	<ul style="list-style-type: none"> a. Common adaptation and coping techniques used to deal with severe and persistent psychiatric disorders b. Symptom management with those who have serious and persistent psychiatric disorders. c. Concepts of co-morbidity 	<ul style="list-style-type: none"> a. Establish and maintain therapeutic relationships with individuals who have a severe and persistent psychiatric disorder. b. Assess common mechanisms of adaptation and coping used by patients experiencing a severe and persistent psychiatric disorder.

	Core Nursing Content	Essential PMHN Content	Learning Outcomes Defined as Clinical Competencies
		<ul style="list-style-type: none"> d. Symptom management with those who have co-occurring chronic conditions (e.g. medical conditions and psychiatric disorders and/or substance abuse and psychiatric disorders). e. Concepts of relapse, relapse prevention, recovery and resilience 	<ul style="list-style-type: none"> c. Plan, implement, and evaluate a relapse prevention plan for patients experiencing a severe and persistent psychiatric disorder. d. Prioritize care strategies for patients experiencing co-morbid health states.
11.	Ethical and Legal Principles	<ul style="list-style-type: none"> a. ANA Code of Ethics and patient rights legislation b. Standards of practice for PMHN c. Least restrictive treatment approaches d. Legal rights of psychiatric patients based on voluntary versus involuntary treatment status <ul style="list-style-type: none"> 1. Duty to protect 2. Duty to report 3. Confidentiality 	<ul style="list-style-type: none"> a. Clarify personal values concerning working with patients experiencing psychiatric disorders. b. Advocate for patients and families with legal and ethical concerns. c. Develop plan of care to address ethical and/or legal concerns that promote individual integrity.
12.	Vulnerable Populations	<ul style="list-style-type: none"> a. Principles and concepts of working with vulnerable populations b. Access to care c. Health disparities in mental health care and outcomes <ul style="list-style-type: none"> 1. Developmentally disabled 2. Elders and children 3. Special needs of diverse populations 4. Marginalized populations such as homeless and jailed 	<ul style="list-style-type: none"> a. Recognize the multiple and complex care needs of vulnerable populations. b. Plan, implement, and evaluate care strategies that protect the rights and dignity of vulnerable populations.
13.	Nursing Research	<ul style="list-style-type: none"> a. Research related to psychiatric health nursing and care delivery concepts b. Concepts of evidence based practice 	<ul style="list-style-type: none"> a. Critically analyze research reports as a research consumer. b. Assist patients and families in interpreting and evaluating research findings. c. Utilize research findings in planning and evaluating care practices.

****DEFINITIONS OF COLUMN HEADINGS**

1. CORE NURSING CONTENT – Evident in general baccalaureate nursing curricular content

2. ESSENTIAL MHPN CONTENT – Specific elements and core content for PMHN. For example, under pharmacology; it is assumed that the psychotropic medications are essential

3. CLINICAL COMPETENCIES OPERATIONALIZED AS LEARNING OUTCOMES – Measurable student behaviors that reflect mastery of the essential content and reflect the PMHN skills expected of a newly graduated baccalaureate prepared nurse.

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Reviewed and adapted by the APNA Education Council Task Force for Undergraduate Nursing Competencies: Hilarie Price, Phyllis M. Connolly and Brenda Patzel (2007)

Reviewed and recommended by a Joint Task Force, Phyllis M. Connolly (APNA), Charlotte Herrick (ISPN), & Mark Soucy (ISPN) (2/28/08- 5/08) approved by APNA and ISPN Boards May 2008.

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