

President's Message



In this column of Winter Connections, I want to talk with you about community and connections, two strategic goals that your active Board of Directors has addressed since our Summer issue.



2015-2016

ISPN Board of Directors

• We had a major change in ISPN infrastructure with the Bylaws change in 2015. We have one journal, Archives of **PRESIDENT** Elizabeth Bonham Psychiatric Nursing, which continues to Elizabeth Bonham, PhD, RN, be a beacon of psychiatric research and **PMHCNS-BC**

• We have two Special Interest Groups (SIGs) formed: 1) Psychiatric Consultation-Liaison Advanced Nursing Practice SIG; and 2) Psychiatric Mental Health Policy. I know there are more SIGs in the making, and I look forward to those.

Psychiatric Consultation-Liaison Advanced Nursing Practice

By Marilyn J. Shirk, MN, RN, CNS-BC, ISPN Board Member

board approval for the first ISPN SIG on December 3, 2015.

Group (SIG) on Psychiatric Consultation-Liaison Advanced Nursing

practice.

- Groups are working on white papers and executive summaries to disseminate our knowledge.
- I appointed a Communications Initiative Task Force with Dr. Andrea Kwasky as chair to review new ways to implement being a visible PMHCNS-BC and viable voice for psychiatric mental health nursing.

Read More Here...

ISPN President

RN, ANEF <u>sara.horton-deutsch@ucdenver.edu</u> All Invited to Join the ISPN Special Interest Group (SIG) for

DIRECTOR (2015-2017) Andrea Kwasky, DNP, PMHNP-BC,

PMHCNS-BC Peggy Dulaney took the lead and initiated a proposal for a Special Interest kwaskyan@udmercy.edu DIRECTOR (2014-2016) Practice. She recruited other ISPN colleagues, and sought and attained

<u>marilynjs@roadrunner.com</u>

DIRECTOR (2015-2017)

- Engage, promote, and facilitate sharing of ideas, best practices, and Rene Love, DNP, PMHCNS/NP-BC experiences shared among any PMH nurses who are interested in renelove@email.arizona.edu aspects of psychiatric consultation-liaison advanced nursing practice; and
- Generate a network for members to develop professionally, collaborate on projects, exchange ideas, disseminate information, PRESIDENT and promote research.

Read More Here.

Our newly approved SIG aims to:

PRESIDENT-DELECT Edilma L. Yearwood, PhD, PMHCNS, BC, FAAN

bethbonham@coopsone.com

```
ely2@georgetown.edu
TREASURER
```

```
margaret.l.plunkett@hitchcock.org
```

```
PAST PRESIDENT
```

Sara Horton-Deutsch, PhD, PMHCNS,

Marilyn Shirk, MN, RN, CNS-BC

2015-2016 Linda Skalsky linda_skalsky@MBHCI.org

Margaret Plunkett, APRN, MSN,

We are thrilled to have Julie Sharrock as our international guest contributor! From Australia: An International Perspective: Role Theory Using 'Play of Life' Figures <i>By Julie Sharrock, RN, General Nurs Cert, Crit Care Cert, Psych Nurs Cert,</i> <i>B.Ed, M.HSc (Psych Nurs), Adv. Dip Gestalt Therapy, FACMHN, MACN,</i> <i>MISPN, Credentialed MHN</i> Hello to fellow ISPN members and greetings from Australian Mental Health Nurses! I value the opportunity to link with colleagues in the U.S. and internationally in my chosen area of PCLN practice. I am pleased to be able to give you a small insight into my working word "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period." In 2016. I will continue to be involved in my two areas of passion: PCLN	Judy Fry-McComish ifmccomish@wayne.edu SECRETARY Caroline McKinnon CMCKINNON@gru.edu BOARD MEMBER Peggy Dulaney pdulaney@bellsouth.net BOARD MEMBER Janice Goodman igoodman@mghihp.edu BOARD MEMBER Irene Kim bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
An International Perspective: Role Theory Using 'Play of Life' Figures By Julie Sharock, RN, General Nurs Cert, Crit Care Cert, Psych Nurs Cert, B.Ed, M.HSc (Psych Nurs), Adv. Dip Gestalt Therapy, FACMHN, MACN, MISPN, Credentialed MHN Hello to fellow ISPN members and greetings from Australian Mental Health Nurses! I value the opportunity to link with colleagues in the U.S. and internationally in my chosen area of PCLN practice. I am pleased to be able to give you a small insight into my working world "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	Caroline McKinnon CMCKINNON@gru.edu BOARD MEMBER Peggy Dulaney pdulaney@bellsouth.net BOARD MEMBER Janice Goodman igoodman@mghihp.edu BOARD MEMBER Irene Kim bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn Parrish@eku.edu
Life' Figures By Julie Sharrock, RN, General Nurs Cert, Crit Care Cert, Psych Nurs Cert, B.Ed, M.HSc (Psych Nurs), Adv. Dip Gestalt Therapy, FACMHN, MACN, MISPN, Credentialed MHN Hello to fellow ISPN members and greetings from Australian Mental Health Nurses! I value the opportunity to link with colleagues in the U.S. and internationally in my chosen area of PCLN practice. I am pleased to be able to give you a small insight into my working world "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	BOARD MEMBER Peggy Dulaney pdulaney@bellsouth.net BOARD MEMBER Janice Goodman igoodman@mghihp.edu BOARD MEMBER Irene Kim bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
By Julie Sharrock, RN, General Nurs Cert, Crit Care Cert, Psych Nurs Cert, B.Ed, M.HSc (Psych Nurs), Adv. Dip Gestalt Therapy, FACMHN, MACN, MISPN, Credentialed MHN Hello to fellow ISPN members and greetings from Australian Mental Health Nurses! I value the opportunity to link with colleagues in the U.S. and internationally in my chosen area of PCLN practice. I am pleased to be able to give you a small insight into my working world "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	Peggy Dulaney pdulaney@bellsouth.net BOARD MEMBER Janice Goodman igoodman@mghihp.edu BOARD MEMBER Irene Kim bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
 B.Ed, M.HSc (Psych Nurs), Adv. Dip Gestalt Therapy, FACMHN, MACN, MISPN, Credentialed MHN Hello to fellow ISPN members and greetings from Australian Mental Health Nurses! I value the opportunity to link with colleagues in the U.S. and internationally in my chosen area of PCLN practice. I am pleased to be able to give you a small insight into my working world "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period." 	pdulaney@bellsouth.net BOARD MEMBER Janice Goodman igoodman@mghihp.edu BOARD MEMBER Irene Kim bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn Parrish@eku.edu
Hello to fellow ISPN members and greetings from Australian Mental Health Nurses! I value the opportunity to link with colleagues in the U.S. and internationally in my chosen area of PCLN practice. I am pleased to be able to give you a small insight into my working world "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	Janice Goodman jgoodman@mghihp.edu BOARD MEMBER Irene Kim bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
Nurses! I value the opportunity to link with colleagues in the U.S. and internationally in my chosen area of PCLN practice. I am pleased to be able to give you a small insight into my working world "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	igoodman@mghihp.edu BOARD MEMBER Irene Kim bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn Parrish@eku.edu
I value the opportunity to link with colleagues in the U.S. and internationally in my chosen area of PCLN practice. I am pleased to be able to give you a small insight into my working world "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	BOARD MEMBER Irene Kim bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.com BOARD MEMBER Evelyn Parrish Evelyn Parrish@eku.edu
in my chosen area of PCLN practice. I am pleased to be able to give you a small insight into my working world "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	Irene Kim bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.com BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
small insight into my working world "down-under." As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	bfkids2005@gmail.com BOARD MEMBER Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
As you know it is summer in Australia, and the end of the year brings changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	BOARD MEMBER Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
changes as well as a period where many nurses have vacations. Hospital management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	Melisa Loy mloym_2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
management aim for January to be a low activity period, however, in my experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	mloym 2007@yahoo.co BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
experience, working as a PCLN over January does not resemble low activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	BOARD MEMBER Evelyn Parrish Evelyn.Parrish@eku.edu
activity. While the predominant image (and I would say misrepresentation of the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	Evelyn Parrish Evelyn.Parrish@eku.edu
the holiday season) is that everyone is out enjoying family and friends, it is a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	Evelyn.Parrish@eku.edu
a particularly vulnerable time for those with mental health problems who may be lonely and stressed. Adding to this, their professional supports may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	
may be on vacation leaving them isolated and vulnerable. I always notice an increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	
increase in post-suicide attempt presentations to general hospitals at this time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	BOARD MEMBER
time of the year. I usually work January but this year was unusual for me. I finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	Sandra Wood
finished working in my full-time role as a PCLN after 39 years working full time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	<u>sjwood@iu.edu</u>
time in public health. I left the hospital on December 24 leaving my colleagues to respond to the holiday "low activity period."	
colleagues to respond to the holiday "low activity period."	Connection
	Editorial Boa
In 2016, I will continue to be involved in my two areas of passion: PCLN	Angela McNelis, Editor
practice and clinical supervision. Over the last few years I have increasingly	angelamcnelis@gwu.edu
found value in utilising role theory within my clinical supervisory practice	Peggy Dulaney
(Sharrock, McDonald, & Javen, 2013).	pdulaney@bellsouth.net
Read More Here	
	Catherine Kane
	<u>cfk9m@virginia.edu</u>
And Finally,	
a Brief Note From our Esteemed ISPN Foundation	
The ISPN Foundation Reception and Auction during the Annual Conference	

the overall goals of ISPN.

- Join us on Thursday, April 14, 2016, 6:15 p.m. to 8:15 p.m., in the 4th Floor Atrium at the Marriott City Center, Minneapolis, MN. The annual reception and auction will feature light hors d'oeuvres and cash bar (one drink ticket will be provided). Please RSVP for this event on the Annual Conference Registration Form. Tickets are \$50.
- Another way to support the Foundation: **Donate an item for the** Live Auction! All contributions are welcome, including products that interest your colleagues professionally and personally.

The ISPN Foundation is the charitable arm of ISPN. The Foundation raises funds to provide grants to encourage research, particularly for fledgling researchers needing initial funding. In addition, we provide travel grants to members and students, enabling them to attend our annual conference.

Vol. 19, Iss. 1 Winter 2016



Information about scholarships, awards, and grants for 2016 can be found <u>here</u>.

Due to the significant cost of international travel, such funding assists international members and students to attend our conference, network with colleagues, and give and receive knowledge to enrich mental health care here and abroad.

> International Society of Psychiatric-Mental Health Nurses 2424 American Lane • Madison, WI 53704 USA Phone: 608-443-2463 • Email: info@ Web: http://www.ispn-psych.org

Manage your preferences | Opt out using TrueRemove™ Got this as a forward? **Sign up** to receive our future emails. View this email **online**.

2424 American Lane Madison, WI | 53704 US

This email was sent to . To continue receiving our emails, add us to your address book.