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Message from the Editor

Greetings and Happy Holidays! This is the time of year when gathering of family, friends, and colleagues are abundant. At these gatherings, one nourishes themselves with conversation, spirituality, and reflection. It is a time of renewal and a time to look to the future.

For the past three years I have been the editor of the newsletter. And I too, have been reflecting back over these past years, and realized that I have never written a message to the membership.

I felt the need to highlight areas of which, we, as members, need to nourish each other and the organization. I would like to highlight these areas: Membership, Awards, and Nominations.

Membership: Without members where would ISPN be? Lets "nourish and feed" the organization with a healthy dose of new members! Imagine if each one of us recruited just one person into the organization! This also enables each member to have

even more of a selection to nominate for awards! At the conference "Psychopharmacology for Advanced Practice Psychiatric Nurses" held in Philadelphia in October, Evelyn Parrish and Judy Hirsh successfully recruited 16 new members. Let's keep the momentum going and remember that ISPN now has a new Adult/Geriatric division, please see page 8 of the newsletter.

AWARDS: This is the time that as individuals or as a group we can take the responsibility and make the effort to submit nominations for awards that are outlined on page 5 of this newsletter. What better way to "feed and nourish" our peers with praise, kindness and respect then to nominate them for an award!

Nominations: The first of the year will be time for nominations for different offices. What better way to "nourish" ourselves by nominating and electing members that will continue to pave the way for ISPN to prosper. There is a nomination form on page 8 and the leadership alert with what the duties entail on page 6.

I would also like to extend an open invitation to all members to submit articles to the newsletter. This is your newsletter and I welcome your feed-

back and ideas on how to improve and "nourish" CONNECTIONS.

At this time, I would also like to extend my deepest apology to Dr. Mary Durand Thomas. Computers are wonderful, but behind computers are humans, and I omitted Dr. Durand Thomas award last edition. Mary was also the editor of this newsletter prior to my accepting this position. Mary, so sorry!

I do hope that everyone has a very safe, happy, and fulfilling holiday season. And at the beginning of the New Year, please go to the ISPN website, nominate a peer for an award, send the ISPN link to a colleague to recruit, nominate someone for an elected position, and take the time to browse the website! www.ispn-psych.org LETS ALL WORK TOGETHER TO "NOURISH" ISPN SO IT CONTINUES TO BE STRONG AND HEALTHY!

Awards Program Recipient for 2002



Mary Durand Thomas was the winner of the 2002 ISPN Education Award. Mary's career has focused on improving care and treatment for people with serious mental illness. She has facilitated access to advanced education for place-bound, psychiatric-mental health nurses and developed curricula and teaching strategies to expand nurses' professional capabilities. She was an early champion of increased education about general medical conditions for psychiatric nurses, given the high co-morbidity of psychiatric and medical disorders. She promoted use of case-based learning, including use of standardized patients and Web-based cases. Recently she organized use of distance technology to enhance access to the University of Washington's Psychiatric-Mental Health Nurse Practitioner Program. Mary's accomplishments include co-editorship of two nursing books, including one focused on her scholarly interest in diagnostic reasoning and treatment decision making. ▼



ISPN

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President's Message



Linda Finke, PhD, RN - Lindaf@stti.iupui.edu

Reflections and support.

A year ago when I wrote my message it was just following what we now call 9/11. As we mark a year's anniversary of the day, we find it is true--our lives will never be the same. Many of you around the country have told me that you have seen an increase in depression and post traumatic stress syndrome (PTSD) in your case load, and the anniversary only brings back the pain and a new cycle for many. I hope you all follow our own advice and take care of the caretaker--you. We have a large network of very caring and knowledgeable folks in ISPN. Use your professional organization for support and knowledge and give back your skills and energy. The current news is filled with more war and suffering. Who knows what lies ahead for us.

Several of our members have provided direct service to the survivors of 9/11. Many have assisted in some way those trying to cope with the current uncertainty and suffering. ISPN as an organization has been a part of the collaboration of nursing organizations and the American Red Cross that established a resource for nurses on the Sigma Theta Tau International Web site, "America in Grief: Nurses Helping Nurses Support People." If you have not had the opportunity to check out this site at www.nursingsociety.org (click on America in Grief), you should take time to do so. The site has a wealth of information and links to assist you in helping others deal with their grief. The site covers everything from bioterrorism to information for parents to use to assist their children.

I was recently talking to Dr. Margaret Carson, one of our speakers at the April ISPN conference. Her research concerns nurses and PTSD that develops as a result of caring for people in trauma. She pointed out that there is

a conspiracy of silence among nurses and the public. Nurses rarely discuss the trauma they have witnessed, even with their families. We have been socialized not to discuss the gory details. For example, what do we hear about the nurses who are caring for the physically and emotionally wounded troops and civilians in the Middle East? Even if you look at the working conditions and low staff ratios that many nurses are dealing with all over the world, there is plenty cause for PTSD among nurses. I hope we can be a part of breaking the conspiracy of silence by reaching out and networking with colleagues. I hope you will do that through ISPN.

ISPN Leadership Opportunities.

Elsewhere in this newsletter is a call for nominations for officers for ISPN. Elections come around quickly each year. I hope you will consider stepping forward and volunteering to continue the legacy of this organization. Whether you are a person who sees the glass as half empty or half full, you will find working in a leadership position in ISPN will not only keep you up to date on issues in psychiatric-mental health nursing, but also actively involved in advocacy and problem solving. I have had the great fortune to work with an energetic, committed board, divisions, councils and committees, and that in itself is rewarding and fun. If you take all that and accomplish as much as we have, it is indeed something to be proud to be a part of the ISPN leadership. Do not wait to be asked. Step forward and submit your name for a position.

ISPN and Association of Emergency Psychiatry Partnership.

Speaking about folks stepping forward, there is a group of members interested in emergency psychiatry. They have been working with Dr. Peter Forester, who spoke at the last ISPN conference, is President of the American Association of Emergency Psychiatry and is on the board of the International Association of Emergency Psychiatry. Together, they

will collaborate on issues that are of concern in emergency psychiatry. The group will be involved in a number of activities including reviewing guidelines concerning assaultive patients and models of providing emergency psychiatric services. We will also be providing nursing input to the planning of several conferences on emergency psychiatry. Any interested members should contact me if you would like to join this active group.

ISPN and the Pan American Health Organization.

Sally Raphael, Sara Torres and I will be meeting with Sandra Land at the Pan American Health Organization in a few weeks to move forward the ISPN project to develop and implement psychiatric nursing guidelines in Central America. Enthusiasm remains high to accomplish this project as we search for funding and implementation ideas.

ISPN Development Continues--New Division Initiated.

As you will read in the messages from the Division and Council Chairs, the organization has been active this summer developing plans for another active year. We have a new Adult/Geropsychiatric Division on its feet and seeking members. Additionally, a new membership brochure and an ISPN lapel pin are also available. Changes are taking place on our Web site and we hope to implement a mechanism to communicate with members via e-mail very soon. The spring conference planning is well on its way--be sure to mark on your calendars April 23-26th, 2003 in Charleston, South Carolina. Please read Evelyn Parrish's (Conference Chairperson 2003) information about the conference that appears in this newsletter.

I wish us all peace.

Best Wishes,

Linda Finke

PhD, RN, President, ISPN

Division Reports

ACAPN ANNUAL BUSINESS MEETING

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I hope you have all had a chance to read the September 2002 (vol 23, No. 6) issue of *Issues in Mental Health Nursing*. If so, you know that special issue is devoted exclusively to the research, diagnosis, and treatment of mental health disorders of children and adolescents. The Editor of the journal, Dr. Sandra Thomas, is a member of ACAPN as are the guest editors, Drs. A. Laura Campbell and Carol T. Bush. Many of the authors of the articles are also ACAPN members. The content is "cutting edge" in many instances such as "Equine-Facilitated Group Psychotherapy: Applications for Therapeutic Vaulting" by Maureen Vidrine, Patti Owen-Smith, and Priscilla Faulkner. Although the article by Sally Hardin and others on nursing intervention for adolescents exposed to catastrophic stress predates the 9/11 terrorist attacks, the research findings are most applicable today. Articles on depression, ADHD, Asperger's syndrome, and Smith-Lemli-Opitz syndrome are included. No doubt you will find much related to your interest in children and adolescents.

Chapters

The Chapters Project of ACAPN is proving to be most challenging and interesting. The information from the National Office does not seem to capture what members are experiencing in the various states. National reports only 18 Chapters with a total of 24 active members. Some states are reporting more activity than that. The Chapters Task Force (John Rowe, Sally Raphael, Carol Raynor, Judy Hirsh, and Carol Bush, Chair) had a conference call in which we shared our recollections of the origin of the chapters, their purpose, and current status. Consensus was reached on the original purpose of the chapters being to serve as a means of communication, networking, mentoring, consulting and socializing on the local level. Apparently these functions are still being served in some states. In other states (or regions,

for some chapters), little or no activity is evident. Clearly, closer communication among ACAPN members is needed to increase awareness of clinical, political, and professional trends and events. If the chapters are not fulfilling this function, we need to determine another way to disseminate that information.

The Chapters Task Force has suggested that we take advantage of the electronic age and develop electronic "chat rooms," "bulletin boards" and distribution lists to get information to our membership on political events, clinical questions, conferences and research. Additionally, we receive queries from our international colleagues and could respond more effectively if such queries could be broadcast to those members who have similar interests and knowledge. For the chapters that are active, we need to find a way to support their activities—for example, recognize selected chapters at the national conference each year, engage chapters on a rotating basis to help plan ACAPN events at the national conference and ask for suggestions from active chapters to help struggling chapters. For those who do not have access to active chapters, we need to have other means of keeping in touch. We welcome your ideas!

Some have suggested a relationship may exist between the inactivity of many chapters and the lack of membership growth in ACAPN. Could it be that the needs originally met by the chapters are not yet being met by the national organization? How can we meet the needs of the membership better? We believe that if we meet needs we will keep and recruit members. What is ACAPN doing that is great and needs to be further developed or just advertised? As always, I invite your feedback, and look forward to your comments and suggestions. ▼

AGPN DIVISION REPORT

Evelyn Parrish, MSN, RN, CS
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We are still in the infant stages of developing the division. We have identified the purpose of the division, which is to identify, disseminate and grow the unique body of knowledge that constitutes the scientific founda-

tion for advanced practice psychiatric-mental health nurses who provide mental health care for adults, the elderly, their families and communities. We are in the process of developing goals and projects for the division. The official journal of the AGPN is *Perspectives in Psychiatric Care, the Journal for Advanced Practice Psychiatric Nurses*. The journal's primary focus is on issues surrounding the mental health care of the adult population and nurse psychotherapists.

Of the 16 people who joined ISPN in October, 8 opted to join the AGPN Division. As we continue developing the division, please let me know your ideas for projects or other areas we need to be involved in. I look forward to hearing from you! ▼

ISPCLN DIVISION REPORT

Karen Ragainis, MSN, RN, APRN, CARN, BC
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"People are always blaming their circumstances for what they are. I don't believe in circumstances. The people who get on in this world are the people who get up and look for the circumstances they want, and if they don't find them, they make them."

George Bernard Shaw

Shaw nicely characterizes the quality of accountability that is part of all of us. I think we are far more powerful than we ordinarily want to admit. We have a hand in creating, promoting or allowing the things we want to happen for us. The good news is that we also have the power to get rid of what we don't want. As APRNs we are aware of the impact of unrelenting change on the delivery of health care. The tightening of scarce resources (people, time, money) make it ever more challenging to provide nursing care that is both good and safe. However, one of the few things that doesn't seem to be tightening up is waistlines... This reminds me that I need to let go of some old and familiar behaviors.

If this notion is applied to my current practice, it begs other questions. What habits are blocking my clinical creativity and how shall I let go of them? How can

(Continued on pg. 5)

Issues for Japanese Psychiatric Nurses

Pamela A. Minarik, MS, APRN, BC, FAAN,
Shiori Usami, RN, CNS, PhD, Mieko Tanaka, PhD, RN,
Yasuko Sato, RN, MS, and Noriko Kawana, RN, MS

In Japan, a country with a national health care system, stigma about psychiatric illness and care is a powerful barrier affecting the shift from institutional care to community-based care. The emphasis in psychiatric care is on hospitalization, control and sedation; Japan has the highest number of psychiatric beds in the world with private hospitals providing the most care. Until very recently, financial incentives supported inpatient care. The mean length of stay in psychiatric hospitals was 406 days in 1998 and continues to be more than one year. The system for rehabilitation and community care is extremely underdeveloped and underfunded. Quality assurance is nascent. Within this difficult context, Japanese psychiatric nurses are committed to caring for those with psychiatric disorders and improving the system of care.

When the Editor asked me to write about the hot issues in psychiatric nursing in Japan, I queried my colleagues—advanced practice psychiatric nurses and psychiatric nursing educators—in different parts of Japan. We identified the following issues, not necessarily in order of priority:

- **The dynamic change in the setting of care** from hospitalization to community-based care is the biggest issue now in Japan. This change faces enormous problems. The Ministry of Health, Labor and Welfare concluded in August 2002 that 70,000 inpatients could be discharged from the hospital if there were enough social rehabilitation institutions. A 10-year plan included not only discharging long-term patients but also decreasing the length of stay in the acute setting. This would mean differentiating the functions of psychiatric hospital settings; increasing other types of psychiatric care; expanding community services, emergency and community medicine and expanding home-visiting nursing. In the recent World Psychiatry Conference held in Japan, Japan's revised mental health policy was sharply criticized for its failure because of the government's inadequate funding of mental health care and the government's lack of real will for changing mental health care. Those responsible for policy making were also criticized for prejudice against the problem of mental health care services.

- **As a result of the changes** in psychiatric care and new financial incentives that may support community-based care, the nurse's role is changing. In order to actualize plans to reduce the length of stay and discharge to community-based care, a higher level of education, skill and professionalism is required in each area of psychiatric nursing—acute care, chronic care, home-visiting and public health nursing. There is a variety of ideas about how to improve psychiatric nursing. In acute care settings, more highly skilled (therefore more educated) nurses are needed to change the inpatient setting, promote short-term hospitalization; and in the chronic setting, to promote the discharge of many long-term hospitalized patients. More skillful home-visiting nurses and public health nurses who are able to care for mentally disordered patients in community settings are also needed for

promoting community-based care. Japanese nurses need more knowledge and skills for symptom management, promoting self-care and psychiatric rehabilitation. Generally, the educational level of nurses in psychiatric nursing has been lower than other specialty areas. Recent psychiatric nursing conferences focused on “Nursing Care of Chronic Patients in Finland” (1999), “Application of Self-Care Model for Psychiatric Clinical Practice in Japan” (2000) and “Psychiatric Liaison Nursing” (2001).

Another colleague wrote that in the domain of nursing in Japan, psychiatric nursing was poor until a few decades ago. To change and activate psychiatric nursing, CNSs' activity must be a key issue. In Japan, psychiatric intervention has been focusing on the pharmaceutical approach (control and sedation) and nurses need more skill and education to prescribe psychotropic medications for patients. CNSs have started to introduce the psychodynamic perspective. This approach will contribute to link the chaotic care situations to the real issues among patients and families. And for the patients who do not improve on psychotropic medications, the psychodynamic approach is a viable alternative. Thus, the introduction of the psychodynamic approach must be the biggest factor to change psychiatric nursing both in psychiatric hospitals and in general hospitals.

Care for mentally disordered criminal offenders is controversial in relation to lack of treatment facilities and the issue of taking responsibility for the crime, especially since a man with a psychiatric history injured children in a school in Osaka by using a cooking knife. Prior to this incident, policy was being discussed, but the incident highlighted the need for more discussion. The government is trying to create treatment settings in psychiatric hospital and community rehabilitation settings for mentally disordered criminal offenders, as they are seen as needing medical treatment. There is little progress due to a lack of facilities and manpower. But this approach is controversial. Some nurses see it as the government trying to take care of mentally disordered criminal offenders but the people do not have to take responsibility for their actions. If they enter the rehabilitation hospital after court, they do not get punished under the law. The issue also involves policy about appropriate treatment for people with personality disorders, particularly antisocial personality disorder, and to what degree this population should be responsible for their actions.

- **Since 1987 when the law governing mental health care was revised**, the human rights of patients and reduction in restraint use continue to be important. In 1998, a psychiatric nursing conference focused on ethical issues in psychiatric clinical settings related to self-determination, human rights of patients and minimum use of restraints in acute care settings. These issues will be discussed in an interdisciplinary conference to be held later this year.

- **A hot issue now is the use of the newer psychotropic medications.** The introduction of new medications in Japan is a

(Continued on pg. 4)

Division Reports (cont'd)

I add more value to my environment? How can I be a better steward of my time, my talent, my energy, my effort and my resources? How are you improving the care you give to your patients? Share your ideas!

Speaking of ideas, I hope many of you are planning to attend our April 2003 conference in Charleston, SC. The conference committee is diligently working to ensure we have content that is both specialty specific and appeals to the broader membership. Did you consider submitting an abstract? We want to hear about your practice and learn from your expertise. We need you! Don't forget that the conference is also a great place to network. The exciting addition of the AGPN Division will bring us new colleagues to meet and greet.

The ISPCLN research work group continues to work on the design of our research project regarding PCLN outcomes. I hope to have more information for you in a future issue of Connections. Wishing all of you a blessed, safe and peaceful winter season. ▼

SERPNDIVISION REPORT

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September 18, 2002 marked the opening of the Jeannette Chamberlain SERPN Archives now housed at the University of Virginia (UVA). I'd like to say a few words about the archives, the ceremony, and the significance of the collection. First, my appreciation goes out to many SERPN board members, in particular Cecelia Taylor and Lorna Barrell, who envisioned the SERPN papers being permanently archived and worked toward that vision for the past five years. Also critical in making that vision a reality was the late Father Whitney Evans, who served as the archivist for the collection. I also express my appreciation to Dr. Doris Greiner, Associate Dean of UVA School of Nursing, who assisted us these past three months in handling the details of the transfer of materials to UVA. The SERPN Archives contain minutes of meetings that trace the development of

SERPNDivision throughout the mid-eighties as well as papers associated with SERPN initiatives on curriculum guidelines and projects that helped shape the development of the specialty.

As many of you know, SERPN began as an outgrowth of the Council of Directors of Graduate Programs in Psychiatric Nursing, a group supported by the National Institute of Mental Health (NIMH). In the early eighties, the Council met to address curriculum revisions necessary to shape the emerging role of advanced practice psychiatric nursing. The SERPN collection is aptly named for Jeannette G. Chamberlain, EdD, RN, CS, FAAN, who during the years the Council met was Chief of the Psychiatric Nursing Education Program, Division of Human Resources, NIMH. Her efforts in the early eighties facilitated several national conferences on educational guidelines for PMH nursing and also helped forge the Council of Graduate Directors into SERPN. Dr. Chamberlain's unwavering support of SERPN over the past 15 years was noted in remarks made by Dr. Taylor at the opening of the archives. The ceremony marking the opening was held at the UVA School of Nursing Center for Nursing Historical Inquiry. The center holds numerous collections that trace and document the history of nursing and nursing organizations. Several past SERPN officers attended the ceremony, including myself and Drs. Barrell, Taylor, Cement, Chamberlain, Riffin and Greiner.

The SERPN Archives will serve two critical functions. One, they will provide source material for nurse historians researching the development of nursing, in particular, psychiatric nursing. Two, they document the important work of psychiatric nursing leaders who held a vision of psychiatric nursing education, research and practice. The archives demonstrate how that vision was moved to a reality, a valuable model for our leaders facing the challenges of this and future decades. ▼

Awards Committee Report

Frederica O'Conner, PhD, RN
Awards Chair
Roc@u.washington.edu

ISPN will give out eight awards at the 2003 annual conference in Charleston:

The ACAPN Award recognizes an ACAPN member who has demonstrated outstanding achievements in clinical practice, service, research or education concerning psychiatric nursing or mental health services for children/adolescents.

The ISPCLN Leadership Award recognizes an ISPCLN member who has demonstrated outstanding achievement in consultation-liaison nursing through clinical practice, leadership/service, research/writing or education.

The SERPN Jeanette Chamberlain Award is given to a nurse who has advanced the field of psychiatric nursing through public service, administration, development of healthcare policy and other services activities.

The Clinical Practice Award recognizes an ISPN member who has made an outstanding contribution to the advancement of the care of people with mental illness or their families. Contributions are primarily clinical, rather than administrative or academic.

The Education Award acknowledges exceptionally creative and effective work in any aspect of the process of the educational preparation of psychiatric-mental health nurses.

The Research Award acknowledges an ISPN member whose research has influenced clinical practice, care delivery and/or policy in psychiatry or mental health.

The Service to Psychiatric Nursing Award goes to a non-nurse (individual or group) or to a nonpsychiatric nurse who has made an outstanding contribution to psychiatric nursing.

The Melva Jo Hendrix Lectureship Award honors the memory of its namesake and recognizes her lifetime of contributions to psychiatric-mental health nursing. The award is made to a nurse whose career exemplifies Dr. Hendrix's values and principles--improving care for the underserved, stigmatized, or disenfranchised and dedication to mentoring others. ▼

2003 ISPN Leadership Alert

Now is the time to nominate candidates for the next ISPN election. The Nominating Committee will be finalizing the slate of candidates in December for the election in January. New officers will be announced at the 2003 conference in Charleston, South Carolina. Don't let this opportunity for greater involvement pass you by! Nominations are sought for the following positions. Please consider in which role you or a colleague could best contribute and respond to this call. The following positions are open:

ISPN:	Treasurer
ACAPN:	Division Director, 1 Member for the Education, Legislative, Practice and Research Councils, 1 Nominating Committee member
ISPCLN:	Secretary-Treasurer, and 1 Member for the Education, Legislative, Practice and Research Councils
SERP:	Division Director, and 1 Member for the Education, Legislative, Practice and Research Councils
AGPN:	Division Director, Secretary-Treasurer, 1 Nominating Committee member, and 2 Members for the Education, Legislative, Practice and Research Councils

Contact members of the Nominating Committee if you have questions.

Maureen Killeen, chair mkillian@mail.mcg.edu

Judy Brandt-Rice

Judy Coucouvanis coucouv@umich.edu

Ann Robinette robinwood@main.nc.us

Sandra Thom

Duties of Offices (As spelled out in the ISPN Bylaws)

I. President-elect. The President-elect shall:

- Succeed into the Presidency at the end of the term of office;
- Assist the President in communicating to the public the purpose and functions of the ISPN;
- Fulfill the duties of President in his/her absence; Assist the President as needed.

II. The Secretary shall:

- Record and distribute minutes of all meetings;
- Carry out correspondence as delegated;
- Serve as historian and archivist for the ISPN;
- Prepare and distribute other reports as directed by the President and Governing Board

III. The Nominating Committee shall:

Coordinate all elections; Develop ballots for all elections, seeking balanced representation from the Divisions in nominations for ISPN officers; Obtain consents to serve; Provide biographical information on each candidate to the voters.

IV. The Division Director shall:

Serve as the Team Leader and official spokesperson for the Division; Represent the Division on the ISPN Governing Board; Provide regular financial reports to the Governing Board; Appoint Division task forces/committees as needed to conduct the business of the Division; Communicate with Division members and Governing Board concerning Division issues/concerns/activities; Collaborate with other Division

Directors, ISPN Officers and Council Chairpersons to work on issues of mutual concern; Be accountable for operating within the Division budget.

V. The Division Secretary/Treasurer shall:

- Serve as recording and corresponding secretary for the Division;
- Prepare and distribute minutes of all Division meetings;
- Maintain financial records of the Division;
- Prepare an annual Division budget request for submission to ISPN Finance Committee;
- Prepare reports for the Division and ISPN Governing Board as directed; Represent the Division on the Finance Committee.

The Division Council Representatives:

There will be four Councils: Practice, Education, Research and Legislative Affairs. The functions of the Councils shall be to: Provide a forum for coordination, collaboration and consultation among the Divisions on issues of mutual interest. Identify issues and strategies for action. Propose activities/projects to the Governing Board. Provide regular reports to the Governing Board and Divisions on their activities. The Councils will report to the Governing Board, but will also be accountable for representing the concerns of the Divisions. Each Council will have two elected representatives from each Division who will serve two-year terms (minimum of six members).

Membership Committee Report

Vicki D. Lachman, PhD, RNC, Mbe, Membership Chair,
vddlachman@comcast.net

Recruiting members to our new division Adult and Geropsychiatric-Mental Health Nurses (AGPN)

The new AGPN Division is up and running. It is time for all of us to begin recruiting members. Who of your colleagues are practicing clinicians with adults and/or geriatric patients?

We all know at least one person we could recruit this year into ISPN. You will not only be supporting ISPN, but will also automatically get a \$5.00 certificate for recruiting each new member. These certificates are good for conference registration, membership renewal, and our products. The more you recruit, the better your chance to win a free 2003 conference registration! ▼

ISPN 2003 Nomination and Consent Form

Nominations must be postmarked by **February 28, 2003** 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:

Completed Nomination and Consent Form

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. **Please send via e-mail if possible to ken.cleveland@rmpinc.com**

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 _____



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To participate, print your name on the "Member Sponsor" line of the ISPN brochure so you will receive credit for the members you recruit. If you need brochures, please contact ISPN Headquarters 800.826.2950.

International Column (cont'd)

lengthy and difficult process. Thorazine and haldol is the most commonly prescribed neuroleptic. Nurses are strongly interested in learning about newer and more effective medications. An open lecture on this topic was held in October, which attracted much attention at the World Psychiatry Meeting.

- **The increase in the rate of child abuse is a serious problem.** The government is attempting to create a system for dealing with child abuse. At public health centers, public health nurses assess for abuse at the 18 month and 3 year development checks.

- **Suicide is an alarming problem in Japan.** Under-recognized and untreated depression is also significant. In 1999, 33,000 people, many of them middle-aged men suffering in the economic downturn and rural elderly, committed suicide.

- **Post traumatic stress disorder (PTSD)** is increasingly recognized by both psychiatric and nonpsychiatric health workers as a problem needing care and research. The Psychiatric Hospital Association in Japan started educational programs for PTSD for mental health professionals last year. In addition, the Japanese Society of Traumatic Stress was established in March. A CNS is a founding member of the board of directors.

- **Nursing education in Japan is changing rapidly to academic education.** Since 1994, university schools of nursing have increased in number from 10 to 100. One colleague wrote that we should improve the quality of psychiatric nursing education in universities and produce psychiatric nurses with more ability. Also needed is more research about the art

of psychiatric nursing. Further, we need more CNSs in clinical settings. Currently, the demand for graduate-prepared faculty has absorbed master's program graduates, with few hired in clinical settings.

- **There is good news in the reimbursement system** (government payment system to hospitals) that may affect psychiatric nursing in the future. Palliative care teams are now reflected in the reimbursement system. This means certified expert nurses (CENs) or oncology CNSs will be included, and this is the first time CNSs are actually reflected in the reimbursement system. Lack of inclusion in the reimbursement system has limited job opportunities for CNSs. CENs and oncology CNSs will be included in palliative care rapidly but it will be hard for the CNSs in palliative care to take leadership positions because there are so few CNSs. CENs in palliative care have the advantage in the reimbursement system.

This is a glimpse of the current issues in psychiatric nursing in Japan. We welcome your comments and questions. Please feel free to e-mail us at: pamela.minarik@yale.edu. ▼

Come Surf Our WebSite...
www.ispn-psych.org

Legislative Council Column

Judy Hirsh, NP-P, RCNS, RPT-S
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As I write this column I am struck by how much change has occurred over the last year, not only in the legislative arena, the ISPN Web site, the discipline of nursing but also in our lives as Americans. I guess change is on my mind so heavily because I sit and write this column 30 miles north of the World Trade Center site in New York. I have seen the repeated television reviews and memorials to the anniversary of the event last year and personally have felt life's transitions as I watch friends leave New York. Although saddened, I realize that my capacity for empathy for the clients I treat has grown tremendously, as well as my reawakened awareness of how emotionally fragile those clients--our clients--are.

We have the opportunity to advocate for changes to the mental health system in the United States, more so now, unfortunately, than ever. I strongly urge each of you to begin, if you have not already done so, to contact your state and national legislators to support the needed changes. On the ISPN Web site you will find the new and long awaited Legislative Update section. In a drop-down list you can access summaries of national legislative activity, which may contain Web site or e-mail addresses, sometimes "talking points," lists of committees holding hearings on a piece of legislation with their members or RFPs for funding.

During 2002, the following Legislative activities occurred:

- Senate Committee on Health, Education, Labor and Pensions (HELP) held hearings on adding school-based behavioral supports to special education students
- A report was released on "School Discipline and IDEA"
- "No Child Left Behind Act" of 2001 was signed 01/2002, which established the "New Freedom Initiative Commission on Mental Health Services," including federal support of mental health parity and plans to examine gaps in community-based mental health services
- Report from the Criminal Justice/Mental Health Consensus Project presented to the U.S. Senate, which addresses concerns about over-representation of the mentally ill in jails
- Funding increased to NIH, NIMH, and CMHS/SAMSHA
- Commission of "Excellence in Education" presented to Senate HELP Committee a model of prevention, not failure, for special education students
- House passed Medicare prescription drug benefit, hearings held on increased lifetime psychiatric hospitalization limits and needs of the nonelderly Medicare recipient; not passed in Senate
- The Family Opportunity Act, which allows families earning more than Medicaid limit to obtain Medicaid for their SED child, was voted out of Senate Finance Committee
- Hearings held on mental health, housing and rehabilitative services available to veterans through the Veterans Administration
- Senate began work with the VA and HUD to explore housing and homeless programs
- Bureau of Justice Assistance and U.S. Department of Justice made \$4million available to fund Mental Health Court program
- Nurse Reinvestment Act signed into law
- Children's Mental Health Service Expansion Act (H.R. 5078) offers scholarships with loan forgiveness to enter child mental health specialty; not yet passed, needs on-going support
- Proposed "Medicaid Intensive Community Mental Health Treatment Act," H.R. 2364, supports full continuum of community mental health programs and simplifying the Medicaid system; needs support.

Times of transition and change are difficult, but drawing upon our knowledge of crisis and change theory, we can make the crisis work to our own and our clients' advantage. Let's unfreeze the systems that are stuck in inequality and neglect, and advocate for change. ▼

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Accolades

Susan McCabe, EdD, RN, CS, was the invited keynote speaker at the International Nurses Society on Addictions (IntNSA) annual conference in September. Her presentation, titled "Pay the Promise," was so inspiring and so motivated the audience that she received a standing ovation for several minutes. Additionally, Susan presented a concurrent session on "Neurobiology of Addictions" that was truly outstanding.

Lynette Jack, PhD, RN, CARN, and Susan Krupnick, MSN, APRN, CARN, BC, both IntNSA and ISPN members, presented a full day CARN Examination Preparation course at the IntNSA conference. Lynette also brought greetings from ISPN to the entire IntNSA conference participants and received a warm welcome from our addiction nursing colleagues.

Melinda M. Morissette, PMH-NP, CS, was elected President of the Psychiatric Advance Practice Association of Maine. Melinda also presented at the Maine Healthcare Association's Annual Conference in October on "Loneliness and Depression" and at the National Gerontological Nurses Association, Maine Chapter, in November on "Capacity and Competency."

Conferences

Fifth Annual Conference, April 23-26th, 2003 "Advancing Advance Practice: Integration and Implementation"

Westin Francis Marion Hotel, Charleston, SC
Evelyn Parrish, MSN, RN, CS
Conference Chair
E426@lex.infi.net

The Planning Committee is working diligently to develop an agenda that is both stimulating and fun. Thank you to the ninety who submitted an abstract. The abstracts submitted are interesting and stimulating, and are currently being reviewed. We have added evening events—for example, you will be able to choose a carriage ride through historic Charleston and have dinner at Sticky Fingers, and/or have dinner at Sticky Fingers and go on a guided Ghost Walk through historic Charleston. The events are \$35 each or \$45 for both, including dinner. Additional information will be on the registration form. We have several invited guests, some of whom will be addressing mental health issues across the lifespan. Back by popular demand is the raffle, so bring extra money! I encourage you to make plans now to attend the 5th annual ISPN Conference in beautiful Charleston, SC.

"Advanced Topics in Dialectical Behavior Therapy with Special Emphasis on Adolescents" December 9-10, 2002. Four Points Sheraton, 120 Main Street East, Rochester, NY 14606-1699. These workshops will provide participants an opportunity to reflect on and assess their own work and generate new ideas so they can make needed changes with particularly difficult clients, in DBT consultation teams and programs, and in their work lives in order

to prevent and treat burnout. There will be a special emphasis on the work with adolescents and their families. Course instructors are both expert DBT clinicians and exceptional teachers. They will weave together lecture and videotapes of sessions to model DBT and actively involve participants through self-assessments, small group practice exercises and role-play. www.behavioraltech.com

"Disordered Eating: Treatment Strategies That Work" December 9-10, 2002. Sheraton San Marcos, One San Marcos Place, Chandler, AZ 85225. This practical two-day workshop is designed for mental health professionals of all disciplines. Using lecture, case examples, role-playing and small group exercises, the instructor will teach strategies and procedures to treat anorexia nervosa, bulimia nervosa, and binge eating disorder. www.behavioraltech.com

American Association for Geriatric Psychiatry, Sixteenth Annual Conference. March 1-4, 2003. Honolulu, Hawaii. www.aagponline.org

A Native American boy was talking with his grandfather. "What do you think about the world situation?" He asked. The grandfather replied, "I feel two wolves are fighting in my heart. One is full of anger and hatred. The other is full of love, forgiveness and peace." "Which one will win," asked the boy? To which the grandfather replied, "The one I feed." Author unknown

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Deadlines

NEWSLETTER INFORMATION

Melinda Morissette is the chair of the Newsletter Committee. The next issue of *ISPN Connections*, Volume 5, Issue 3 will appear in March 2003. Materials for that issue should be sent to Melinda at mmmmorissette@surfbest.net no later than February 8, 2003.

Awards Committee Nursing Research Grants: CALL FOR PROPOSALS

Janis Gerkenmeyer, PhD, RN, CS - Council Chair - Jgerkens@iupui.edu

Two grants supporting 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* be a student in a nursing graduate program
3. May apply for only one grant at a time

Focus of Research

1. For the Gilbert Grant: psychiatric mental health of 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, instruments, procedures, data analysis)
5. Appendices: 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. Do not exceed 5 single-spaced pages (plus appendices). Submit 6 copies of proposal (only 1 with your name). Provide a cover page with your name, address, telephone number and e-mail.

Recipients are expected to submit:

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

**Deadline: Postmarked by February 1, 2003.
Notification of award by April 24, 2003**

**Mail to: ISPN, 1211 Locust Street, Philadelphia, PA 19107.
Questions? Call ISPN at 1.800.826.2950.**

ISPN Connections

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No screens or bleeds. For more information, call
Diane Natera at 800.826.2950 or e-mail
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Welcome! New Members

The individuals below have joined ISPN or a new Division.

Sandra Arnold,VA,D
Suzanne Arnold,CA,A
Elaine Bawden,NM,S
Silvia Beaupre,NY,D
Kelly Bertch,MD,I
Patricia Bromfield,MI,I
Holly Brown,NY,A
Robin Buccheri,CA,S
Jeanne Cartier,MA,SD
Maria Ciasullo,CT,A
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Nancy Daniels,TX,I
Herma Darrow,VA,D
Dana Dean Doering,WA,A
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Phyllis duMont,TN,I
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** The Letter following the member's state indicates the Division(s) the person has joined. A=ACAPN; D = AGPN; I = ISPCLN; S=SERP,*

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