

Welcome! New Members

The individuals below have joined ISPN or a new Division.

Stephanie Ahrens,WA,A
M. Teresa Alarcon,TX,S
Marilynn Albert,WA,S
Hector Ancheta,CA,A
Linda Armstrong,CA,I
Elizabeth Arnold,MD,S
Shahid Ashraf,...,Pakistan,A
Bonnie Babakian,AZ,I
Teri Baker,VA,A
Jill Baroody,ME,A
Sandra Bell,MI,I
Marian Berridge,AZ,I
Maggi Broggel,WA,I
Nancy Burke,IL,S
Rene Collins,ME,S
Hilda Crane-Smith,OK,S
D. Michele Dallas,AZ,I
Jenifer Davis,IN,I
Malessa Dean,TN,I
Pamela Detrick,NV,A
Diana Ehly,AK,A
Maureen Garner,ON,Canada,I
Audrey Geer,FL,I
Lila Gillmore,OH,I
Niki Gjere,MN,S
Sherrill Green,TN,S
Diane Grimaldi,MA,I
Vera Guarino,NY,S
Ann Guthery,AZ,S
Patricia Hanan,NY,S
Linda Harris,CA,A

Yumiko Hayama,...,Japan,S
Glenda Hayes,CA,SI
Shari Helbig,MO,I
Christine Hobby,...,Australia,A
Mary Hughes,MO,I
Karen Hutchinson,CA,A
Barbara Jonker,CT,A
Robin Kaplan,NY,I
Noriko Kawana,...,Japan,I
Bonnie Kian,AZ,I
Elizabeth Krch-Cole,IL,S
Linda Lee,VA,A
Laurel Lindner,PA,A
Jennifer McDonald,AZ,I
Caroline McKinnon,VA,AI
Grace McNasser,NY,S
Cheryl McNiece,AZ,S
Marilyn Meder,PA,AIS
Marilyn Michaud,ME,I
Ann Mitchell,PA,I
Faye Moe,ND,S
Patricia Molloy,RI,AS
Nanci Morris,OH,A
Theodore Moskonas,WI,A
IshtiyaqueMuhammad,...,Pakistan,A
SharifMuhammad,...,Pakistan,A
Yoshie Okada,...,Japan,S
Sara Patrick,NC,A
Richard Pessagno,NJ,I
Leanna Pfeiffer,ON,Canada,I
Judith Pickens,AZ,S

Sharon Piper,ME,A
Michele Powell-Braman,WY,IA
Lourdes Ramos,PR,S
Patricia Rikli,GA,I
Karen Ronson,NS,Canada,S
Kim Sanggil,KY,S
Nina Scarpinato,PA,AI
Rosemarie Scully,MD,I
Jan Shields,SD,S
Keiko Shimoeda,...,Japan,I
Jan Sinatra,CT,I
Linda Stafford,TX,S
Tina Systo,IL,A
Maeleen Thorius,NM,I
Carolyn Tometich,UT,A
Jinny Vicroy,KY,S
Karen Vincent Pounds,MA,A
Susan Watson,TX,S
Judith Willging,DC,I
Kathleen Wood,OR,A
Richard Yakimo,MO,I

** The Letter following the member's state indicates the Division(s) the person has joined. A=ACAPN; I = ISPCLN; S=SERP*

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President's Message



I would like to begin this message by thanking Susan Krupnick for her leadership in launching ISPN as a new organization. She has worked very hard to place ISPN in the forefront and to meet our many goals without missing a step. We owe her our beginning and that we are on solid ground. I want to give special thanks to the three Division Directors, Lorna Barrell (SERPN), Peggy Dulaney (ISCPLN) and Beth Bonham (ACAPN). It is with their vision and hard work that so much was accomplished in the last two years to further our advocacy and practice. The other officers, Pat Howard (Treasurer) and Edilma Yearwood (Secretary) also need our special thanks for their guidance and stewardship. Thanks is due the Council Chairs: Judy Collins (Legislative), Karen Ragaisis (Practice), Margery Chisholm (Education), and BethVaughn-Cole (Research); and the Committee Chairs: Ursula McCormick (Awards), Frieda Vandergaer (By-Laws), Sally Frese (Conference), Peggy Plunkett (Finance), Vicki Lackman (Membership), Gretchen LaGodna (Nominating), and Christine Hacker (Products). We met our strategic goals for the year and have accomplished important work. I also want to thank the committee and council members for all their hard work. Melinda Morissette deserves a loud round of applause for our well put together Connections and Darlene

Pedersen deserves our sincere gratitude for the attractive and useful ISPN Web site. We have a lot to celebrate after only two short years.

As we look to the next two years for ISPN, I am reminded of the short book by Johnson, Who Moved My Cheese? The message about change and forward movement is very simple and worth our attention. We have accomplished a great deal and we should pause and celebrate our successes. At the same time we must continue our search and preservation of our "cheese" - our goals. Primary goals for our future need to include taking advantage of opportunities and advocating for our beliefs and values. We will cultivate our current partnerships and seek new alliances. We will push patient rights to ensure people with mental health problems and their families receive evidence-based quality care in a restraint and seclusion free environment. We will strive to find solutions to violence against children, women, the elderly, and nurses. We will lobby for nursing research that addresses psychiatric-mental health issues. We will also advocate for increased recognition for advance nursing practice and for strategies to attract new nurses into psychiatric nursing.

As we move our goals forward, old and new partnerships will assist us. We will continue our collaboration with the American Association of Psychiatric Nurses and we have begun a stronger association with the International Nursing Society on Addiction Nursing. We have also joined in collaboration with multi-discipline groups such as the American Association of Community

Psychiatry, the International Association for Emergency Psychiatry, and Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD). These groups have many of the same goals as ISPN and by joining forces we will all move forward. It is an exciting time when other groups value our participation and seek our involvement.

We have also begun new alliances with pharmaceutical companies. Susan Krupnick, Evelyn Parrish and I spent a day at Eli Lilly and Company in April. We discussed education projects for nurses, consumers and families; advisory board participation; additions to the speakers bureau; and

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ISPN

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Division Reports

ACAPN DIVISION REPORT

Carol T. Bush, PhD, RN

Members of ACAPN attending the business meeting on April 25 identified the following goals for the Division for 2001-2002:

1. Recruitment to the specialty—capitalize on what nurses can do that other professionals cannot
2. Legislation—support bills in Congress that fund nursing education
3. Reimbursement—national standards are needed for insurance payments
4. Improve image—publicize to youth what psychiatric nurses do
5. Connect with other organizations about mental health issues
6. Collect data about the professional issues in different states
7. Focus on youth violence
8. Promote safe, restraint free environments
9. Advocate for youth at every level
10. Call attention to the fact that treatment facilities for children and youth are disappearing because of funding cuts

At the Third Annual ISPN Conference, the quantity and quality of presentations focused on children and adolescents was outstanding. Every concurrent session had at least one choice pertinent to treatment of youth or related research. Even the Keynote Address by Dr. Clarke Ross, CEO of Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), was related to youth. Dr. Ross presented both the failures and successes of managed care and discussed out-of-home placement issues, a topic of concern for ACAPN.

Ellen C. Rindner presented a timely paper on *Psychopharmacology in Pervasive Developmental/Autistic Spectrum Disorders*, noting that the incidence of autism has apparently increased dramatically in the past decade. Mary Paquette addressed youth violence, a topic that has caught the attention of the nation in recent years, in her paper on *Prevention of Violence in Children and Adolescents*. In her study of *Adolescent Female*

Offenders, Carla Groh concluded that psychiatric nurses are in a unique position to develop strategies that give voice to gender-specific needs of young women by addressing self-esteem, perceived attachment to and conflict with mother. Sally Raphael gave a summary of her participation in the follow-up **Surgeon General's Conference on Children's Mental Health: Developing an Action Agenda**.

Papers focused on children from other countries were most informative and welcome, as ISPN becomes more visibly international. The presentation of issues related to the Vietnamese street children was heart-warming and well as educational. Rochelle Scheela had the opportunity to get to know six Vietnamese shoeshine boys. These youth shared their daily lives, their problems and fears, their hopes and dreams, and coping strategies with Dr. Scheela. She suggests that the process of studying these youngsters was an intervention in itself. ▼

ISPCLN DIVISION REPORT

Sally Frese, MSN, RN, CS

Greetings! As I begin my term of office as Division Director, I would like to take the time to express my gratitude for being afforded the opportunity to participate in the ISPN leadership team. First and foremost, I respectfully request that each and every member of ISPCLN take the opportunity to actively participate in the continued development and success of the Division and ISPN. I encourage and welcome communication from all members to enable me to best represent you, the multitude of PCLN practice issues, and the interests of our Division.

Under the leadership of our inaugural Division Director, Peggy Dulaney, we have successfully embarked upon the planning and implementation of several significant projects. Through partnering with our colleagues from ACAPN and SERPN, the AWS Task Force completed the ISPN Position Paper for identifying, assessing and managing Alcohol Withdrawal Syndrome (AWS) in the Acute Care Setting. The AWS Task Force presented this evidence-based, comprehensive

information at a full day pre-conference session at the ISPN Annual Conference on April 25, 2001. The excellent presentation included practical applications, written materials and small group work/discussion. Plans are underway for the Task Force to present this information at other conferences and programs, and for developing additional materials and tools for various practice specialties and sites.

The Core Curriculum Project is well underway and nearing completion for publication. We will continue to pursue opportunities for encouraging and conducting outcome-based research. Lenore Kurlowicz, PhD, RN, CS, has agreed to spearhead a committee to explore PCLN research opportunities that may include multi-site studies. Several topics that have been suggested for consideration include delirium, end-of-life care and depression in the medically ill. I encourage anyone who is willing to participate in any way to do so by contacting me.

Special thanks to Priscilla Adams, MSN, RN, CS, who volunteered to serve as the ISPCLN Division Secretary/Treasurer. Additional thanks to the many ISPCLN members who are serving ISPN this year on the Governing Board, Councils, and Committees.

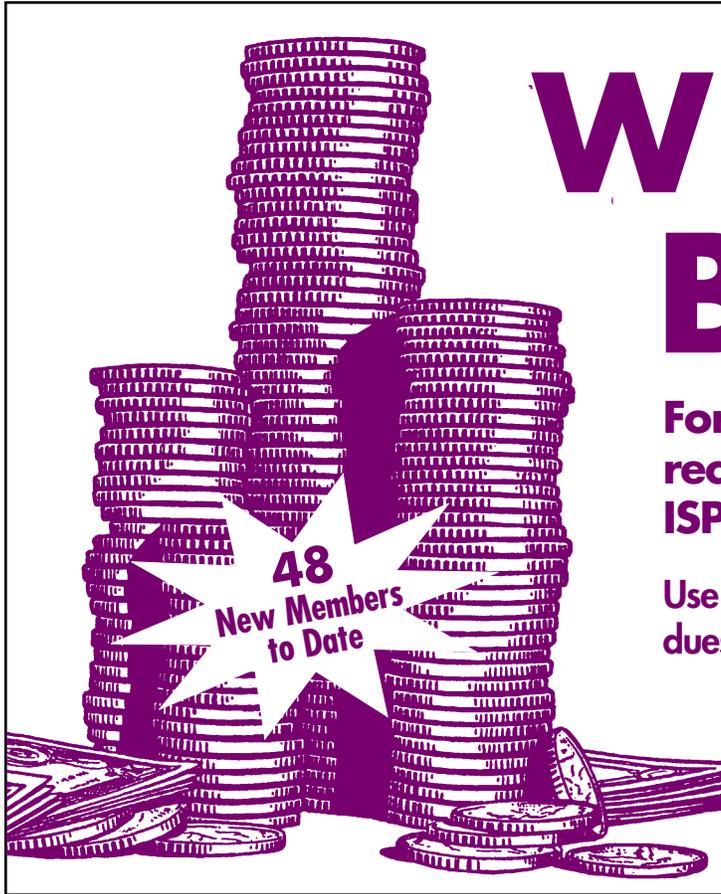
Finally, a very important request: please submit an abstract for the 2002 ISPN Conference! I am already looking forward to reconnecting with colleagues at the Fourth Annual ISPN Conference in Washington, D.C., and particularly look forward to excellent PCLN presentations and participation. Warm wishes for a safe and restful summer. ▼

SERPN DIVISION REPORT

Kathleen R. Delaney, RN, DNSc

I begin my term as Division Director with a special thanks to Lorna Mill Barrell for her leadership these past years. She led our group through the last years of SERPN as a freestanding organization, though the merger and finally through the first years in our new position within ISPN. Her steady attention

(Continued on pg. 5)



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ISPN Connections

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

Editor: Melinda Morissette, APRN, CS

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President's Message (cont'd)

the development of practice guidelines. It was a very successful day and we look forward to a continuing association with the company.

After a very successful 2001 Conference in Phoenix, plans are in full swing for 2002 in Washington DC. Evelyn Parrish and the conference planning committee members are working hard to put together an educational and enjoyable schedule. There is already competition for pre-conferences and we hope all members are putting together abstracts for presentations. Please see ISPN website for abstract submission directions.

ISPN will continue to play a major role in the psychiatric/mental health agenda in Washington and throughout the nation and world. We will have representation at the NIMH Research Roundtable and their Advisory Meetings. We have nominated six members to be expert members of panels in

the Rosalynn Carter Human Development Institute and Johnson and Johnson Caregivers Program. The members nominated are Jillian Inouye, Karen Schepp, Susan McCabe, Wanda Mohr, Susan Krupnick, and Karen Robinson.

We are expanding our international focus and we are proud to welcome Dr. Oluyinka Adejumo (Yinko) who has volunteered to help us expand in Africa and Asia. We will continue our evolution beyond North America. We are very appreciative of our members outside the US and hope to continue our growth and networking across the globe.

To strengthen our efforts to recruit nurses into psychiatric nursing, we have joined other nursing organizations and sponsors who have formed **Nursing for a Healthier Tomorrow**. The purpose of the group is to develop a major campaign to promote the nursing profession.

Have you visited the members only section of the ISPN website? You can search for other members and contact information. You can search by name and location. It is a great resource for us all!

The newly elected ISPN Officers and Board Members are busy developing the 2002 budget and new projects for the strategic plan. We will share the priorities for the next two years in the next newsletter. We have folks with a lot of energy and desire to continue the momentum of ISPN. Please join us in our many activities and objectives. We welcome your ideas and input. We have ambitious plans and we will need your help. We look forward to the next two years.

Best Wishes,

Linda Fink

PhD, RN

President, ISPN

More Children Dying In So Called Treatment

Wanda Mohr RN, PhD.

The last 2 decades have seen the growth of settings offering distressed parents placement for their emotionally disturbed children. They go by a variety of names: behavior modification schools, attitude adjustment schools, emotional growth schools, wilderness therapy programs, and boot camps. In this article they will be referred to as specialty schools (SS). SS appeal to parents who are desperately seeking help, attracting them with websites full of pseudoscience, misrepresentation of legitimate therapeutic techniques, and glowing testimonials. What makes many of these SS so dangerous is that they: cite no legitimate theoretical foundation for their practices that is consistent with what we know about child development, no research upon which to rest their claims, and there is virtually no regulatory oversight that would protect children in them from harm. For over ten years the media have reported incidents of abuse and death of children, with little effort on the part of state or federal authorities to regulate them. The results of the harsh "discipline" endemic to many SSs are seen in reports of death and abuse surface sporadically. This is a partial list:

- In 1990 two teens were reported to have died following long hikes under harsh conditions in Arizona and Utah. That same individual responsible for those deaths started another Wilderness Therapy program, only to have a 16 year old die in 1994 from peritonitis from a perforated ulcer that was ignored by camp staffers.
- In 1998, a 16 year old died of emphysema at a boot camp in Arizona after having been subjected to various acts of humiliation by staff members who insisted that he was "faking" his illness.
- In February and September of 2000, two children died in "therapeutic wilderness programs;" one as a result of a "therapeutic hold" and another as a result of a restraint procedure.

- In July, 2001 a 14 year old died in a residential boot camp for troubled teens in Arizona after being beaten and forced to eat mud.
- In Maryland at a school for troubled teens a 17 year old boy died of asphyxia on May 14 after a teacher cut off his airway in the act of restraining him.
- At a school for troubled youth in Missouri five staff were charged with felony child abuse after punishing children to punishment by forcing them to stand in cow manure pits.

These events follow on the heels of the highly publicized asphyxiation death of 10 year old Candace Newmaker in Evergreen, Colorado. They constitute a pattern of cultural abuse and neglect of our most vulnerable, emotionally disturbed children and disregard of their need for legitimate services. As nurses we have an obligation that involves protection of patients from incompetent, harmful, or unethical acts. But that obligation extends beyond the individual to the aggregate.

The abuse of children by unregulated "therapists" and "educators" and the lack of legitimate mental health services necessitate a coordinated collective effort beyond the scope of an individual practitioner. ISPN has partnered with the American Society of Adolescent Psychiatry and the American Association of Community Psychiatrist. This effort requires our organizations to speak out as well as to work toward policy aimed at regulating services aimed at "troubled children." We need to continue to increase public awareness that children are dying in these facilities. Parents need guidelines on what to look for in a treatment program and what the rights of the children and parents should be while a child is in a treatment facility. Although it is an uphill battle, we need to continue to advocate for these parents and children and to put in place safe guards that protect everyone in psychiatric treatment. ▼

Accolades

Congratulations to Deborah Antai-Otong, MS, APRN, BC, for her recent appointment to ANCC's Commission on Certification. Her term of appointment is from July 1, 2001, until June 30, 2003.

Correction: In the last edition of Connections under New Members we misspelled a name- Should be: Claire Heilman MSN, RN, CS. Sorry

Call for Abstracts:

Fourth Primary and Community-Based Care Conference: *Mind-Body Connections: Integrating Behavioral Health and Primary Care in Community-Based Settings*. May 21-24th, 2002. Offered by East Tennessee State University College of Nursing and School of Continuing Studies. Johnson City, TN. Contact: Donna Hauk 1-423-439-7643. Submission Deadline is September 30, 2001

7th European Mental Health Nursing Conference. Organized by the Royal College of Nursing in Association with Danish Nurses Organization. Global Partnerships in Mental Health. February 15-16, 2002, SAS Scandinavia Hotel. Copenhagen, Denmark. Contact: Phone: +44(0) 20 7647 3591 Email euromentalhealth@rcn.org.uk

NIHM/NINR Mentorship Program

Edilma L. Yearwood, PhD, RN, CS

Over 100 doctorally prepared psychiatric nurses attended Phase I of the NIMH / NINR Mentorship Program on 'Building the Capacity of Psychiatric Mental Health Nurse Researchers' held June 4-5, 2001 in McLean, Virginia. The goal of the mentorship program is to encourage psychiatric nurse researchers to develop and submit grant applications to the National Institute of Mental Health and the National Institute of Nursing Research. Grant applications should have a focus on behavioral change in psychiatric populations.

The Phase I workshop provided attendees with presentations about NINR and NIMH, methods in research with psychiatric populations, challenges that exist in behavioral intervention research, grantsmanship, funding opportunities, and the importance of developing a research agenda. Distinguished nursing speakers included Karen Babich (NINR), Patricia A. Grady (Director, NINR), Joan Austin (Indiana University), Carol Hudgings (NINR) and Mary Leveck (NINR). Dr. Steven Hyman, Director of NIMH attended and spoke at the opening reception. Other speakers were from the discipline of psychology.

Approximately 16 participants will be chosen for Phase II of the process from draft grant applications submitted by August 1, 2001. During Phase II, resources and mentoring support will be provided to these participants to assist them in further developing and refining a research proposal for submission. Phase III will involve the applicant going through a mock review of the grant application.

The workshop was a wonderful opportunity to understand more about the process involved in developing a grant application, to learn more about what is fundable in psychiatry, and to network with other researchers. Thanks go to NIMH and NINR for facilitating this excellent workshop and providing a timely opportunity for nurse researchers in our specialty. ▼

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Further Explanation of the Psychiatric Mental Health Waiver May 10, 2001

The Commission on Certification responded to a request from the American Psychiatric Nurses Association (APNA) asking for a one time exception (waiver) for certified clinical nurse specialists of the **academic credit requirement** of the four courses required of certified clinical nurse specialists to sit for the psychiatric mental health nurse practitioner exam. The request was one of continuing education (contact hours) **versus** academic credit course work, not a request to drop the courses all together. The COC agreed to allow continuing education to be accepted for the four courses needed to apply for the psychiatric and mental health nurse practitioners exams, by **certified** clinical nurse specialists who are authorized in their particular states for APN, APRN, ARNP or NP status with prescriptive authority.

The exception (waiver) does not apply to CNSs with prescriptive authority who are still considered CNSs by their respective states. Evidence of APN, APRN, ARNP or NP status must be provided (copy of the license) Completion of the same basic application, application process and fees apply. The exception (waiver) applies to the advanced physical assessment and not mental health assessment, advanced pharmacology, advanced pathophysiology, and the diagnostic and management (including medications) courses only. Some evidence of these four courses is still required (CE certificates of attendance, transcripts, letters of attendance or verification, coursework descriptions, etc) Since we are accepting what the state required of you in applying for advanced practice status, there is no minimum on the number of didactic hours for any of the courses nor a maximum on how old the contact hours or coursework may be. If the state did not require one or more of the four courses above and the candidate wishes to complete them before the end of 2001 in order to be able to sit the exam, the following hours are required:

at least 45 hours of didactic for the advanced physical assessment, advanced pathophysiology (or neurophysiology), and advanced pharmacology courses and, 120 hours of clinical practice (not supervision hours) in diagnosis and medication management signed by the collaborating or supervising individual (certified peer (CNS or NP), licensed and practicing psychologist and/or psychiatrist). This document (can be a letter) should describe the clinical settings where the practice took place, types/diagnoses of patients seen and medications prescribed.

The waiver is in effect until December 31, 2001, which would allow candidates who apply by that date to test by computer until March 31, 2002.

Other CNSs who are not in states where they are currently recognized as nurse practitioners but want to sit the exams, can still do so under the original criteria. This exception has no effect on their eligibility. Once the exception (waiver) date is passed, the original academic credit requirement will take effect for all CNS candidates. **PLEASE NOTE:** If you become certified as a psychiatric nurse practitioner **under the conditions of this waiver** and move to another state, that state may or may not recognize your certification as a nurse practitioner because of the continuing education variance. ▼

Awards

URSULA McCormick, MS, CS

The awards program remains “under construction”. Much thanks to Lorna Barrell for all here guidance and support this year as — the new committee was in its infancy!

AWARDS FOR 2001

**Kathy Delaney – SERPN Division:
Jeannette Chamberlain Award**

Sally Frese – ISPCLN Division Leadership

**Charles Huffing, MD-
Service to Psych Nurses**

Wanda Mohr-Melva Jo Hendrix

Jane Neese-Education Award

Geraldine Pearson – ROG Foundation

Kathleen Scharer -ACAPN Division

Sandra Talley-Clinical Practice

Susan McCabe- President’s Award

No Nominees-Research Award

Letters will be going out to the award recipients’ employers at their request. Please submit to Ursula McCormick (ursmc@earthlink.net). Please be thinking about nominees for this coming year. There will be an update in the next newsletter. ▼

Deadlines

NEWSLETTER INFORMATION

Melinda Morisette is the chair of the Newsletter Committee. The next issue of *ISPN Connections*, Volume 4, Issue 2 will appear in December 2001. Materials for that issue should be sent to Ken Cleveland at ken.cleveland@rmpinc.com no later than October 8, 2001.

Being International does not mean Being The Same!

Some political analysts would have us believe that sharing knowledge adversely affects the ability of individuals to focus on their own way of resolving problems with the consequential reduction in their personal competence. Moreover, when extended to the wider international arena this situation is further exacerbated by problems associated with ethnicity and cultural sensitivity. As proof of this they cite the difficulties experienced by New World countries trying to adopt the socio-economic values of Western Europe and North America. The literal message from such a belief is that obtaining knowledge from other people or countries diminishes, rather than enhances, you. What such theory tends to ignore is the contextual variations attributed to different forms of international collaboration while also denying the capability of individuals to critically evaluate material for their own consumption.

By contrast, recent evidence from nursing literature and policy initiatives would suggest that exchanging views and developing a better understanding of what makes nurses different improves the individual's ability to make more informed decisions. Inherent in this belief is the recognition that nurses with a sophisticated knowledge of their own working practices do not simply adopt those of someone else in a wholesale fashion but adapt ideas and approaches to suit themselves. Neither do they implement new information in a piecemeal fashion, nor change just for their sake of it. In other words, nurses are self-determined, not self-denying and nursing is evolutionary, not revolutionary.

With few exceptions (and unfortunately there are some) psychiatric and mental health nurses work in every country of the world, sharing a common theoretical background and united by the desire to improve the lives of those suffering the soul destroying effects of mental illness. However, what separates them are their differing levels of access to knowledge, their degrees of autonomy and the simple fact that they live in different countries with all those intendment societal considerations. The necessity to share knowledge and collaborate in research, so that the 'have-nots' can provide the same quality of service as the 'haves', has never been more obvious. It is not about trying to make nurses clones of each other, but about giving them all the dignity of having alternatives.

And, before those of us who consider ourselves to be developed run off with the notion that we cannot learn from those we consider to be under-developed, ask yourself why cultural exchange activities such as the *People to People Ambassador Program* sent psychiatric and mental health nurses to Cuba in February of this year, and China last year. Why nurse educationalists in the UK are learning new ways of combining cultural and psychiatric concepts from Thailand (Burnard et.al. 2000), or why the European Section of the WHO has had to extend the deadline for completing its program to develop minimum standards for mental health nurses in all its 51 member countries because the researchers unearthed practice problems that they did not know

existed. Similarly, mental health nurses in the so-called developed nations continue to expand their professional horizons by comparing notes on such diverse activities as patient-nurse relationships in Scotland and Canada (Forchuk & Reynolds 2001), the management of violence throughout Europe (Bowers et.al. 1999) and multi-disciplinary working in the UK, Australia and India (Slade et.al. 1995).

Sharing practices and discussing their underpinning philosophical beliefs is surely the work of a mature and self-confident profession, not the paranoid dogma of arrogant isolationists. Recognizing that each of us has something to learn from the others' experiences and an affirmation that being different, and indeed international, should be celebrated, not castigated. ▼

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Research Column

Jan Gerkenmeyer, PhD, RN, CS

First of all, I want to introduce you to your current representatives on the ISPN research council. Representatives from the SERPN Division are Vicki Hines-Martin and Catherine Kane; from ICPLN Division are Lenore Kurlowicz and Leslie Nield-Anderson; and from ACAPN Division are Wanda Mohr and myself, Janis Gerkenmeyer. It is my hope that we can keep in contact with the research interests of ISPN members through the Divisions as we Participate as your representatives in moving ISPN's research agenda forward. There has been a strong commitment by ISPN to support psychiatric nursing research as can be seen by ISPN's previous Strategic Plan and by the work of the previous council. One outcome associated with last year's research council was the ethics presentation at the Phoenix conference about End of Life Agreements. Another was the completion of the Global Burden of Disease position statement that is posted on ISPN's web site. Yet

another outcome was the beginning of a database of ISPN members' research interests.

From presentations shared at our national conference in Phoenix, it is evident those ISPN members continue to engage in very important, cutting edge work as psychiatric nursing practitioners, researchers, and educators. A challenge we face is to be able to support some of the innovative and even traditional approaches to practice and education through research and evidence-based practice. The ISPN Board is in the process of selecting next year's Strategic Plan priorities which will guide the efforts of the councils and committees. I will discuss those priorities related to research in our next newsletter. The opportunities to promote psychiatric nursing research are great through our coming together to share our work, to encourage each other, and to advocate through ISPN to create supportive environments for psychiatric nursing research. ▼

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April 24 - 27, 2002

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Legislative Column

Judy Hirsh, NP-P, RN, CS, RPT-S

As a newly elected member and chairperson of this council, I'd like to briefly introduce myself to you. I am a Nurse Practitioner in Psychiatry in New York City, in private practice. I experience on a daily basis, the two most common frustrations of being an advanced practice nurse; i.e.: ignorance about what APRN's are legally authorized to do, barriers to practice such as denials by insurance companies to pay for services provided by APRN's and exclusive language in state and national legislation.

Through grassroots efforts, these issues can be addressed and perhaps barriers broken down. I encourage all of you to get involved in local politics either through your local state nurses associations or contacting local politicians directly. As nurses we automatically advocate for our clients, but what about us? Advocate for psychiatric nursing: education, research and practice! Advocate for cost-effective, quality care! Support parity of the provision of men-

tal health and substance abuse services with physical healthcare and extend the concept to include APRN's at parity with other mental health professions identified in state and national legislation. Complain to the Insurance Commission of your state if you receive inappropriate or discriminatory denials of payment for services rendered, denial of applications to manage care organizations or insurance companies. Remind the source of the denial that CNS/NP's are recognized by HCFA as qualified providers. With changes in majority and committee leadership in the U.S. Congress, the atmosphere may still be healthcare friendly and supportive of nursing. Begin to advocate now.

Please feel free to e-mail me with legislative issues or concerns you may have that effect your practice and which may be appropriate for ISPN to address. My e-mail address is: Jhirshsolo@aol.com. ▼

Division Reports (cont'd)

to SERPN's goals and what needed to be done to accomplish them was a critical factor in the organization's success at navigating our transitions. Of course Lorna will continue to be involved in SERPN. She will be finishing up her work on the Integration of Primary Mental Health Project as well as coordinating the plan to develop the SERPN archives.

Luckily for me, our division secretary's, Mary Jo Regan-Kubinski term continues for another year. Together with our representatives on the councils, we will be working to realize ISPN goals, especially those where SERPN is one of the lead partners. Our council reps are: Susan McCabe, Education Council, Vicky Fisher,

Legislation Council, Evelyn Swinson-Britt, Practice Council, and Vicki Hines-Martin, Research Council.

As I write this column, input from all the divisions on where they would like to focus their energy is being organized into one ISPN document. The board then reviews all the project ideas, prioritizes them and arrives at the focal points of ISPN 2001-2002 efforts. Thus, I can not say with certainty where our energies will be directed. Updating SERPN's curriculum guidelines for psychiatric mental health nursing will be on the agenda. This project has been on SERPN's radar screen for the past year. We all understand the need to address the issues of graduate education, especial-

ly our shrinking enrollments and the conundrum generated by certification changes. Once the Board finalizes ISPN's 2001 plan, we will begin our work. Please expect to hear from us (email is a wonderful tool). We anticipate laying out our plans and as we proceed, contacting members for feedback. Please feel free to contact me with any questions of concerns.

One final note. We congratulate Dr. Cecelia M. Taylor on her retirement from the College of St. Scholastica. Cecelia occupies such a central position in the development and growth of SEPRN that it would be impossible to summarize her contribution. We simply say best of luck and enjoy. ▼

Dedication for the Mary Starke Harper

Geriatric Psychiatry Center

Karen Stanley MS, RN, CS

Mary Starke Harper, PhD, RN, FAAN, a member of the SERPN Division of ISPN, was honored at the dedication of The Mary Starke Harper Geriatric Psychiatry Center on May 8, 2001 in Tuscaloosa, Alabama. Dr. Harper is a native of Alabama and received her nursing degree from Tuskegee University.

Dr. Harper has devoted sixty years of her life to improving the quality of care for the elderly, especially related to mental health needs. During her long career Mary has been involved in direct patient care, supervision, administration, policy-making, research, teaching at the university level, and direction of research and publication. She served as an advisor to four Presidents of the United States and was an expert advisor to the 1981 White House Conference on Aging and the 1995 White House Conference on

Research. Although she is 80+ and officially "retired," Mary serves on the Board of Directors for the National Mental Health Association, the Mental Health Association of Tuscaloosa County, and is a member of the Bridge to Mental Wellness Advisory Board of Johnson & Johnson Corporation.

Dr. David Satcher, Surgeon General, delivered the Keynote Address at the dedication ceremony. Several dignitaries from the state of Alabama joined in the ribbon-cutting ceremony. Other speakers at the dedication included Dr. Richard Hodes, Dr. Barry Lebowitz, Dr. Marion Primus, Dr. Patricia Grady, Dr. Stephen Bartels, and Dr. Raymond Fowler. Several deans from schools of nursing around the country also spoke briefly. They included Dr. Doris Holeman, the Dean of Nursing from Tuskegee University, Dr. Rachel Booth, Dr.

Sara Barger, Dr. Rhetaugh Dumas and Dr. Hilda Richards.

The dedication was preceded on May 7 by a conference at the University of Alabama Bryant Conference Center that highlighted best practices in the care of the elderly in the past decade and implications for the next decade. Several of the people mentioned above and many others presented at 17 sessions. Karen Stanley, MS, RN, CS, a member of the ISPCLN Division of ISPN, was an invited speaker and her topic was "Managing Mental Health and Behavioral Challenges of the Elderly in the Acute Care Setting." Other nurse presenters included Dr. Sandra Picot, Dr. May Wykle, Dr. Linda Davis, Dr. Kathleen Buckwalter, Dr. Irene Lewis, Dr. Jeri Watson, and Dr. Mathey Mezey.

**These two days were
a special tribute to a
very special nurse.
Congratulations,
Mary!**

Calendar of Events

16th World Congress of Psychosomatic Medicine. August 24-29, 2001 Goteborg, Sweden. *Human Psycho-Neuro-Endocrono-Immunology.* Contact: Rebecca Schoenfeld-Vidas at Email: ICPM.ADMIN@ipsoma.se Website: www.ICPM.org

Southeast Psychiatric Clinical Nurse Specialist Annual Conference. September 5-8th, 2001. Hosted at the Renaissance Hotel in Asheville, North Carolina. Contact: Jean Davis at South Carolina Nurses Association 1-803-252-4781 Email: jean@scnurses.org

6th International Conference on Family Violence. *Advocacy, Assessment, Intervention Research, Prevention Policy.* September 8-12th, 2001. Hosted at the Town and Country Hotel and Convention Center, San Diego, CA. Contact: 1-858-623-2777 x 427. Website: www.fvsai.org

International Nurses Society on Addictions (IntNSA) Annual Conference. *Advancing Addictions Nursing Practice in the 21st Century.* September 12-15th, 2001. Hosted at the Hilton Hotel, Niagra Falls, Ontario, Canada Contact: 1-416-493-8062 Email: drosser@firststageinc.com Website: www.IntNSA.org

7th International NPNR Conference “from practice to evidence” 26 to 28 September 2001 The St Cross Building, University of Oxford, England, UK email for information e-mail to annelie.guard@rcn.org.uk.

International Association of Forensic Nurse’s 9th Annual Scientific Assembly. September 27- October 1, 2001. *A Forensic Nursing Odyssey.* Hosted at the Hyatt Orlando. Orlando, Florida. Contact: Kim Marrero 1-856-256-2456 Email: iafn@ajj.com Website: www.forensicnurse.org

APNA 15th Annual Conference. *Integrative Knowledge Development for Psychiatric-Mental Health Nursing.* October 17-20, 2001. Hosted at the Reno Hilton, Reno, Nevada. Contact: 1-703-243-2443 for additional information Website: www.apna.org

48th Annual Meeting Academy of Psychosomatic Medicine. *Preserving Meaning in the Practice of C-L Psychiatry.* November 15-18th, 2001. Hosted at the Adam’s Mark, San Antonio, TX. Contact: APM Executive Director at 1-773-784-2025 or Email: A.PsychMed@aol.com Website: www.apm.org

12th Annual Meeting and Symposium of the American Academy of Addiction Psychiatry. December 13-16th, 2001. Hosted at the Ritz Carlton, Amelia Island, Florida. Contact: 1-913-262-6161 Website: www.aaap.org

Visions, Values & Victories: Third Annual ISPN Conference

Phoenix, Arizona – April 25-28, 2001

Conference Summary

Sally Frese, MSN, RN, CS
Evelyn Parrish, MSN, RN, CS

The third annual ISPN conference is now behind us and in the history book! The conference opened with an invigorating Native American hoop dance that set the tone for a stimulating and rigorous two and a half days of information and networking. The three pre-conferences were well attended and afforded participants an opportunity to explore innovations in the treatment of alcohol withdrawal syndrome, schizophrenia, and the interplay of thought, mood and behavior.

Keynote speaker E. Clarke Ross, DPA, CEO of CHADD and former NAMI Deputy Director provided an interesting overview of mental health issues and demonstrated the vital opportunity for partnering between ISPN and other mental health entities. Concurrent sessions were described by attendees as “excellent” and “diverse.” The two plenary sessions “Psychiatric Nurses’ Role in End-of Life Care” and “Successful Programs in Restraint & Seclusion Reduction” were enlightening and echoed the conference theme – “Visions, Values & Victories.”

The total attendance at this year’s conference was 231 participants, an 11% increase from the 2000 conference! Thanks to the diligent work of the Conference Planning Committee, Board of Directors, Sponsors, Exhibitors, RMP Staff, and the generous ISPN members who attended the Conference and supported the raffle, we more than doubled our projected financial profit for ISPN!

Heartfelt thanks to everyone who participated in the 2001 Conference and contributed success! If “three’s a charm,” then conference number four should be fantastic! Speaking of which, we are pleased to announce:

The Fourth Annual ISPN Conference

“Action, Advocacy, Adventures”:

Politics and Progress in

Psychiatric-Mental Health Nursing

April 24 – 27, 2002

Washington Marriott

Washington, D.C.



Toward a Unified Voice for our Specialty

As we grapple with the maelstrom of changes in the health care delivery system, watching in dismay as clinical social workers take the jobs once held by psychiatric nurses and psychologists intensify their lobbying for prescription privileges, doesn't it make sense that psychiatric nurses should speak with a unified voice? In a 1999 article in Journal of the American Psychiatric Nurses Association, I applauded the merger of three organizations--Society for Education and Research in Psychiatric/Mental Health Nursing (SERPN), International Society of Psychiatric Consultation Liaison Nurses (ISPCLN), and Association of Child and Adolescent Psychiatric Nurses (ACAPN)-- into one, subsequently named the International Society of Psychiatric-Mental Health Nurses (ISPN). This merger was a giant step in the right direction. The Miami meeting of this new organization, which I attended, was well attended and highly successful.

Unfortunately, as I pointed out in my 1999 paper, the American Psychiatric Nurses Association (APNA) remains separate from ISPN. How many organizations make sense for one nursing specialty? Why should we continue to splinter our specialty's talents and energies? Taking up my argument for unity, in a recent issue of the "APNA News," was a consult-liaison nurse from South Carolina, Penelope Chase. "Perplexed, sad and angry," Chase deplored the responses of ISPN and APNA leaders that the earliest possible date for a joint meeting would be in 2003: "Come on! This does not sound like a sincere effort toward unity, but rather a ploy to delay yet again.... What is taking so many intelligent creative professionals so long to resolve the issue? Are we Psych nurses afraid of genuine compromise or conflict? To be honest, I just don't buy it. If we really want a unified organization, we need to act boldly, grandly, and graciously. If we don't want it, let's not pretend, call it quits, and go our separate ways" (Chase, 2000, p. 10).

I echo Chase's call for definitive action, and pledge my own efforts in support. I intend to speak in favor of a merger of ISPN and APNA at the business meetings of both organizations. As a dues-paying member of both organizations, I would personally benefit from one bill for dues from a unified organization. And it certainly would be easier for me to arrange travel to one annual conference rather than two. But I am not writing this editorial because there would be a small monetary benefit to my own budget. I am thinking of the enhanced lobbying power of a large organization speaking with one voice. I am thinking of the wealth of expertise that

could be shared among colleagues who gather together for a splendid annual mega-conference. Under the umbrella of the large organization, smaller special interest groups such as child-adolescent mental health nurses could continue to meet and network with one another.

What should the new organization be called? My own preference is the International Mental Health Nurses Association. Mental health nurses from other countries have already begun to attend ISPN Conferences and would probably feel more welcome in an organization that does not have "American" in its title, as APNA presently does. What do you think? I would be happy to entertain guest editorials presenting alternate proposals. Let me hear from you. ▼

REFERENCES

Chase, P. (2000). An open letter to psychiatric nurses: Make it happen now! *APNA News*, 12 (5), 10-11.

Thomas, S.P. (1999). Surrounded by banana peels: Is psychiatric nursing slipping? *Journal Of the American Psychiatric Nurses Association*, 5 (3), 88-95.

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For more information contact:
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