



**ISPN**

## International Society of Psychiatric-Mental Health Nurses

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Donna M. Dorsey, MS, RN, FAAN  
President, National Council of State Boards of Nursing  
111 E. Wacker Drive, Suite 2900  
Chicago, IL 60601

Dear Ms. Dorsey:

The International Society of Psychiatric Mental Health Nurses (ISPN) would like to express opposition to the draft vision statement of the National Council of State Boards of Nursing (NCSBN) on the Future Regulation of Advanced Practice Nurses.

While we agree that there is great need to simplify and to bring uniformity to both the definitions and the regulation of Advanced Practice Nurses, and applaud the efforts of the NCSBN to assist the State Boards of Nursing in regulation of advanced nursing practice, we disagree with the conclusion that the traditional role of the Clinical Nurse Specialist is not advanced practice of nursing.

Historically, Psychiatric Mental Health Nursing has been at the forefront of the advanced practice of nursing. While historical evolution is not necessarily a statement of current need or reality, we suggest that the independent practice of psychotherapy, in addition to the other advanced functions of the psychiatric nurse, will continue to require regulation as the advanced practice of nursing. We argue that dismissing advanced psychiatric nursing from this regulatory process will negatively impact the public that we serve. The conclusion by the NCSBN that clinical nurse specialists are practicing within the scope of practice of the initial Registered Nurse licensure is erroneous; however, advanced practice psychiatric mental health nurses provide care beyond that of basic RN licensure. The specialty education that is provided by masters programs in psychiatric mental health nursing is the basis for provision of primary care and long term management of the care of the mentally ill. We argue that specialty preparation *is* requisite for such care provision, rather than generic instruction in lifespan health care.

In face of the current absence of a statement on the scope of practice of advanced practice nursing that has been generated by the profession of nursing, we support that the APRN designation continue to refer to Clinical Nurse Specialists, Nurse Practitioners, Nurse Midwives, and Nurse Anesthetists. The existing lack of a unified scope of practice document illustrates the complexity of the health care system in which we all function. Simplification may be necessary, but that simplification should not come at the cost of disenfranchisement of a group of primary providers for a vulnerable group of our nation's population, the mentally ill.

We believe that many of the other points that are made in the NCSBN Vision Statement will be addressed by other groups and individuals. Our organization seeks to emphasize the negative impact that adhering to that vision statement would have on care provision for the mentally ill.

Sincerely,

Geraldine R. Pearson, PhD, APRN  
Co-President

Mary Jo Regan-Kubinski, PhD, RN  
Co-President.

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