



NEWSLETTER OF THE INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

CONNECTIONS

Volume 11 Issue 2

Fall 2008

From the President - Fall 2008

As I write this latest of the newsletter report I want to let you know that there are many activities going on for ISPN. We received a record number of abstracts for our annual conference in the spring and this is slated for March 31 - April 4 in Greenville, South Carolina. This is a great time of year to visit this part of the country and our conferences are always fun. Make your plans now to attend.

We received a record number of abstracts for our annual conference in the spring...

We are also on the edge of a new website launch. Much effort has gone into creating a new website that is ISPN member friendly and offers you the information you need from this organization. We are hoping you will find more useful information and more ease of navigating. Once this is launched, we will also be asking members to give us opinions about this. Also, if you are interested in volunteering to be part of the editorial board that works on this, these efforts (that can be managed from your home computer) would be greatly welcomed.

Attention, there is a new document that has the potential of shaping much of our future practice as psychiatric nurses.

I also want to bring your attention to a new document that has the potential of shaping much of our future practice as psychiatric nurses. Titled, **Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education**, published July 7, 2008, this document was completed through the work of the APRN Consensus Work Group and the National Council of State Boards of

Nursing APRN Advisory Committee. This document defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation.

The link to this document can be found at: [Consensus Model](#).

Please read this document carefully as the information is important and informative. It offers a proposed road map for pulling together APRN practice in the United States in terms of state boards of nursing, more consistency in licensing and accreditation, and in educational preparation. It is the product of many intelligent nursing minds who have come together to create a unifying document.

Please let us know your thoughts on this document. I will continue to update you on the status of the process and ratification, as it occurs. This work is about YOU and YOUR practice.

There is a new column in the newsletter in which one of your board members will be introducing a new ISPN member. In this issue, I am delighted to roll out this new feature with an interview with Beverly Baliko. Please join me in welcoming her as our first interviewed new member.

Finally, in these difficult economic times nurses are acutely aware of the

effects of job loss, foreclosure, and hunger on our clients of all ages. Please take care of yourselves and make use of your resources as you continue working with the populations nurses serve.

Sincerely,

Gerri Pearson, President, ISPN
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New Member Spotlight

It's with great pleasure that I get to introduce a new feature of the ISPN Newsletter. In this column we will tell you about a new ISPN member. Please join me in welcoming new member, Beverly Baliko. - by Geri Pearson

Bev: Can you tell us something about yourself, your work, how you came to psychiatric nursing?

I have been a psychiatric-mental health nurse since 1984. I knew upon entering nursing school that this would be my specialization, and have found it to be consistently rewarding. I am genuinely interested in people as individuals—their characteristics, perspectives, behaviors—and have always had a deep appreciation of the integrality of the mind and body. I spent 14 years in clinical settings, working primarily with adults and adolescents. I found the adolescents both challenging and engaging. I really enjoyed the time I spent with them, though I'm not sure that I still have that level of energy! In 1995, I obtained a Master's Degree, and decided in 1998 to pursue a PhD in nursing. After completion of my basic coursework, I began teaching psych-mental health nursing at a community college in Virginia. I was actually recruited for this, and gave it a try because of the hours and relative flexibility (I had a new baby and was working on my dissertation). Somewhat to my surprise, I liked teaching. Since that time, I have also taught in a diploma program and in the baccalaureate nursing program at the University of South Carolina, where I am an assistant professor on the tenure track. Currently, I'm teaching graduate students, and I'm very much enjoying the opportunity to get to know them individually, which isn't possible with the very large undergraduate classes. I have become very interested in online learning and ways to provide access to high-quality education to nurses for whom it isn't feasible to pursue graduate degrees in traditional ways, while still maintaining the sense of community and sharing found in face to face interactions. In addition to teaching, my

work involves a significant focus on research. My research interests are in the area of violence and trauma. My dissertation examined the experiences of family members of homicide victims, and I have since completed a similar study involving women survivors of life-threatening intimate partner violence. I'm part of a team pursuing funding to use large administrative data sets to explore intimate partner violence and services provision targeted to specific populations, with the ultimate goal of developing primary interventions that are culturally and geographically relevant. I'd also like to explore the interaction of traumatic brain injury and mental health outcomes of survivors of intimate partner violence, as well as women combat veterans.

How do you see yourself growing professionally in the coming years and how could ISPN help with this?

Because I am an tenure-seeking academician, my professional growth will stem primarily from my research. However, I want to remain grounded in the broader world of psychiatric-mental health nursing beyond the walls of my institution and the focus of my research. The face of mental health and psychiatry is changing rapidly. ISPN offers resources and opportunities for networking and continuing education that will help keep me connected to colleagues and issues relevant to clinical practice, as well as research and education. The conferences provide opportunities for dissemination of my work and for interacting with others who share my interests. In particular, I value the international approach of ISPN. Global issues require global solutions, and I think it's great to be a part of a nursing organization that is so inclusive.

What do you see as the three major challenges to advanced practice psychiatric nursing in the next decade?

Wow, that's a tough question. I think advanced practice psychiatric nurses will face challenges similar to all advanced practice nurses, including those related to roles and regulatory disparities among states. The addition of DNP programs into the mix will require some redefinition and renegotiation of roles for all advanced practice nurses, including those who specialize in psych-mental health. A few issues that may be particularly relevant to psychiatric nursing come to mind, though:

1. Meeting the needs of a globally diverse population, particularly those populations that are shifting rapidly. The increasing cultural diversity in the US is a good example. There have always been issues of health care disparities among ethnic and socioeconomic groups, but I think attention to access, advocacy, and culturally competent care is becoming more critical. We have to develop the competence to understand a variety of perspectives on mental health problems, consequences, and treatment in order to recognize and respond to needs in a relevant way. Language barriers must be addressed, as well as the homogeneity of providers.
2. Advocating for mental health policy and service initiatives. Many barriers remain to the provision of adequate mental health care. There is still a lack of awareness and/or acknowledgement of the big picture – the true human impact and economic costs of inadequate treatment, the degree to which mental health issues affect physical health, and the pervasiveness or problems that result in both tangible and

intangible costs (e.g., violence, criminal justice recidivism). Mental health services are not high revenue-producers, so are seen as financial drains. Advanced practice psychiatric nurses have crucial roles in advocating for vulnerable populations, driving policy initiatives, and participating in feasible solutions that are operable in the real world. Among these are providing care in remote areas, finding ways to collaborate with our colleagues to effectively integrate mental health care in primary care settings, recognizing of and intervening in problems such as family violence, developing mental health promotion (preventative) activities, and coming up with innovative ways to optimize functioning in those with chronic mental illness. A tall order!

3. Adapting to changes in biomedical knowledge. What we know about brain physiology, biochemical and neurological functioning, and pathology contributing to psychiatric illness is rapidly expanding. Almost as quickly, the field of genetics is contributing information about the etiology, and possibly treatment, of mental health problems. Pharmacological innovations are constant. All of these things challenge us to remain current with the scientific aspects of psychiatric nursing, and to be fully informed about available treatment options to make the most appropriate client care decisions. Keeping up to date with the literature and continuing education, regardless of whether we are clinicians, researchers, or teachers, are important tools in maintaining our competence.

I think that organizations such as ISPN play integral roles in helping us as a discipline to meet these, and other challenges. This belief was a major influence in my decision to join ISPN.

Bev Baliko, PhD, RN
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College of Nursing
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balikob@mailbox.sc.edu

Many thanks to Bev for being our first new member interview!

-Interviewed by: Geri Pearson

Diversity & Equity Committee News

At our ISPN conference in Louisville, Kentucky, the Diversity & Equity Committee met to discuss goals and direction for the upcoming year. We were very pleased to have over 20 members join us during the Committee meeting and express an interest in participating in the work of this group. The new attendees were oriented to the history and previous work of the Committee. There was a very thoughtful discussion about a variety of issues pertaining to diversity and equity. One topic that we struggled with was ways to increase our global/international offerings, participation and collaboration. The consensus from the group was that we would focus on two major areas in 2008-2009:

1. *The psychological impact of the global practice of female genital mutilation.* This work would focus on developing an abstract for presentation at the 2009 ISPN conference or develop a document to be submitted to the Board for review and possible posting as a position paper on the ISPN website. Vicki Hines-Martin and Frannie Echeozo took the lead on this task.
2. *Develop a document related to an LGBTQ issue* that would also be submitted to the Board for review and possible posting on our website. Laura Hein, Lois Powell, and Candy Dato took the lead on this task. The current working document that several members of the Committee are reviewing and revising is on reparative therapy.

The Committee was pleased with the number of cutting edge presentations at the conference including several that focused on issues of Diversity. In particular, the endnote presentation by Dr. Silvina Malvares of the Pan American Health Organization (PAHO) titled *Global Perspectives on Mental Health*. Dr. Malvares was gracious enough to agree to have her PowerPoint posted on the ISPN website at:

<http://www.ispn-psych.org/docs/GlobalPerspectMentalHlth0804.pdf>

Please feel free to contact me if there are critical issues that you feel the Committee should address.

Edilma L. Yearwood, PhD, PMHCNS, BC, FAAN
Diversity & Equity Chair
ely2@georgetown.edu

Please share the following information with your faculty and appropriate graduate students. Thanks!

ISPN Foundation Nursing Research Grants: Call for Proposals

Two grants supporting psychiatric nursing research are available to ISPN members for 2009:

- A. **The Hertha Gast Award for Child/Adolescent Psychiatric Nursing Research.** The award is for **\$1500** and applicants must be members of the Association of Child and Adolescent Psychiatric Nurses Division (ACAPN).
- B. **The ISPN Foundation Psychiatric Nursing Research Award.** This award is for **\$1000** and is open to all ISPN members.

■ Investigators:

1. Must be an ISPN member and
2. Must have a Masters or a Doctorate in nursing,
or be a student in a nursing graduate program.
3. Focus of Research: Qualitative or quantitative research is acceptable.

■ Requirements:

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

■ Proposals:

Limited to 5 pages, and **must** include:

1. Title and Purpose
2. Background, Theoretical Model, and Significance
3. Hypotheses or Research Question(s) (if applicable)
4. Methods (subjects/participants, setting, instruments, procedures, data analysis)
5. Appendices (not included in 5 page limit)
 - Budget with justification
 - Time line
 - Status of IRB approval
 - References
6. Do not exceed 5 single-spaced pages. Submit 1 electronic version (Word or .pdf files) of the proposal with no identifying information on the title page. At the end of this file, include a cover page with your name, address, phone number and email. Also include your ISPN division. Provide the same information for all co-investigators (however, only the PI needs to be a member of ISPN). If you are a student, please include faculty advisor(s) as well.

■ Recipients are expected to submit:

1. A written summary of completed research to the ISPN Research Council
2. An abstract to the ISPN Conference and be willing to present within the next two years
3. A manuscript to one of ISPN's professional journals
4. Acknowledge the support of ISPN in all presentations or publications

■ Deadline: Received by January 1, 2009.

Email proposals to: Dr. Rick Yakimo at ryakimo@siue.edu.

Notification of award will be made at the annual conference.

If you have questions, please call ISPN: 1-866-330-7227

Website: www.ispn-psych.org

ISPN Foundation Event at the ISPN Annual Conference: Dinner with a SILENT and LIVE AUCTION

Popular Items to Donate

All contributions are welcomed — products that will interest your colleagues professionally and personally. Items should have a minimum value of \$25.

Vacation Getaways

Books

Electronics

Gift Baskets

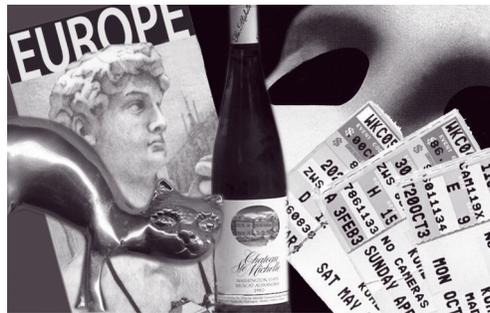
Jewelry

Hotel and Time Share Stays

Original Artwork

Certificates to National
Restaurants or Stores

The ISPN Foundation will be hosting a dinner and a silent and live auction at the Annual Conference in Greenville, SC, on Thursday, April 2, 2009. The funds raised at the auction are used to provide funds for activities such as scholarships to assist graduate students and international members to attend the conference, for research grants which enhance the science of psychiatric nursing, support for ISPN activities, and for an endowment for the Foundation.



The ISPN Foundation is proud to host a Dinner with a Silent and Live Auction at the ISPN Annual Conference on Thursday evening, April 2, 2009, at the Hyatt Regency Hotel. The dinner and auction will begin at 7:30 p.m.

The ISPN Foundation needs your donations to help make the Silent and Live Auction a success! Donating items for the Auction is a great way to support your organization and participation in the auction is a lot of fun! Items from members and companies are both welcome. The value of your donated item is tax deductible as allowed by law, and your particular tax situation. You will receive a thank you letter from the Foundation stating the value of the donation and that no goods or services were exchanged for the donation.

Recognition

For your donation you will receive:

- Acknowledgement on the Auction Bid Sheet
- Listing of your donation and name on the ISPN Foundation webpage on the ISPN website

To make a donation:

You may either send your item to: Peggy Dulaney, 201 Dove Hill Circle, Easley, SC 29640-8906, prior to the conference, or you may bring your item to the ISPN Conference and drop them off at the conference registration desk on Wednesday evening, April 1 from 6:00 p.m. to 7:00 p.m., or Thursday morning, April 2, prior to the first session.

ISPN Foundation Silent and Live Auction

Donation Form for 2009

1. To donate an item for the Silent or Live Auction, please complete this form and send it with your donation or bring it to the conference with your donation. Larger items you may wish to send in advance, can be sent by USPS, FedEx, or UPS to:

Peggy Dulaney
201 Dove Hill Circle
Easley, SC 29640-8906

2. In addition, please return a copy of this form to the ISPN Foundation office no later than February 27, 2009. Fax: 1-608-443-2474.

Postal Mail: ISPN Foundation, 2810 Crossroads Drive, Suite 3800, Madison, WI 53718-7961 USA

Please provide information as you would like it to appear on the bid sheet and the ISPN Foundation webpage:

Name of item: _____

Estimated value of item (\$US): _____

Donor Name (your name or company): _____

Description of the item: _____

Contact Information (not for publication):

Name: _____

Address: _____

City: _____

State/Province: _____ Zip/Postal code: _____

Country: _____

Phone(s): H: (_____) _____ WK: (_____) _____

E-mail: _____

Thank You for Your Generosity!

Mentoring has always been important to child and adolescent psychiatric nurses. In this column, I would like to highlight what some members are doing that impacts all of us. I would encourage all of you to submit ways you are making a difference so we may highlight your good works. Some member highlights are as follows:

- Maureen Killeen, PhD, APRN, FAAN, was named Angela Barron McBride Visiting Professor of Psychiatric Nursing for 2008-2009 at Indiana University. She gave the inaugural McBride Professorship Lecture on September 12, 2008.
- Beth Bonham, PhD, RN, PMHCNS-BC, was reappointed to the content expert panel for Child and Adolescent Psychiatric Mental Health by the American Nurses Credentialing Center. This is the third time she has been appointed to the panel and continues to articulate the need for a certification exam for our specialty.

- Janis Gerkenmeyer, PhD, RN, has been mentoring several MSNs with positive results. Cathy Duchovic, MSN, RN, and Jenn Rehn Day, MSN, RN, PMHCNS-BC, were involved with Jan in conducting research as part of Jan's pilot research for an R21 study. Both were previous presenters at ISPN and both have articles that have moved forward for publication.

Lastly, I would like to highlight the continuous support and advocacy for child and adolescent psychiatric nurses of Sandy Wood, RN, PhD. Sandy recently retired from Indiana University and is continuing to teach and be a mentor for others. Sandy with others have been responsible for a strong group of child and adolescent nurses who continue to meet to discuss their practice and gain knowledge regarding prescribing.

Thanks to all of you whom are out their mentoring and doing good works!

AGPN Division Update

Victoria Soltis-Jarrett, PhD, APRN-BC
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Greetings!

I hope that the autumn is going smoothly and that you are preparing yourself to vote in November. For this newsletter, I thought that I would highlight some of the salient points of the issues which confront the adult and geriatric populations in terms of mental health legislation.

Mental Health Parity passes in October 2008!

For more than 10 years, mental health advocates and activists have been fighting for mental health parity to end insurance discrimination against Americans with mental illnesses and substance use disorders. In general, this bill will outlaw health insurance discrimination against Americans with mental health and substance-use conditions in employer-sponsored health plans. Full mental health parity will finally become law!

On October 3, 2008, the House voted 263-171 to send this historic agreement to the President for his signature. The legislation itself basically acknowledges the importance of mental health to overall health, and will prohibit employers and insurers from imposing stricter limits on the coverage for mental health and substance-use conditions. The legislation, called the Paul Wellstone and Pete Domenici Mental Health Parity and

Addiction Equity Act of 2008, builds on the enactment of the Americans with Disabilities Act and the recent approval of Medicare legislation that reduces discriminatory co-payments for mental health services. This extraordinary bill will provide 'parity' for approximately 82 million Americans who are covered by self-insured plans and another 31 million in plans that are subject to state regulation which have discriminated against mental health and substance-use assessment and treatment.

The bill takes the following steps:

- If a plan offers out-of-network benefits for medical or surgical care, it must also offer out-of-network coverage for mental health and addiction treatment and provide services at parity.
- Strong state parity and consumer protection laws are preserved while extending parity protection to 82 million more people who are not protected by state laws and 31 million in plans that are subject to state regulation.

For fact sheets on the legislation and more information, go to www.mentalhealthamerica.net

With the advent of fall semester, many of you are in the frenzy of the semester, with teaching students, mentoring faculty, working on research and service projects. By the time you read this newsletter, the semester will soon be over and a new semester on the horizon. During the summer and fall, SERPN has been working with NONPF and APNA, assembling a collaborative committee to develop a Position Statement on Psychiatric-Mental Health Nurse Practitioner Education. The Position Statement will direct PMH-NP educational programs on the expectations for meeting the Criteria for Evaluation of Nurse Practitioner Programs developed by NONPF. Drs. Catherine Kane from the University of Virginia and Mary Weber from the University of Colorado at Denver will be our SERPN representatives on this very special project. As SERPN and ISPN receive updates from this committee, we will inform our membership.

At our monthly ISPN Board meetings, we have been busy updating our website, which hopefully will be operational when

you read this newsletter. Each division will need a point person to assist in updating the information and news within the division. The SERPN Division needs a volunteer to be the news and information conduit to our management team. Please let me know if you are interested in serving in this capacity. Check out the website (<http://www.ispn-psych.org/>) for the changing ANCC information on the changes in advance practice credentialing, the Global Perspectives on Mental Health and the ISPN Foundation Nursing Research Grants that are due January 1, 2009.

Don't forget to mark your calendars for March 31-April 4, 2009 for the ISPN Annual Conference and Second Annual Psychopharmacology Institute to be held in Greenville, South Carolina.

Have a great holiday and see you at the conference!

Jane B. Neese, PhD, RN, SERPN Division Chair

Greenville, South Carolina



Save the Date in 2009!

2nd Annual Psychopharmacology Institute and ISPN 11th Annual Conference

March 31-April 4, 2009

Hyatt Regency Hotel • Greenville, South Carolina • Please visit www.ispn-psych.org
for additional information as it becomes available!

Photos courtesy of the City of Greenville, SC

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NEW Newsletter Deadlines:

Editor's Note

This newsletter is produced three times a year. The next two deadlines for article submission are as follows:

Winter: December 19, 2008

Summer: March 24, 2009

In each issue we ask for updates from various Divisions, Councils, Committees, and Work groups. We are interested in member professional activities, news, and achievements. Please contact your division leaders with ideas for articles.

Submit your articles to: **Plumer Lovelace**
Email: plovelace@reesgroupinc.com



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