



NEWSLETTER OF THE INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

CONNECTIONS

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Autumn 2011

From the President - *Behind the Scenes of ISPN*



I hope that this newsletter finds you well. Have you been following the progression of the APRN Consensus Model / LACE Recommendations? Do you know the latest updates on the

ISPN/APNA Task Force Recommendations for APRN Consensus Model Implementation? Do you know the latest information about how the various states will implement the PMH CNS and PMH NP advanced practice roles? What does **role** or **population** foci mean in relation to PMHN? What requirements will the PMHN in advanced practice need now and in the future? What view does **ANCC** have about all of this information? Do I have a choice? **Fortunately we HAVE the answers to these questions and want to know your thoughts and concerns as well.**

Communication is central to our mission to our membership

ISPN is at "the table," participating in **all** of these issues; and we want to be able to communicate these updates to you as a benefit to your membership and to keep you in the loop. However, the difficult part is ascertaining what method to use to get information out to you. The threaded discussion forum was a great method that ISPN initiated most recently, however unfortunately, it was rarely used. Email blasts, the ISPN webpage (<http://www.ispn-psych.org/>) and a public FACEBOOK page (see <http://www.facebook.com/ispnpsych>) have been the most stable of venues to share information and of course, the Annual Conference provides time to highlight the annual updates and to

promote networking. We will still continue to use those stable sites but we also want to move into the 21st century and explore other social networking tools. Do you?

For those of you who **may be** into the technology side of things, we have good news for you. I have recently started a Twitter page (<https://twitter.com/@ISPNPrez>) and you can continue to stay in touch with any updates about the national trends, international and global perspectives as well as a new feature initiated by Katherine Darling (Chair of Marketing and Development Committee) and her committee called "**Countdown 2012 Conference.**" If you do not want to be bothered with this type of technology and want to stay with the more traditional modes of communication, please know that we will continue to send out e-blasts and of course you can always visit the ISPN website or read this CONNECTIONS newsletter. To join Twitter, you can go to the URL listed (<https://twitter.com/@ISPNPrez>) or go to **Twitter** (<https://twitter.com/#!/TWITTER>) and sign on to join (and set up your own Twitter account). You can make this account private and also know that my Twitter page is only offered to members of ISPN. In order to join my "tweets," you will need to ask to join the ISPN tweet site (and I will grant you permission!) Really it is very simple. The difficult part is taking the time to learn about how to ensure your privacy and also how to set up your account to transfer to your phone or just stay with your computer. Either way, we will be here to communicate with you.

¿Que Pasa? Was ist passiert? Qu'est-ce qui se passe? What's happening?

Leadership at ISPN has been incredibly busy over the past few months because so much

is happening as we speak. I tell my students that history/his or her-story is happening as we practice, learn and develop knowledge. In particular, the agenda for the Annual Conference and the Psychopharmacology Institute are taking shape through the efforts of the Conference/Institute and the Marketing and Development Committees. Each, respectively, have been working tirelessly to provide one of the best advanced-practice psychiatric nursing meetings yet. We are so fortunate to have Judy Hirsh guiding the Annual Conference as well as Evelyn Parrish and Karen Ragaisis guiding the Psychopharmacology Institute. Several members have also been representing ISPN at key meetings to ensure that we have a voice at the table as well as to get timely information out to you. Here are just a few examples of where ISPN has been represented:

- National Task Force (NTF) for Criteria for Evaluation of NP Programs (Ongoing attendance)
- National Association of Clinical Nurse Specialists (NACNS) Retreat (July 2011)



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- APRN Consensus Model/LACE Recommendations (Ongoing attendance)
- United Nations High-Level Meeting on Non-Communicable Diseases (September 2011)
- Institute of Pediatric Nursing (IPN) (October 2011)
- Emergency Nurses Association Behavioral Health Assessment Standards Meeting (October 2011)
- NACNS Criteria for Evaluation of CNS Programs (Ongoing attendance)
- ANCC/ISPN/APNA Task Force (Ongoing attendance)

Do you want to be more involved? We can definitely use you! Recently I sent out a SurveyMonkey to get your input about the 2013 Annual Conference Site. Here is just a snapshot at your comments and the outcomes:

SUMMARY OF SURVEY

- Survey was created by VSJ and posted by ISPN Administrative staff.
- Posted on Friday, September 3 and closed Sunday September 11, 2011.

The following questions were asked:

Question 1:

The 2011 ISPN Annual Conference and Psychopharmacology Institute in Tucson, Arizona, was a great success! The 2012 Conference will be held in Atlanta, GEORGIA. However, it is time to select the 2013 site and we need your help! The top FIVE conference sites identified by the 2011 conference participants are listed below. Taking into consider your ability and expense of traveling to the ISPN Annual Conference each year, which of the following cities would be BEST for you (or one that you would travel to for our conference? To expedite this process, we need you to ONLY select ONE—your TOP choice!

- n=179 members responded to the email survey link.
- n=177 answered the first question.
- n=2 skipped the first question.

OUTCOMES (we will keep you posted as we explore costs for each of the top three cities)

- n=60 BOSTON (33.9%)
- n=40 SAN ANTONIO (22.6%)
- n=33 VANCOUVER (14%)
- n=25 SAN FRANCISCO (18%)
- n=19 SEATTLE (10%)

Question 2:

Please feel free to add any comments or concerns in the space provided.

- n=46 responded to the second question with comments related to why they chose that site.
- n=133 skipped the second question.

Question 3:

SPECIAL NOTE: ISPN has several openings on committees (i.e., Education, Practice, and Website). If you are interested in learning more about these opportunities, please list your name and email address here.

- n=26 responded to the third question*.
- n=153 skipped the third question.

*For those who expressed interest, a special task force headed by Cynthia Handrup (Chair of Membership Committee) and Holly Hillburn (Member of Membership Committee), has contacted all twenty-six volunteers to seek more information and match member to committee/council.

Do you want to be involved? Do you have a question or comment?

You can either email me directly at: vsoltis@email.unc.edu or go to this link on SurveyMonkey to write to the Board of Directors or me:

<http://www.surveymonkey.com/s/feedbacktoISPNBOD>

CONGRATULATIONS are in order!

Finally, it gives me great pleasure to congratulate the following ISPN members who have been inducted as Fellows of AAN and AANP. Please take a moment to congratulate these women for their commitment and passion for advancing the discipline of nursing!

American Academy of Nursing (AAN)*
American Academy of Nurse Practitioners (AANP)**

Merrie Kaas (kaasx002@umn.edu)
Diane Snow (snow@uta.edu)
Vicki Lachman (vd122@drexel.edu)
Linda Rose (lrose2@son.jhmi.edu)
Roberta Waite (rlw26@drexel.edu)

*website for AAN
<http://www.aannet.org/i4a/pages/index.cfm?pageid=1>
**website for AANP
<http://www.aanp.org/AANPCMS2>

Please, let us know if you have received an award or know of an ISPN member who has been awarded. We want to acknowledge them! You can use the link above to the SURVEYMONKEY.

Take care,

Victoria

Victoria Soltis-Jarrett, PhD, PMHCNS-BC, PMHNP-BC



Greetings child and adolescent community!

I want to bring you up to date on my activities as Director for the Division and share upcoming plans for 2011-2012. Representing ISPN, I have been working with the NONPF task force to re-write the PMHNP competencies. The task force is chaired by Margaret Brackley, PhD, RN, FAAN, from NONPF with representation from NONPF, APNA, and ISPN. In keeping with the model of a lifespan focus for all PMHNPs, my participation is intended to ensure that the competencies include the full age spectrum, including children and adolescence. The new NONPF Nurse Practitioner Core Competencies (April 2011) are quite different from the previous nurse practitioner competencies on which our PMHNP Competencies (2003) were based. As you may have noted, the new competencies follow the AACN Master's and DNP Essentials for Nursing. One of the new competencies "Independent Practice" subsumes much of what were

our domains for practice in the 2003 document. The new PMHNP competencies document has been drafted and submitted to NONPF for review and I strongly encourage ISPN members to review and comment during the process of final approval of the document.

At the 2011 conference in Tucson, bullying was identified as an issue that the ACAPN was interested in for 2011-2012. I was pleased to wear Orange on October 12 in support of the National Bullying Prevention Center's Unity Day's event "Make It Orange and Make It End" to unite against bullying. As fall gets underway, bullying at schools becomes an important issue for children, adolescents, and their families. ACAPN will be surveying Division members in order to determine how we can better address bullying in our division. I hope you will be inspired to participate in this important endeavor!

Margaret Scharf, DNP, PMH-CNS-BC, FNP-BC

AGPN Division Update

Karen Ragaisis, MSN, APRN, CARN, PMHNP-BC
kragaisis01@snet.net

Hello and happy fall to everyone! I'm looking forward to when the leaves will be sporting their gorgeous colors. After the rash of hurricanes, rain, and flooding I'm especially grateful to see a simple, sunny day. Now on to our Division news!

Geriatric Nursing: The John Hartford Institute of Geriatric Nursing has changed its name to the Hartford Institute for Geriatric Nursing (HIGN). Find them at <http://hartfordign.org>. They have made significant improvements to their website which focuses on supporting their mission "to maintain a leadership position for quality health care for older adults through nursing excellence." New enhancements include a redesign of the website, a continuing education portal and monthly publications section featuring information relating to their core competencies of practice, education, policy, and research.

In their practice section there is a category named "Resourcefully Enhancing Aging in Specialty Nursing (REASN)." Eleven nursing organizations have contributed various content including: pain management, peri-anesthesia care, perioperative care, hospice/palliative care, infusion therapy, and cardiovascular care. Forms of content include toolkits, pedagogical resources, and web-based modules. I noticed the posting of the Recommended Geropsychiatric

Competency Enhancements for Psychiatric Nurse Practitioners as the only psychiatric content. It made me wonder what information we have which could help colleagues address the psychiatric issues of their patients. Would this be something to investigate as a possible project for our division? If you have any ideas please email me at KRagaisis01@snet.net. Further discussion could occur at our conference at the Grand Hyatt Atlanta in Buckhead, Atlanta, Georgia, March 27-31, 2012.

Psychiatric Patients in the Emergency Department

Along with ISPN colleagues Susan Krupnick and Beverly Hart (Chairperson of the ENA Psychiatric Patient Care Committee), I will be attending the Emergency Nurses Association (ENA) stakeholders meeting in Washington, DC on October 3, 2011. This group will begin developing behavioral health assessment standards for use in the emergency care setting. Their focus is standards consisting of "(1) initial screening including triage implications, (2) comprehensive assessment, and (3) ongoing assessment of boarded ED patients with mental health and /or substance use disorders including prescription drug misuse and abuse, and agitation." (A.M. Papa, personal communication, August 3, 2011). This meeting should prove to be an important collaborative event and I will keep you all posted on the results.

ISPN Foundation Update

ISPN Foundation is looking so forward to the ISPN Conference in Atlanta that we have voted to offer TWO scholarships for 2012! We hope to announce the scholarship details and qualifications in November. In addition, we will enthusiastically introduce the winners of those scholarships at our Annual Fundraising Event in Atlanta.

We have begun to prepare for our exciting BIG NIGHT in Atlanta and will be sending invites to the membership in January! The ISPN Foundation event promises to be a fun evening that offers food, fellowship, and the opportunity to support ongoing research opportunities at ISPN. When signing up for the conference, do not forget to sign up for an evening of laughter and surprises. I personally challenge each of you to register and participate so that we have

more people than ever before. So come join us in an effort to raise money and enthusiasm for the ongoing scholastic endeavors of ISPN!

If you are not going to the conference you can still participate by sending a donation to the Foundation to perpetuate the ability to provide research and scholarships to our membership. Looking forward to seeing you in Atlanta!

Susan B. Vebber, PMHNP-BC
Foundation Board President
susanvebber@gmail.com
919-247-0454

Hello ISPCLN Division Colleagues,

I hope that you all experienced some fun and renewal during the summer months and are presently enjoying the colors of fall, with the crisp air (at least in Massachusetts), as we all know that the cold and blustery winds of winter are just around the corner.

The 14th Annual ISPN conference and 5th Annual ISPN Psychopharmacology Institute (March 2012) in Atlanta, Georgia

Don't be left out in the cold! Start planning to attend 14th Annual ISPN conference and 5th Annual ISPN Psychopharmacology Institute. The annual conference will again be preceded by the annual ISPN Psychopharmacology Institute (March 27–30, 2012). The conference will be held in Atlanta, Georgia, and will provide invigorating learning opportunities. Both the Psychopharmacology Institute and Annual Conference planning committees have been diligently working to make certain that the presentations are well rounded and many will be relevant for current day psychiatric consultation liaison nursing practice.

Revision Work: ANA Scope and Standards of Psychiatric-Mental Health Nursing

ISPN is working along with APNA and representatives from ANA also to begin the work of revising the 2007 Scope and Standards of Psychiatric-Mental Health Nursing. The representatives from ISPN include Victoria Soltis-Jarrett, Peggy Plunkett (who previously served on the revision workgroups) and an ISPCLN Division member, Sara Horton-Deutsch (SERPN Division Director), Edilma Yearwood (ACAPN, SERPN Division), Catherine Kane (who is a co-chair of the workgroup), and also me. Both Peggy and I will be working to ensure that issues related to psychiatric-consultation liaison nursing are well represented and clearly addressed in the next version of the Scope/Standards. Currently, the review process is in the SWOT (Strengths, Weaknesses, Opportunities, Threats) phase. The next steps will include assignment of areas that need to be updated or more completely rewritten, the goal is to develop a draft to disseminate to membership of both organizations by January 2012. So the work continues, and please once Victoria receives the draft for dissemination and sends it out- please take your time and review it carefully, this is an important document that anchors our practice.

The Impact of the Digital Age on Professionalism and Presence in Psychiatric Consultation Liaison Practice

Recently I have been struck by the overwhelming bombardment of social media into the practice arena, and have been concerned about the encroachment and interference with the daily practice of PCLN practice. Doing consults in a busy general hospital or rehabilitation unit or emergency department can be a challenge in itself, adding in the increasing amount of social media activities both by patients, families, and healthcare providers has been to me a consistent barrier to establishing focus and presence during the actual interview. I have been discussing this with some PCLN colleagues and they too have experienced the down side of rapid access to different social media while trying to conduct a psychiatric consultation.

A recently published article in Psychosomatics titled "Teaching Professionalism in the Digital Age on the Psychiatric Consultation-Liaison Service" (2011) peeked my interest and further concern in the balance needed in using social media tools and sites. This intriguing article addressed the authors concerns related to professionalism, which I, too, share. The focus of the article is certainly at psychiatric consultation liaison physicians (especially residents) and how best to educate them about both the positive and negative sides of utilizing social media tools. I believe that some of those strategies in educating our nurses would be beneficial.

I am most concerned about the interference with the nurse's ability to truly be present to the patient, family, and colleagues, when they or the patients/families are employing some type of social media during an interview activity. I am equally concerned about nurses and physicians so tied (during working hours) to their mobile devices, checking emails while interviewing patients or composing orders to further a patients care, or using social media sites to de-stress.

I do realize that I am of the boomer generation and do not really utilize much of the social media tools myself, so I factor that into my concerns. I do believe that PCLN can begin to intervene with both our patients and also our colleagues when we observe utilization of social media tools that are interfering with the abilities of staff to truly be present to our patients and their families. I also encourage PCLN's to engage in education to staff about social media usage that may overshadow their professionalism. I do encourage you to read the article in Psychosomatics; it could be useful in developing strategies to assist our colleagues to be more present to their patients. The authors concluded that social media sites offer great opportunity to widely disseminated valuable, relevant health care information, and can be an avenue to promote "de-stressing." However, they caution that in this new digital age, all healthcare providers, trainees to life long learners must be mindful of professionalism and their ability to remain present to the relationship while using social media in order to protect their privacy as well as their professional image.

Hope on the Horizon: New PCLN Practices are Developing Across the Country

I am excited about the recent emails and calls I have received over the last few months, from psychiatric mental health nurses that are asking about information and strategies to develop new PCLN practices. During the last few years there has been some slow growth of PCLN/PLMD practices as the ever-increasing movement of individuals who have significant psychiatric disorders and mental health issues are presenting to general hospitals for medical problems. Often these patients present with very complex care issues and not only need a psychiatric consult to address these issues, but the nurses and physicians need direction, guidance and support. I am thrilled to have spoken with at least five different nurses from California, North Carolina, Wisconsin, Toronto, and Arizona, who were seeking out information about developing a strategic initiative plan for their hospital/nursing administration to consider. I hope they are successful in their quest to enhance care to their patients by PCLN's in their system. I believe that this is beginning to represent a trend that will slowly reveal a reinvestment in PCLN's in healthcare systems

that are across the continuum of care. PCLN's certainly experienced the "roll back and downsizing" of the 1990's, perhaps the pendulum is shifting and administrators are understanding the true value of PCLN's in their institutions! Lets hope the momentum continues.

Meeting Updates:

Summary Report of the NACNS-CNS Summit

Dr. Vicki Lachman and I attended the National Association of Clinical Nurse Specialists (NACNS), CNS Summit meeting in Philadelphia to represent ISPN. Several organizations were represented at this annual summit meeting. I would encourage you to read the summary report of the meeting that is in this newsletter for details of the meeting. This particular meeting is a wonderful opportunity for organizations that represent clinical nurse specialists to network, discuss common issues, and develop strategies to address these issues and learn what other organizations are working on as initiatives.

ENA: Behavioral Health Emergency Care Stakeholders Meeting

Karen Ragaisis (Adult/Geriatric Division Director and PCLN in the Psychiatric ED at Hartford Hospital in CT) and I attended the ENA (Emergency Nurses Association) this meeting as ongoing organizational partner with ENA. The focus of the Care of Patients with Psychiatric Problems in the Emergency Department on October 3 in Washington, DC. This is the second meeting of this ENA Stakeholders Group; we first met in 2008 and drafted a framework for addressing the patient with psychiatric problems in the ED. This framework has been placed on the websites of all the stakeholder organizations, including ISPN. Please look for the summary of the meeting written by Karen Ragaisis and myself in the newsletter. Also, Dr. Beverly Hart participated in the meeting (as the Chair, ENA Ed Psychiatric Care Committee); she is ISPN wonderful newsletter editor and keeps us on top of our communications with you. Bev has a rich background as an emergency room nurse and psychiatric mental health nurse practitioner. She has been working on this important issues with ENA for several years and ISPN is fortunate to have her as an active member on this stakeholders group. Once the work has been completed from this meeting, the outcome will be shared with each stakeholder organizations leadership for approval then will be disseminated to each organizations membership.

The major themes that were identified related to the care of individuals with psychiatric illness or psychiatric symptom presentations included: (1) patient flow into and through put and disposition while in the emergency department, (2) pre-hospital treatment guidelines, (3) more effective tools for triage vs the current ESI triage scoring, that would more effectively relate to individuals with psychiatric symptomatology, (4) general mental health screening, and (5) boarding of patients in the emergency department. The meeting members further identified three areas or initiatives to be addressed which include educational initiatives, advocacy initiatives, and guideline generation initiatives. Final decisions by the group members focused on what could be done over the next two-year time frame. The outcome was to focus attention on developing a Consensus statement regarding the care of the patient with a psychiatric presentation in the emergency department, the second strategy once the consensus statement was completed would be to work on a model "Tool Kit" to address educational needs of staff related to screening and care strategies. The participants also did identify some additional organizations

that would be invited to join this stakeholder's workgroup to further the continued work. Karen and I will be submitting a more comprehensive report to discuss next steps with the ISPN Board of Directors and once that is completed and the ENA leadership has sent along full minutes the report will be available on the ISPN website, so check there for more details of the meeting and progress reports.

DEA Hosting National Prescription Take-Back Day: October 29, 2011

The Safe and Secure Drug Disposal Act passed in October 2010; however until the DEA can develop a comprehensive national strategy and implement it; they will continue to hold Take Back Days every six months. The National Prescription Drug Take-Back Day addresses a vital safety and public health issue. Studies continue to reveal that a majority of abused prescription drugs (not just opioids) are obtained within the family or friendship network, with the home medicine cabinet being a primary source. Encourage your friends, colleagues and patients (and YOU too) to check out the website (www.deadiversion.usdoj.gov/drug_disposaltakeback) for locations or numbers to contact for additional information. The time is from 10:00 a.m. to 2:00 p.m. on October 29, 2011. I know that many PCLN's address safety issues in their practices with patients, this is an important initiative to add to your safety awareness checklist. An additional resource that can be used in your practice is the FDA Consumer Health information sheet on How to Dispose of Unused Medicines (www.fda.gov/consumer).

Communicating with Division Members

The ISPN e-blast system can also be used to communicate issues that you may have and want to communicate with your PCLN colleagues, so please send along messages to me directly at Skrupnick@charter.net or send to the office and they will be forwarded to me. I can also be reached at +1-508-248-7108 or my cell phone at +1-508-826-6208.

Warmly,

Susan Krupnick

Susan Krupnick MSN, PMHCNS-BC, ANP, C-PREP
ISPN Division Director



As we move from fall into winter, I am sure you are all back to working at a feverish pace. Members of SERPN are also diligently working on four projects this year including: LACE, ISPN DNP Task Force, a special issue of Archives of Psychiatric Nursing focusing on quality and safety for nursing education, and revision of the National Scope and Standards for Psychiatric Mental Health Nursing.

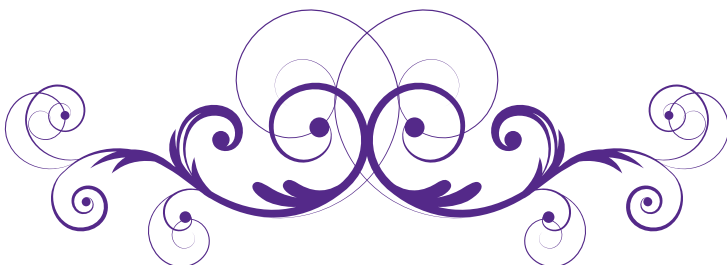
Mary Jo Regan Kubinski, PhD, RN, participated in an APRN LACE virtual meeting at the end of September. She reports that the group is continuing to talk about ways in which consensus needs to be built. For example, there are issues regarding 3P's, differentiation of acute and primary care NP roles, requests for delineation of how ages are defined—but nothing “new” being asked about psychiatric mental health at this time. The LACE group will continue to ask questions and address the issues that seem to emerge regarding how we will work together to address the future of LACE.

The ISPN DNP Task force, chaired by Bobbie Posmontier, PhD, CNM, PMHNP-BC, has been meeting regularly since May 16, 2011, to formulate a position statement on the Doctor of Nursing Practice (DNP) degree as it relates to advanced psychiatric mental health nursing practice, and the 2015 ANCC mandate for the DNP as the entry level into advanced nursing practice. Members of the committee include Dorit Breiter, Catherine Kane, Cynthia Handrup, Jeanne Cartier, Judith Fry McComish, Marian Newtown, Noreen Esposito, Susan McCrone, and Tari Dilks. Our overall goal is to clarify the present role and articulate the future of the DNP for advanced practice psychiatric mental health nurses. The committee members have been examining the DNP with regard to its potential impact on safe and cost effective primary and preventive care for the public, the complexity in the variety of masters and DNP programs offered across the country, licensure issues among state boards of nursing, as well as recent contextual changes impacting the current healthcare workforce. We are also examining the DNP with regard to its alignment with the recommendations of the Institute of Medicine (IOM) Future of Nursing: Leading Change, Advancing Health report as well as the Doctoral and Masters Essentials. Our current draft statement has so far traced the evolution, and we are currently engaged in a dialogue to articulate a practical future for the DNP within advanced practice psychiatric nursing that may serve as a model for other specialties within Nursing. We welcome opinions and comments from the membership as we continue to draft a statement to present to the general ISPN membership. Please contact Bobbie Posmontier at bp98@drexel.edu for questions or comments or to become part of our LinkedIn group to follow our progress.

As a reminder, Dr. Angela McNelis and I will work with Dr. Joyce Fitzpatrick, Editor of the Archives of Psychiatric Nursing, on a special issue of the journal to be published in August 2012. The special issue will be dedicated to Quality and Safety Education for Nurses (QSEN) as it relates to mental health. The overall goal for QSEN is to meet the challenge of preparing future nurses who will have the knowledge, skills and attitudes (KSAs) necessary to continuously improve the quality and safety of the healthcare systems within which they work. Using the Institute of Medicine (2003) competencies for nursing, QSEN faculty have defined pre-licensure and graduate quality and safety competencies for nursing and proposed targets for the knowledge, skills, and attitudes to be developed in nursing pre-licensure and graduate programs for each competency: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety and informatics. Please visit the QSEN website at www.qsen.org for more information about the competencies, KSAs and how your teaching and research may fit with QSEN goals. We invite manuscripts focusing on pedagogical projects, and research or scholarly initiatives that support the development of students' quality and safety competencies across mental health nursing education. We invite major articles, briefs or innovative learning activities of different lengths. Manuscript submission deadline to Archives is February 1, 2012. For information on form please review guidelines at <http://www.psychiatricnursing.org/authorinfo>. Authors can submit their manuscripts to the Elsevier Archives of Psychiatric Nursing website at the following address: <http://ees.elsevier.com/apn>. Please contact Angela McNelis at ammcneli@iupui.edu or myself at shortond@iupiu.edu for questions. A number of ISPN and APNA members are working on a combined Task Force to review and revise the National Scope and Standards for Psychiatric Mental Health Nursing. Catherine Kane is the ISPN representative co-chairing this group and others include: Kathy Delaney, Susan Krupnick, Victoria Soltis-Jarrett, Edilma Yearwood and myself. In September 2011, the Task Force completed a SWOT (strengths, weaknesses, opportunities, and threats) analysis of the 2007 Scope and Standards to facilitate the identification of needed updates and revisions. The group will be meeting monthly and aims to have a final draft to submit to members for feedback in January 2012.

Thanks to all who contributed to this newsletter and for your work on the projects outlined above. Please let me know if there are additional items you would like the division to address or other professional updates or activities that I may have missed. I will be sure to include them in the next newsletter. With appreciation,

Sara Horton-Deutsch, PhD, PMHCNS, RN
SERPN Division Chair



ISPN Marketing & Development Committee Report

The Marketing and Development Committee is working to locate and secure high-quality exhibitors and sponsors that will interest and benefit our ISPN members for the 2012 ISPN Annual Conference in Atlanta, Georgia, in March. Several potential exhibitors have expressed interest, many of whom will be first-time exhibitors at the ISPN conference. However, we value and encourage your input and suggestions for potential exhibitors and sponsors. Please send any ideas along with their contact information to Ashlie Davis at adavis@reesgroupinc.com or to katherinedarlingllc@gmail.com.

The M & D committee is also focusing on several key objectives: (a) enhancement of communication to the membership, and (b) increasing ISPN's visibility overall to other professional organizations, to potential members, and through the use of social media. We are also exploring ways to promote ISPN's involvement in policy

development, leadership in healthcare reform, and advanced practice, legislative efforts, and international psychiatric/mental health nursing.

Do you have an idea? Do you have thoughts about how to communicate better with the membership? If so, please consider contacting me at katherinedarlingllc@gmail.com. The time commitment to assisting us on the Marketing and Development Committee can be as little or as much as you wish to commit. This is a great way to get to know other members and also to learn about all of the changes occurring in advanced practice PMHN! I look forward to talking with you!

Katherine Darling, M & D Chair

2012 ISPN Conference Update

By the time you read this conference update, all the plans will be finalized and speakers notified. We anticipate the 2012 conference in Atlanta to be another great event! This conference will have an exhibition of almost 40 posters, several 4-hour intensive workshops, along with 90-minute innovative panel discussions on topics such as ethics, integrative care, diversity and equity of care, scholarly writing and publication, and how to create professional PowerPoint presentations. In addition, you can engage in a training program on the COPE model developed by Dr. B. Melnyk, and explore the use of media technology in academic settings.

We are so excited about our excellent array of speakers! Mrs. Rosalyn Carter will present the keynote and our first plenary speaker will be Dr. Mary Dechesnay from Georgia who will be presenting her work on sex trafficking and integration of care. Award winners, Sara Horton-Deutsch (Diversity Award) and Susan Krupnick (Melva Jo Hendricks Award), will be sharing their expertise as well.

We anticipate book signings by Mrs. Carter and the editors/authors/ISPN members of a new advanced practice textbook on child and adolescent mental health focused on the integration of care.

In response to your comments at the 2011 conference, speakers' handouts and PowerPoint slides will be available for registrants to print out before coming to Atlanta. In addition, the conference schedule will allow more time for networking, breaks, and downtime. But to accomplish this, some of the sessions extend into the evening hours.

In all, 2012 in Atlanta is shaping up to be an awesome event showcasing innovation, integration, and the transformation of psychiatric nursing in the 21st century!

Hope to see you there!

Judith Hirsh, NP-P

2012 Conference Chairperson

NCD Meeting Report

It is exciting to share with the membership my experience in working toward more visibility for global mental health parity. I represented ISPN at a meeting sponsored by the World Federation for Mental Health (WFMH) held on September 18 in New York City. This meeting, preliminary to the September 19 and 20 United Nations High-level Meeting on Non-communicable Disease Prevention and Control, introduced a position statement drafted by NGO Forum for Health (Geneva) and NGO Committee on Mental Health (New York) and endorsed by over 450 organizations. The statement urged the high-level meeting membership to determine the indivisible inclusion of mental disorders in non-communicable diseases [NCDs] and commit the United Nations system to action on mental health within the NCD global agenda. The World Health Organization's (WHO) Global Agenda currently identifies four NCDs: cardiovascular disease, cancer, chronic lung disease, and diabetes.

Vijay Ganju, Secretary General of the Virginia-based WFMH, introduced the speakers and pointed to the desire to move from "words to actions" and make mental health a world priority. Overviews of the status of mental health endeavors in Brazil, Guyana, India, and the US were presented by ministers of health or their representatives. Dr. Nils Daulaire, Director of Global Health at HHS and a member of the Executive Board of WHO and also represented NIMH and SAMHSA, highlighted the fact that the meeting on NCD is only the second health focused high-level meeting to be held at the UN, the first being on HIV/AIDS. A major theme of his message to the group was the US commitment to NCDs and its recognition that mental health is prominent in all of the four major NCDs. He added that the US, who spends two trillion dollars annually on NCDs, cannot offer additional financial support to others but has much to offer via means of intellectual and experiential support. Dr. Leslie Ramsammy, the Minister of Health in Guyana, related mental health and poverty, stating that the battle for reducing global poverty will be lost if we do not maintain and increase the global commitment to mental health. Ramsammy's emphasis on primary prevention resonated with many in the audience.

Government officials from Israel and several eastern Canadian provinces also provided information on their efforts to improve mental health services in their countries. Some recommendations for more effective collaboration and advocacy were made by those attending. These included sharing best practices and strengthening WHO so it could become an international coordinating organization.

Additional information about the UN meeting can be obtained from <http://www.un.org/en/ga/ncdmeeting2011/>.

Pamela Galehouse, PhD, PMHCNS-BC

Australian CL Nursing News

Since 2002 Australian PCLNs have been networking through an email network and addition an annual national conference. In 2005 the group that came together in this way formalised and became a special interest group within the Australian College of Mental Health Nurses (ACMHN). The ACMHN "is the peak professional body for mental health nurses in Australia. The College represents mental health nurses, promotes the mental health nursing as a profession and plays an active role in the promotion of mental health care and prevention in the Australian community." (www.acmhn.org)

The Consultation-Liaison Nurses Special Interest Group (CLSIG) promotes interest in and the development of CL nursing through providing a forum for exchanging news, views and ideas in CL nursing. It supports the email network that links CL nurses separated through distance with like-minded colleagues and organises the annual conference.

This year the 9th conference was held at the University of Sydney. The first morning focussed on the emotional aspects of our work. Associate Professor Kim Foster from the University of Sydney opened with a discussion of her work on emotional intelligence in nursing. This set the scene for a challenging and sometimes moving morning where CL nurses discussed the struggles and rewards of working with people facing life changing and life-limiting diseases.

The afternoon included themes of education of non-mental health educated colleagues and models of service delivery. The state of Queensland has developed a state-wide model of service delivery with nurses clearly imbedded in the team. This is hopefully a precedent that other states will follow.

The second day of the conference was in collaboration with the Royal Australian and New Zealand College of Psychiatrists and had a much more medical focus. Presentations included challenges to the concept of evidence-based medicine, addictions, personality disorder, ADHD and impaired health practitioners.

Planning for the 10th anniversary conference "Mental health nurses: maximising potential" is currently underway. It will be held in Melbourne on June 7-8, 2012 with workshops planned for June 6. For the anniversary conference we are collaborating with Perinatal and Infant Mental Health Nurses who will run a concurrent stream as well as join with us for the keynote presenters.

International CL nurses are welcome to attend our conference and join our email network. You can subscribe to the group by sending a blank e-mail to this address:

AandNZConsultationLiaisonNurses-subscribe@yahoogroups.com.

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