

Welcome! New Members

The individuals below have joined ISPN or a new Division.

Ebenezer Adegbite,NY,SA	Noreen Hogan,MA,A	Marsha Snyder,IL,S
June Anderson,GA,A	Peggy Jerome,UT,A	Barbara Stachowski,NY,S
Dawn Boyd,IL,A	Willard Jones,TX,A	Linda Starr,PA,A
Amnona Bracha Miller,NJ,I	Sherry Loch,AZ,A	Yvonne Stumpf,MI,A
Lisa Casler,NY,SI	Sharon Kay May,FL,I	Patricia Taylor,GA,S
W. Richard Cowling III,VA,S	Edward McAnanama,IL,A	Nancy Thomer,CA,A
Bonnie Davis,MS,S	Matthew McCaulley,PA,A	K.D. Zoeller,MA,A
Christine Davis,BC,AI	Eileen Morrison,VA,S	
Dianne Del Pizzo,FL,A	Nancy Noyes,ME,AS	<i>* The Letter following the</i>
Carla Dewalt,IN,A	Francis O'Sullivan,MA,A	<i>member's state indicates the</i>
Sandra George,IL,A	Jennifer Palmer Sutton,NE,S	<i>Division(s) the</i>
Maureen Godfrey,PE,A	Carly Reimer,KY,A	<i>person has joined.A=ACAPN; I</i>
Joni Hamric,TX,A	Mary Reynolds,MA,A	<i>= ISPCLN; S=SERPN</i>
Michele Hanson,OH,A	Judy Rice,TN,S	
Judi Higginbotham,AZ,S	Aron Skrypeck,CT,A	

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President's Message



Linda Finke PhD, RN
LindaF@stti.iupui.edu

I would like to start this message by extending heartfelt sympathy and condolences to the victims and families touched by the tragedy of September 11, 2001. I am sure none of us will go forward in life from that day on without a difference in our step. Our world has been changed forever. Now, as I write this, our country is at war and I think we are all somewhat stunned. I wish you all peace and we will all pray for all those involved in the military action. I hope during this time we all stay connected to friends and family and stay in close contact with our colleagues in ISPN. In an effort to provide assistance during the ensuing aftermath ISPN has partnered with APNA to work with the American Red Cross to provide grief counseling to those touched by the tragedy.

ISPN Presence at National Meeting on Behavioral Healthcare Workforce Education

I am sure each one of us remembers well where we were when we first heard of the attack on the United States. I was representing ISPN at the Annapolis Conference on Behavior Health Workforce Education and Training sponsored by the American College of

Mental Health Administration and The Academic Behavioral Health Consortium. The conference was sponsored by the Agency of Healthcare Research and Quality and the Center for Mental Health Services and Office of Managed Care, Substance Abuse and Mental Health Services Administration. This was a multidisciplinary conference with representatives from almost all of the mental health professions. We were fortunate in some ways to be together with the knowledge how to support each other in a crisis. We met frequently in the lobby of the hotel to check on each other and share information about how to get home. The tragedy brought together folks who might not have known each other otherwise. The true meaning of multidisciplinary was felt and understood. Those of us at the conference were shocked with the realization of what had happened. The US Marines with their armored cars and machine guns who occupied Annapolis, Maryland made the situation very real and clear to us. As mental health providers, we offered our services, but organization and transportation were not yet available. Just getting home became a priority for us all.

I particularly, felt the pain of those health care providers from New York and Washington D.C. who were frustrated with the need to return home and help however they could.

Progress of ISPN Projects

The Behavior Health Workforce Education conference dovetailed well with the ISPN efforts headed by Dr. Susan McCabe with the assistance of Dr. Kathy Delaney to revise the ACAPN and SERPN Education Guidelines. The Education Council working in collaboration with the

SERP Division will revise and expand the guidelines to include core competencies. The core competencies recently developed by ISPCLN will also be incorporated. Dr. Gail Stuart and Dr. Jane White representing APNA will join the project. Diane Snow, President of the International Nurses Society on Addictions (IntNSA) and a SERPN member, will join the group as well. This is a very timely and much needed project that will pull all our education pieces together into an updated education guide for the future practice of psychiatric-mental health nursing. Graduate Programs with a psychiatric nursing focus have also been contacted as part of the project. Please read Dr. Kathy Delaney's SERPN Division report for additional details of this important project.

(Continued on pg. 4)

ISPN logo and 'Inside ISPN Connections' title. Table listing contents: President's Message (1,4), Division Reports (2,5), SERPN Division Report (2,5 & 9), Letter to the Editor (3), ISPN Nursing Research Grants (5), Leadership Alert (6), ISPN 2002 Nomination Form (6), International Column (7), Research Column (8), Legislative Column (8), Announcements (8), Accolades/Leadership Contacts (9), NIHM/NIINR (9), Calendar of Events (10).

Division Reports

ACAPN DIVISION REPORT

Carol T. Bush, PhD, RN
carolbush@mindspring.com

Our world has drastically changed since the September 11, 2001 terrorist attacks on our nation, our ideals, and our way of life. These changes have had a permanent impact on our children, those who lost parents in the attacks, those who are losing parents who are being deployed in response to the attacks, and those who have anxious parents who have lost jobs due to the economic downturn. All of us, in fact, of every age feel the changes: decreased air travel leading to decrease spending and therefore decreased tax revenue. Budget cuts are widespread, layoffs are commonplace, and uncertainty abounds. We must remember to nurture and protect our children and their families.

Although begun prior to the attack, the KySS (Keep your children/yourself Safe and Secure) campaign is a timely response to the needs of today's children and adolescents. Upon my recommendation, the ISPN Governing Board voted to participate as a supporting organization in the KySS campaign initiated by the National Association of Pediatric Nurse Practitioners (NAP-NAP). KySS is a national effort to reduce psychosocial morbidities in children and adolescents. An article in the *Journal of Pediatric Health Care* by Bernadette Mazurek Melnyk and her colleagues describes the project. The major expected outcomes of this campaign are the following:

1. Increased public and professional awareness and knowledge of the major psychosocial morbidities affecting school-aged children and adolescents.
2. Increased educational resources and support directed to preventing and decreasing the incidence of the psychosocial morbidities.
3. The availability of time saving, easy to use screening tools for health care providers to assist them in the early identification of children and adolescents with psychosocial morbidities.
4. A decrease in the incidence of psy-

chosocial morbidities in children and adolescents.

5. Funds to provide support for resources and research that directly relate to the goals of the campaign (p. 33A).

Melnyk, BM, Moldenhauer Z, Veenema T, Gullo S, McMurtrie M, O'leary E, Small L, Tuttle J. (2001). The KySS (Keep your children/yourself Safe and Secure) Campaign: A national effort to reduce psychosocial morbidities in children and adolescents. *Journal of Pediatric Health Care*, 15 (2): 31A-34A. ▼

ISPCLN DIVISION REPORT

Sally Frese, MSN, RN, CS
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Change is in the air and the winds of change have certainly been tumultuous. During the past several months healthcare resources have been challenged by an un-natural disaster of resounding magnitude. Mental health issues related to the events and sequelae of September 11, 2001 have impacted psychiatric practices across the country. Many of our PCLN and ISPN members have provided both direct and indirect services related to the terrorist attacks on the East coast. During this time I have taken the opportunity to consider the ramifications of such a profound strain on psychiatric nurses both professionally and personally. With the current shortage of nurses in general and dwindling numbers of nurses in the psychiatric/mental health specialty, this essential time to address important issues facing our profession.

As evidenced in our cities and communities across the country, people are experiencing a renewed sense of unity and determination. This is an opportune time for us as psychiatric nursing professionals to also come together and focus on unified issues. Although in the scheme of current events our PCLN and ISPN projects and activities may seem mundane or somewhat less important, it is imperative that we recommit to the purposes and functions of ISPN – to

promote quality psychiatric nursing care; to unite and strengthen the presence and the voice of specialty psychiatric-mental health nurses; to promote and encourage research and health care policy.

During the next few months ISPCLN will initiate our project to pursue opportunities for an outcome-based research project. We will begin by exploring ideas. This will be a great way to network with colleagues and get involved with the important functions of ISPN. I encourage ALL members of the PCLN Division to take the opportunity to participate. Your participation may be as simple as providing your opinion! Please contact me – fresesm@slu.edu. I look forward to hearing from each and every member! Best regards for healthy, happy and safe holidays. ▼

SERP DIVISION REPORT

Kathleen R. Delaney, RN, DNSc
KDelaney@rushu.rush.edu

The two major mediums for communicating SERPN's activities are this column which appears three times a year in Connections and the SERPN News column that runs six times a year in *Archives of Psychiatric Nursing* (authored by Dr. Lee Walker). Lee and I recently discussed the optimum way to use these written vehicles. We decided to focus the Archives column on news of upcoming events, reports on conferences, and on SERPN activities. This column will be devoted to a more in depth discussion of projects or a particular goal of the division, issues on which I would appreciate member feedback. Today's topic is the updating of SERPN's curriculum guidelines and a few words about the history of the guidelines, structure of the project, and the importance of the revisions.

The idea of a professional organization creating guidelines for the inclusion of its specialty's educational content, of course, has a history. Ours begins in the seventies and eighties

(Continued on pg. 5)



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President's Message (cont'd)

ISPN has initiated a number of other projects and we always welcome assistance and input from members. Mimi Alvarez, Practice Council Chair, has agreed to lead the Council in revising some of our practice guidelines that are outdated. She is also breathing new life into our joint project with APNA to develop psychiatric diagnoses from NANDA, which will move us forward in our efforts to promote evidence-based practice.

Judy Hirsh, Legislative Council Chair, presented a policy to facilitate legislative alerts and action to the ISPN Board. ISPN is staying on top of legislative efforts at the state and national level. Judy's report on the work of the Legislative Council is included in this Connections and will provide you with additional information.

Dr. Patricia Barry, member of the Membership Committee, has agreed to chair a task force that will study the fea-

sibility of adding an Adult Division to ISPN. Some members have voiced a concern that the current three Divisions are not a good fit for those in clinical practice with adult populations. The task force hopes to complete its work by January 2002. We would like to hear from members, so please contact us with your thoughts and suggestions. Email Dr. Patricia Barry at patdbarry@aol.com

Dr. Susan McCabe and Dr. Edilma Yearwood continue to work with APNA representatives to develop psychiatric-mental health nursing research priorities. This is part of our joint effort with APNA to increase funded research in our specialty nursing practice area.

Evelyn Parrish and the Conference Planning Committee are putting together a stimulating and informative conference for our 4th Annual ISPN conference April 24-27, 2002 at the Washington Marriott in Washington, D.C. By the

time you read this, the abstract review will be well on its way and the program will be developed. Be sure to mark the dates on your calendar. Additionally, ISPN has selected dates and a hotel location for the 5th Annual ISPN conference. The conference will be in Charleston, South Carolina from April (get dates), 2003 and be held at the Westin Hotel in the historic downtown area.

I will close again urging everyone to stay in close contact with friends and colleagues in ISPN during this very difficult world crisis. We can be a support to each other and to those somehow touched by this terror. Please keep our Pakistan nurse members in your thoughts as this crisis continues to unfold in their area of the world.

Best Wishes,

Linda Finke

PhD, RN, President, ISPN

International Society of Psychiatric-Mental Health Nurses (ISPN) Nursing Research Grants: Call for Proposals

Two grants to support psychiatric nursing research are available to ISPN members. One grant is available to any ISPN member involved in psychiatric-mental health nursing research. The second grant, the **Robert O. Gilbert Grant**, is limited to child and/or adolescent psychiatric nursing research. The amount of each grant is \$1,000.

Investigators:

1. Must be an ISPN member (for the Gilbert grant, must be in the ACAPN Division)
2. Must have a Masters or a Doctorate in nursing OR is a nurse in a nursing graduate program
3. May only apply for one of the grants at a time

Focus of Research:

1. For the Gilbert Grant: mental health or mental illness for children, adolescents, and/or their families
2. For both grants: qualitative or quantitative research

Requirements:

Institutional Review Board approval must be obtained before the release of funds.

Proposals Must Include:

1. Title and Purpose
2. Background and Significance
3. Hypotheses or Research Question(s) (if applicable)
4. Methods (subjects/participants, setting, data analysis)
5. Appendices (not included in 5-page limit)
 - Budget with justification
 - Time line
 - Status of IRB approval
 - References

6. Indicate if you are applying for the ISPN Grant or the Robert O. Gilbert Grant

(Not to exceed 5 single-spaced pages)

(Submit 6 copies of proposal—only 1 with your name)

(Provide a cover page with your name, address, phone number and email)

Recipients are expected to submit:

1. A written summary of completed research to the ISPN Research Council
2. An abstract to the ISPN Conference Council
3. A manuscript to one of ISPN's professional journals
4. Acknowledge the support of ISPN and/or the Robert O. Gilbert Foundation

Deadline:

Postmarked by **March 1, 2002**. Notification of award by April 24, 2002.

Mail to:

International Society of Psychiatric-Mental Health Nurses
1211 Locust Street
Philadelphia, Pennsylvania, 19107

If you have questions, call ISPN: 1-800-826-2950

Web site: www.ispn-psych.org

Achievements, Accolades and Accomplishments

Elaine Greggo APRN, BC was named Delaware Nurse of the Year for 2001 by the Delaware Nurses Association. Elaine works for the Delaware Hospital for the Chronically Ill in Smyrna. She is an ISPN member.

Congratulations go to Dr. Beth Vaughan-Cole (SERPN Division), she was honored earlier this year by her colleagues at the University of Utah for 30 years of outstanding contributions to the College, University and the nursing profession. Beth has served ISPN well as the Research Council Chairperson from 1999-2001 and continues to be a leader for ISPN in the area of End of Life Care.

Southeast Psychiatric CNS Conference

During the Southeast Psychiatric CNS conference September 5-8th in Asheville, NC several ISPN members contributed to the program. Dr. Gail Stuart (SERPN Division member) opened the conference with a discussion of the Future of Psychiatric-Mental Health Nursing and Care. Peggy Dulaney MSN, APRN, BC (ISPCLN member) provided an informative discussion during a plenary session detailing the history, present and future challenges to psychiatric-mental health nursing. While Dr. Susan McCabe (SERPN Division Member and Chair of the Education Council) presented on the Neurobiology of Addictions during an interesting plenary session that provided the latest advances in the understanding of addictive illness. Additionally, Karen Stanley MSN, APRN, BC and Susan Krupnick MSN, APRN, BC, CARN presented a concurrent session on Alcohol Withdrawal in the Acute Care Patient. Additionally, Susan McCabe, Peggy Dulaney, Karen Stanley and Susan Krupnick worked the ISPN booth and provided many Southeast PCNS's with information about ISPN and our educational products.

Division Reports (cont'd)

appear in our professional journals. This committee will be synthesizing a tremendous amount of material and much of the work will be evaluating, balancing and projecting trends in service delivery, treatment, and education. The guidelines they produce will be an important reference document for PMH faculty, graduate programs, credentialing centers, and accrediting agencies.

I was fortunate to be involved in the development of the 1996 SERPN guidelines. It is an exciting process, in particular because it creates a forum for dialogue on the PMH role and the education of our workforce. Please feel free to email me or Dr. Susan McCabe (mccabes@chartertn.net) with any questions about the structure of the current project. Many of SERPN's members are involved in PMH education and thus an important source of feedback. Therefore, YOU, along with the entire ISPN membership, will be informed about future opportunities to provide feedback on drafts of the competencies and guidelines. ▼

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Leadership Alert!

Margaret Brackley PhD, APRN, BC
brackley@uthscsa.edu

Now is the time to think about running for office in 2002. A Call for Nominations is in this newsletter and will also be mailed to the membership soon. The Nominating Committee wants to submit a strong list of candidates to the membership. Please consider positions in which you or a colleague could best contribute and respond to the call. The following positions are open:

ISPN: President Elect, One Member-at-Large to Nominating Committee & Secretary

ACAPN: Secretary/Treasurer

ISPCLN: Division Director, One Nominating Committee Member, & Secretary/Treasurer

SERPN: One Nominating Committee Member, & Secretary/Treasurer.

Contact Margaret Brackley if you have questions. 210-567-3809 or email brackley@uthscsa.edu

ISPN 2002 Nomination and Consent Form

Nominations must be postmarked by December 15, 2001 in order to be considered by the Nominating Committee. All current regular members of ISPN are eligible for nomination. Nomination does not guarantee that a person's name will appear on the final slate. Self-nominations are encouraged.

All nominations must include:

1. Completed Nomination and Consent Form
2. A Nominee Statement that can be used in the official ballot (100 words or less) that includes qualifications and relevant experience, previous organizational contributions, and commitment to ISPN mission and goals.

Nomination Information

I hereby nominate _____ for the office of _____

Supporting reasons for this nomination: _____

Signed, ISPN member _____ Date _____

Consent to Serve

I am willing to serve in the office of _____ if selected for nomination and elected by the membership.

Signed, ISPN member _____ Date _____

Nominee Data

Full Name _____ Credentials _____

Current Position _____ Affiliation _____

Primary Divisional membership (ACAPN, ISPCLN, SERPN) _____

Address _____ Work Phone _____

Home Phone _____

E-mail _____

Mail To: ISPN, 1211 Locust Street, Philadelphia, PA 19107, Fax: 215-545-8107

International Knowledge Worker: An Emerging Role for Psychiatric/Mental Health Nurses

Sharing ideas, undertaking collaborative projects, or just “talking the talk” via the Internet has increased our collective awareness of who we are and what we do as psychiatric nurses, and in an almost Darwinian way, has also heightened critical focus on roles, responsibilities and challenges. While acknowledging the disparities in education, practice parameters and societal expectations of psychiatric nurses in developed and developing countries, increased communication across continents also highlights the fact that some of us are far better informed than others, have access to more sophisticated resources, take more risks, are more accountable and have a more visible reputation within the general healthcare community.

And herein lies a paradox: accepting that some nurses are more equal than others challenges our whole perception of psychiatric and mental health nursing. Simply being custodians of knowledge, which should be available to all within our professional community, alters the hierarchical balance within that community. Even whether or not one has access to email and the Internet itself is a significant factor in this imbalance. Have you tried sharing your knowledge and practice experiences with a mental health nurse in the Philippines, South Africa or Kazakhstan recently?

In the recently released *WHO Report 2001*, Dr. Brundtland states, “...mental health - neglected for far too long - is crucial to the overall well-being of individuals, societies

Martin Ward RMN, DN, RNT, Cert Ed, NEBSS Dip MPhil, Director, MW Professional Development Limited and Independent Nurse Consultant, Oxford, England.

Gerri Disnard RN, MSN/MPH[c], Instructor, Nursing Faculty, Stephen F. Austin State University, Nacogdoches, Texas.

and countries and must be universally regarded in a new light”. The authors not only applaud this report, but envision it as a platform from which to encourage all psychiatric nurses to ‘share their knowledge’.

The Code for Nurses (ANA 2001) outlines the values of American nursing, as does the Code of Professional Practice (UKCC) within the UK. Each recognizes the need for tolerance and acceptance of differences between patients, yet neither mentions the differences among nurses. Peplau is cited by Huch (1995) as creating a place for Advanced Nurse Practitioners as the flag carriers for transforming nursing practice, with Drucker (1995) indicating that in the USA alone, one third of the workforce would be in this ‘knowledge worker class’ within the new millennium. However, mental health nursing does not live in the USA or the UK alone, as is so well documented in the *WHO Report 2001*. WHO recognizes 197 countries worldwide that provide some form of mental health care to its populations, yet only a small minority of these have the luxury of a ‘knowledge worker class’. Those of us who are fortunate enough to wear this mantle must assume all the responsibilities that come with it to be worthy of such a title. This means that we have to share our knowledge openly and actively with those who do not have access to the same level of resources as we do and who do not have senior nurses in their own countries to act as culture carriers for the profession.

As Len Bowers, Professor of Psychiatric Nursing at City University in London, England, and himself the coordinator of an Internet discussion group for psychiatric nurses says, “...internationalism is an ethical imperative for psychiatric nurses”.

(Bowers, 1997). Indeed, the new Code of Ethics issued by the ANA (ANA 2001) endorses this view, stating, “The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs”. Being an international knowledge worker may be a daunting task, but it is one we should accept with pride and enthusiasm, across the corridor, across the continent, across the world. And remember, pens and paper were around long before the Internet! ▼

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Deadlines

NEWSLETTER INFORMATION

Melinda Morissette is the chair of the Newsletter Committee. The next issue of *ISPN Connections*, Volume 4, Issue 3 will appear in April 2002. Materials for that issue should be sent to Melinda at MmmMorissette@aol.com no later than February 15, 2002.

It has been a busy time for the ISPN Research Council. A recent activity has been pulling together the ISPN Call for Grant Proposals that is included in this newsletter. We encourage any members who are currently planning a research study or extending an existing study to consider applying for one of the two available research grants. If you have any questions about the grant proposal, feel free to call me prior to December 20th, 2001, at 612-624-0490. *After this time you can call the number listed on the application for assistance as I am moving to Indiana.* Supporting psychiatric-mental health nursing research is important for ISPN, so we also welcome any contributions to this effort.

Another activity has been planning a workshop on evidence-based practice (EBP) for the Spring ISPN conference. This will provide a general overview of what evidence-based practice is, the skills needed to engage in it, supports and barriers, and the ongoing debate about its usefulness for nursing. Nursing has

historically engaged in use of research findings through the process of research utilization. We will explore how EBP has been described as differing from research utilization.

The value of identifying and critiquing research findings related to important practice decisions provides impetus for us to explore this important issue. Too often evidence for practice approaches do not influence practice in a timely manner. At times clinical decisions can also be influenced by a spurious review of the literature without the depth of critique needed to support applying research findings to practice. Yet another perspective is the value of systematically evaluating some of our own innovative programs or interventions. Evaluation can provide documentation of outcomes for key stakeholders for program improvement (and at times continuation); and can provide information to the larger community to help guide the development of programs or interventions.

Questions about EBP devaluing

other ways of knowing besides what is known through scientifically rigorous studies have arisen from the nursing professional community. Examples of other ways of knowing include knowledge gained through experience and intuition. The challenge is to be able to have the EBP process serve nursing in a meaningful way. ▼

ANCC UPDATE

On September 25, 2001 Jeanne Floyd, PhD, RN, CAE who is the executive director for the ANCC sent out a letter to all Certified Psychiatric Mental Health (PMH) Advance Practice Nurses clarifying some issues surrounding the current PMH exams. If you did not receive a letter please visit their website at www.nursecredentiaing.org for additional information or call (800)284-2378.

Legislative Column

Judy Hirsh, NP-P
jhirshsolo@aol.com

In light of the terrorist attacks, the nation's legislative activities have shifted gears, but let me inform you of what the Legislative Council has been working on. The ISPN strategic plan identifies the following four objectives for the council to achieve.

- 1) Develop a written policy of how and what issues can be quickly addressed by the Council Chairperson / offered to the Governing Board for support.
- 2) Develop a quick response mechanism for ISPN members to respond to state and national legislative issues.
- 3) Advocate for mental health parity on state and national levels.
- 4) Advocate for parity of the provision of mental health services provided by APRN's in accordance with state nursing practice acts.

The policy for the identification of legislative issues is being revised and will hopefully be approved

by the Governing Board at the next meeting. As the issue of a "quick response" is being explored with the web site editor, significant legislative issues to be addressed are being e-mailed to council, committee and board members.

With involvement and participation from all of you in advocating for psychiatric-mental health and substance abuse treatment parity in conjunction with parity for psychiatric-mental health nurse providers, the Council can achieve the above objectives. Please feel that you can offer suggestions or comments directly to me or through your division representative. It's important for us to know what you think about the legislative issues in your state that are related to nursing and APRN's in psychiatric-mental health nursing. It is also important for us to be confident that all of you will be active participants in supporting and advocating for issues important to psychiatric-mental health nursing and psychiatric-mental health care. ▼

Division Reports (cont'd)

when the role of the Psychiatric Mental Health (PMH) advanced practice nurse rapidly evolved as a result of changes in the mental health delivery system and shifting Federal funding for PMH graduate program. During this time, an early guideline for PMH nursing curriculum development emerged from SERPN's root organization (The Council of Directors of Graduate Programs in Psychiatric Nursing); its title: *Psychiatric-Mental Health Nursing: Educational Blueprint for the 21st Century*. In 1991 SERPN's Education Committee was charged with creating recommendations for PMH graduate education that included consideration of how emerging knowledge about psychiatric-mental illness (particularly neuro-biological models) could be integrated in undergraduate and graduate curricula. In the ensuing years SERPN held several educational forums that resulted in a Position Statement on educational preparation in PMH nursing and in 1996 published

the *Guidelines for Graduate and Undergraduate Education in PMH Nursing*.

Presently, the Education Council of ISPN is charged with updating these guidelines, making revisions that will reflect the growth in our knowledge of psychiatric-mental illness(es), current service delivery patterns, the key role of consumerism and the potentials of the PMH nursing role. Similar to the 1996 guidelines, the document will contain both core competencies and essential PMH content that should be included in the graduate and undergraduate programs. The revision is an ISPN initiative and thus SERPN's role in the structure of the project has changed. The project will be directed by Dr Susan McCabe, the Education Council Chair. The core of the group engineering the project is the Education Council with Dr Gail Stuart and Dr. Jane White from American Psychiatric Nursing Association (APNA), and myself. As the project

progresses the committee will also be seeking feedback from consumers and from you- the ISPN membership.

The first leg of the project is development of the core competencies, which ground the essential content. Since the first document in 1996 there has been significant change in the PMH role, solidification of paradigm shifts in psychiatric-mental illness research and treatment, and an increasing emphasis on consumerism. Also, there has been considerable recent literature about the desired specialty competencies of the Advanced Practice Nurse (APRN) in PMH. Some of the literature sources include the 25 competencies the ANCC lists, specific guidelines for training programs in behavioral health produced by government work groups such as the Annapolis Conference on Behavioral Workforce Education and Training and articles on graduate education that

(Continued on pg. 9)

IntNSA Conference September 12-15th, 2001: Moving from Tragedy to Triumph

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The annual conference of the International Nurses Society on Addictions (IntNSA) was held in Niagra Falls, Ontario, Canada this year on the heels of the terroristic attacks on the United States. I had the honor to represent ISPN and also to do a presentation at the conference. I was overwhelmingly impressed by the outstanding leadership demonstrated by Dr. Diane Snow, President of IntNSA and a SERPN Division member as she navigated the challenges of having an international conference during an international terroristic attack and the immediate aftermath.

Several speaker and participants were "trapped" in airports and unable to complete their travel to the conference. The IntNSA leadership tapped many of their colleagues to assist with presentations and the conference was a success due to the ingenuity of the leadership

group, support and flexibility of other speakers and members. Several ISPN members conducted presentations including Dr. Lynette Jack (ISPCLN member and a past president of IntNSA) who conducted a full day certification preparation course on September 11th, while simultaneously calming several anxiety laden participants (this was not test anxiety). Dr. Diane Snow presented on Bipolar Disorder in Substance Abusers during a concurrent session and provided the participants with some current advances that are being tested in a clinic that she works as the PMHNP. Dr. Ruth Gallop from Toronto, also a SERPN member conducted a plenary session on early childhood trauma and relationship to substance abuse.

During the last day of the conference I presented at a plenary session on the advances in the assessment and treatment of alcohol withdrawal syndrome (AWS). I had the opportunity to show-

case the Guideline for APRN's in the Assessment and Treatment of AWS that was completed by the ISPCLN Division Task Force on AWS earlier this year. Additionally, Dr. Madeline Naegle who was detained in NYC was able to join the conference participants by a telephone hook up to answer some audience questions on the future of addictions nursing. Dr. Naegle's forecasting sounded very similar to the future of psychiatric-mental health nursing and it is clear that our futures are clearly becoming more intertwined. Overall, the conference moved participants from a focus on the tragedy to a collective triumph of "being present and attempting normalcy" during a highly abnormal and stressful time. The leadership of IntNSA are to be congratulated on a superb job at orchestrating their first out of America conference. ▼

Calendar of Events

March 21-24, 2002 The Anxiety Disorders Association of America's National Conference "The Shadow Illness: Anxiety Across the Lifespan" will be held in Austin, TX March 21-24. For more information, visit the website: www.adaa.org or contact 1-301-231-9350

April 4-6, 2002 8th Annual Qualitative Health Research Conference will be in Banff, Alberta, Canada. Contact www.ualberta.ca/~iiqm/qhr2002/ for additional information.

April 24-27th, 2002 4th Annual ISPN Conference, Washington, DC. Washington Marriott. Contact International Society of Psychiatric-Mental Health Nurses (ISPN) at 1211 Locust Street Philadelphia, PA 19107 P: 800-826-2950, 215-545-2843 F: 215-545-8107 E: ispn@rmpinc.com or check the ISPN website www.ispn-psych.org for additional information.

June 9-12, 2002 Sixth World Congress of the International Association for Emergency Psychiatry in Barcelona Spain. The theme is Emergency Psychiatry Today: Meeting the Real Patients and Their Needs. Contact www.tilesa.es/iaep2002 for additional information.

July 10-14, 2002 Developing Local Systems of Care for Children and Adolescents with Emotional Disturbances and their Families: Family Involvement and Cultural Competence (Training Institutes). Washington, D.C. Collaboration between Georgetown University Child Development Center and Center for Mental Health Services. Contact email- institutes2002@mindspring.com for additional information

July 16-19, 2002 World Association for Infant Mental Health. Amsterdam. Contact Hiram Fitzgerald, Executive Director WAIMH Central Office, Michigan State University, East Lansing, MI 48823

September 24-27th, 2002 International Nurses Society on Addictions Conference, Menger Hotel in San Antonio, Texas. Contact www.IntNSA.org for additional information.

October 15-18, 2002 28th International Conference of the Australian and New Zealand College of Mental Health Nurses, Coming of Age: A Celebration of Mental Health Nursing. Sydney, Australia. Contact Email: mental@icmsaust.com.au or www.healthsci.utas.edu for additional information.

Correction

Last Newsletter there was a Letter to the Editor that was Headed as an Editorial, that was in Error, sorry for the mistake. MmmM

SAVE THE DATE!

Conference 2002:
April 24-27, 2002 - Washington, D.C.

**Action, Advocacy & Adventures
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Mental Health Nursing**

The Planning Committee is working diligently to develop an agenda that is both thought provoking and fun. Several members indicated they would like to have the networking luncheon and raffle again, both are returning in 2002. Thank you to those of you who submitted an abstract. Several interesting and stimulating abstracts were submitted and are currently being reviewed. We have a number of invited guests, some of whom will address psychiatric-mental health issues across the life span.

I encourage you to make plans to attend the 4th annual ISPN Conference in Washington, DC, April 24-27th. Hope to see you there and don't forget to bring extra money for the raffle!

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ISPN Connections

ISPN Connections, the Newsletter of the International Society of Psychiatric-Mental Health Nurses (ISPN) is published 3/year.

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Letter to the Editor

I recently read the letter to the editor by Dr. Sandra Thomas and wanted to share my point of view with the ISPN leadership. I belong to two divisions of ISPN. I do not belong to APNA. I disagree with the idea of joining with APNA for several reasons and want to be sure that the ISPN leaders think carefully about all the issues. First, ISPN is still in its infancy. I think the dust has not settled from the consolidation of the three independent organizations, which is still developing to best serve all of our members, and which, is still not up to a par with the individual conferences prior to the merging process. To merge with APNA right now would further unsettle the ISPN organization. However, my biggest concerns about "uniting" is that APNA is a very different type of organization and much larger. I worry that APNA would take over our organization, based on their initial objections to joining the alliance to begin with. I also understand that not all of the APNA presidents have been willing to give as well as receive information. I would hope that this issue be carefully considered with all of the possible ramifications and that an accurate reading of the entire ISPN membership be obtained before any plans to unite are initiated. ▼

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