AMERICAN NURSES ASSOCIATION

American Psychiatric Nurses Association

ISPN

Scope AND Standards OF PRACTICE

Psychiatric-Mental Health Nursing

2ND EDITION

NURSING STANDARDS

NURSING STANDARDS

ANA Standards of Psychiatric–Mental Health Nursing Practice

The Standards of Practice for Psychiatric–Mental Health Nursing describe a competent level of nursing care as demonstrated by the critical thinking model known as the nursing process. The nursing process includes the components of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. Accordingly, the nursing process encompasses significant actions taken by psychiatric–mental health (PMH) registered nurses and forms the foundation of the nurse's decision-making.

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Visionary Leadership for Psychiatric-Mental Health Nurses Around the World

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Standards of Practice for Psychiatric–Mental Health Nursing

Standard 1. Assessment
The PMH registered nurse collects and synthesizes comprehensive health data that are pertinent to the healthcare consumer's health and/or situation.

Standard 2. Diagnosis
The PMH registered nurse analyzes the assessment data to determine diagnoses, problems, and areas of focus for care and treatment, including level of risk.

Standard 3. Outcomes Identification
The PMH registered nurse identifies expected outcomes and the healthcare consumer's goals for a plan individualized to the healthcare consumer or to the situation.

Standard 4. Planning
The PMH registered nurse develops a plan that prescribes strategies and alternatives to assist the healthcare consumer in attainment of expected outcomes.

Standard 5. Implementation
The PMH registered nurse implements the specified plan.

Standard 5A. Coordination of Care
The PMH registered nurse coordinates care delivery.

Standard 5B. Health Teaching and Health Promotion
The PMH registered nurse employs strategies to promote health and a safe environment.

Standard 5C. Consultation
The PMH advanced practice registered nurse provides consultation to influence the identified plan, enhance the abilities of other clinicians to provide services for healthcare consumers, and effect change.

Standard 5D. Prescriptive Authority and Treatment
The PMH advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

Standard 5E. Pharmacological, Biological, and Integrative Therapies
The PMH advanced practice registered nurse incorporates knowledge of pharmacological, biological, and complementary interventions with applied clinical skills to restore the healthcare consumer's health and prevent further disability.

Standard 5F. Milieu Therapy
The PMH advanced practice registered nurse provides, structures, and maintains a safe, therapeutic, recovery-oriented environment in collaboration with healthcare consumers, families, and other healthcare clinicians.

Standard 5G. Therapeutic Relationship and Counseling
The PMH registered nurse uses the therapeutic relationship and counseling interventions to assist healthcare consumers in their individual recovery journeys by improving and regaining their previous coping abilities, fostering mental health, and preventing mental disorder and disability.

Standard 5H. Psychotherapy
The PMH advanced practice registered nurse conducts individual, couples, group, and family psychotherapy using evidence-based psychotherapeutic frameworks and the nurse–client therapeutic relationship.

Standard 6. Evaluation
The PMH registered nurse evaluates progress toward attainment of expected outcomes.

SOURCE: American Nurses Association, American Psychiatric Nurses Association & International Society of Psychiatric–Mental Health Nurses (2013). *Psychiatric–Mental Health Nursing: Scope and Standards of Practice, 2nd Edition*. Silver Spring, MD: Nursesbooks.org.

Scope AND Standards OF PRACTICE

Psychiatric-Mental Health Nursing

2ND EDITION

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The American Psychiatric Nurses Association (APNA), the International Society of Psychiatric-Mental Health Nurses (ISPN), and the American Nurses Association (ANA) are national professional associations. This joint publication, *Psychiatric Mental Health Nursing: Scope and Standards of Practice, 2nd Edition*, reflects the thinking of the practice specialty of psychiatric-mental health nursing on various issues and should be reviewed in conjunction with state board of nursing policies and practices. State law, rules, and regulations govern the practice of nursing, while *Psychiatric Mental Health Nursing: Scope and Standards of Practice, 2nd Edition* guides psychiatric-mental health nurses in the application of their professional skills and responsibilities.

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Contents

Contributors vii

Preface ix

Scope of Practice of Psychiatric-Mental Health Nursing 1
- Introduction 1
- History and Evolution of Psychiatric-Mental Health Nursing 2
- Origins of the Psychiatric-Mental Health Advanced Practice Nursing Role 5
- Current Issues and Trends 7
  - Prevalence of Mental Disorders across the Lifespan: Critical Facts 8
  - Substance Abuse Disorders: Prevalence and Comorbidities 9
  - Children and Older Adults 10
  - Disparities in Mental Health Treatment 10
  - Opportunities to Partner with Consumers for Recovery and Wellness 11
  - Structure of a Person-Centered, Recovery-Oriented Public Health Care Model: Unifying Efforts 12
    - Prevention: The Promise of Building Resiliency 12
    - Screening and Early Intervention 13
    - Integrated Care 14
    - Technology of a Public Health Model of Mental Health Care 15
    - Emerging Models of Acute Care 15
    - Workforce Requirements for a Public Health Model of Mental Health Care 16
  - Psychiatric-Mental Health Nursing Leadership in Transforming the Mental Health System 18
- Definition of Psychiatric-Mental Health Nursing 18
- Phenomena of Concern for Psychiatric-Mental Health Nurses 21
- Psychiatric-Mental Health Nursing Clinical Practice Settings 22
  - Crisis Intervention and Psychiatric Emergency Services 22
  - Acute Inpatient Care 23
  - Intermediate and Long-Term Care 23
  - Partial Hospitalization and Intensive Outpatient Treatment 23
  - Residential Services 23
  - Community-Based Care 24
  - Assertive Community Treatment (ACT) 24

Levels of Psychiatric-Mental Health Nursing Practice 24
Psychiatric-Mental Health Registered Nurse (PMH-RN) 25
Psychiatric-Mental Health Advanced Practice Registered Nurse (PMH-APRN) 27
Consensus Model: LACE (Licensure, Accreditation, Certification and Education) and APRN Roles 28
Primary Care 30
Psychotherapy 31
Psychopharmacological Interventions 32
Case Management 32
Program, System, and Policy Development and Management 33
Psychiatric Consultation–Liaison Nursing (PCLN) 33
Clinical Supervision 34
Administration, Education, and Research Practice 35
Self-Employment 35
Other Specialized Areas of Practice 36
Integrative Programs 36
Telehealth 37
Forensic Mental Health 37
Disaster Psychiatric-Mental Health Nursing 37
Ethical Issues in Psychiatric-Mental Health Nursing 38
Respect for the Individual 38
Commitment to the Healthcare Consumer 39
Advocacy for the Healthcare Consumer 39
Responsibility and Accountability for Practice 40
Duties to Self and Others 41
Contributions to Healthcare Environments 41
Advancement of the Nursing Profession 42
Collaboration to Meet Health Needs 42
Promotion of the Nursing Profession 42

Standards of Psychiatric-Mental Health Nursing Practice 43
Standards of Practice for Psychiatric-Mental Health Nursing 44
Standard 1. Assessment 44
Standard 2. Diagnosis 46
Standard 3. Outcomes Identification 48
Standard 4. Planning 50

Standard 5. Implementation 52
Standard 5A. Coordination of Care 54
Standard 5B. Health Teaching and Health Promotion 55
Standard 5C. Consultation 57
Standard 5D. Prescriptive Authority and Treatment 58
Standard 5E. Pharmacological, Biological, and Integrative Therapies 59
Standard 5F. Milieu Therapy 60
Standard 5G. Therapeutic Relationship and Counseling 62
Standard 5H. Psychotherapy 63
Standard 6. Evaluation 65
Standards of Professional Performance for Psychiatric-Mental Health Nursing 67
Standard 7. Ethics 67
Standard 8. Education 69
Standard 9 Evidence-Based Practice and Research 71
Standard 10. Quality of Practice 73
Standard 11. Communication 75
Standard 12. Leadership 76
Standard 13. Collaboration 78
Standard 14. Professional Practice Evaluation 80
Standard 15. Resource Utilization 82
Standard 16. Environmental Health 84

Glossary 87

References 93

Abbreviations 107

Appendix A. *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* (2007) 109

Index 171

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About the American Psychiatric Nurses Association

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Nursesbooks.org publishes books on ANA core issues and programs, including ethics, leadership, quality, specialty practice, advanced practice, and the profession's enduring legacy. Best known for the foundational documents of the profession on nursing ethics, scope and standards of practice, and social policy, Nursesbooks.org is the publisher for the professional, career-oriented nurse, reaching and serving nurse educators, administrators, managers, and researchers as well as staff nurses in the course of their professional development.

Preface

In 2011, the American Psychiatric Nurses Association (APNA) and the International Society of Psychiatric-Mental Health Nurses (ISPN) appointed a joint task force to begin the review and revision of *Psychiatric-Mental Health Nursing: Scope and Standards of Practice*, published in 2007 by the American Nurses Association (ANA, 2007). The taskforce members were comprised of psychiatric-mental health nursing clinical administrators, staff nurses, nursing faculty, and psychiatric advanced practice registered nurses working in psychiatric facilities and the community. This taskforce convened in July 2011 to conduct an analysis of the existing document and begin crafting sections incorporating the results of the analysis.

In accordance with ANA recommendations, this document reflects the template language of the most recent publication of ANA nursing standards, *Nursing: Scope and Standards of Practice*, *Second Edition* (ANA, 2010). In addition, the introduction has been revised to highlight the leadership role of psychiatric-mental health nurses in the transformation of the mental health system as outlined in *Achieving the Promise*, the President's New Freedom Commission Report on Mental Health (United States Department of Health and Human Services, 2003) and the Institute of Medicine's Report (IOM) *The Future of Nursing* (2010). The prevalence of mental health issues and psychiatric disorders across the age span, and the disparities in access to care and treatment among diverse groups attest to the critical role that psychiatric-mental health (PMH) nursing must continue to play in meeting the goals for a healthy society. Safety issues for persons with psychiatric disorders and the nurses involved in the recovery processes of persons with mental disorders are major priorities for PMH nursing in an environment of fiscal constraints and disparities in reimbursement for mental health services.

Development of this edition of *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* included a two-stage field review process: 1) review and feedback from the boards of the American Psychiatric Nurses Association and the International Society of Psychiatric-Mental Health Nursing and 2) posting of the draft for public comment at www.ISPN-psych.org with links from the ANA website, www.nursingworld.org, and the APNA website, www.apna.org. Notice of the public comment period was distributed to nursing specialty organizations, state boards of nursing, nursing schools, faculty groups,

and state nurses associations. All groups were encouraged to disseminate notice of the postings to all of their members and other stakeholders. The feedback was carefully reviewed and integrated when appropriate.

Scope of Practice of Psychiatric-Mental Health Nursing

Psychiatric-mental health nursing is the nursing practice specialty committed to promoting mental health through the assessment, diagnosis, and treatment of behavioral problems, mental disorders, and comorbid conditions across the lifespan. Psychiatric-mental health nursing intervention is an art and a science, employing a purposeful use of self and a wide range of nursing, psychosocial, and neurobiological evidence to produce effective outcomes.

Introduction

By developing and articulating the scope and standards of professional nursing practice, the nursing profession both defines its boundaries and informs society about the parameters of nursing practice. The scope and standards also guide the development of state level nurse practice acts and the rules and regulations governing nursing practice.

Because each state develops its own regulatory language about nursing, the designated limits, functions, and titles for nurses, particularly at the advanced practice level, may differ significantly from state to state. Nurses must ensure that their practice remains within the boundaries defined by their state practice acts. Individual nurses are accountable for ensuring that they practice within the limits of their own competence, professional code of ethics, and professional practice standards.

Levels of nursing practice are differentiated according to the nurse's educational preparation. The nurse's role, position, job description, and work setting further define practice. The nurse's role may be focused on clinical practice, administration, education, or research.

This document addresses the role, scope of practice, and standards of practice specific to psychiatric-mental health nursing. The scope statement defines psychiatric-mental health nursing and describes its evolution in nursing, the

levels of practice based on educational preparation, current clinical practice activities and sites, and current trends and issues relevant to the practice of psychiatric-mental health nursing. The standards of psychiatric-mental health nursing practice are authoritative statements that describe the responsibilities for which its practitioners are accountable.

History and Evolution of Psychiatric-Mental Health Nursing

Psychiatric-mental health nursing began with late 19th century reform movements to change the focus of mental asylums from restrictive and custodial care to medical and social treatment for the mentally ill. The "first formally organized training school within a hospital for insane in the world" was established by Dr. Edward Cowles at McLean Asylum in Massachusetts in 1882 (Church, 1985). The use of trained nurses, rather than "keepers," was central to Cowles' effort to replace the public perception of "insanity" as deviance or infirmity with a belief that mental disorders could be ameliorated or cured with proper treatment. The McLean nurse training school was the first in the United States to allow men the opportunity to become trained nurses (Boyd, 1998). Eventually, asylum nursing programs established affiliations with general hospitals so that general nursing training could be provided to their students.

Early on, training for psychiatric nurses was provided by physicians. The first nurse-organized training course for psychiatric nursing within a general nursing education program was established by Effie Jane Taylor at Johns Hopkins Hospital in 1913 (Boyd, 1998). This course served as a prototype for other nursing education programs. Taylor's colleague Harriet Bailey published the first psychiatric nursing textbook, *Nursing Mental Disease*, in 1920 (Boling, 2003). Under nursing leadership, psychiatric-mental health nursing developed a biopsychosocial approach with specific nursing methods for individuals with mental disorders. The PMH nurse also began to identify the didactic and clinical components of training needed to care for persons with mental disorders. In the post-WWI era, "nursing in nervous and mental diseases" was added to curriculum guides developed by the National League for Nursing Education and was eventually required in all educational programs for registered nurses (Church, 1985).

The next wave of mental health reform and expansion in psychiatric nursing began during World War II. The public health significance of mental disorders became widely apparent when a significant proportion of potential military

recruits were deemed unfit for service as a result of psychiatric disability. In addition, public attention and sympathy for the large number of veterans with combat-related neuropsychiatric casualties led to increased support for improving mental health services. As a psychiatric nurse consultant to the American Psychiatric Association, Laura Fitzsimmons evaluated educational programs for psychiatric nurses and recommended standards of training. These recommendations were supported by professional organizations and backed with federal funding to strengthen educational preparation and standards of care for psychiatric nursing (Silverstein, 2008).

The national focus on mental health, combined with admiration for the heroism shown by nurses during the war, led to the inclusion of psychiatric nursing as one of the core mental health disciplines named in the National Mental Health Act (NMHA) of 1946. This act greatly increased funding for psychiatric nursing education and training (Silverstein, 2008) and led to a growth in university-level nursing education. In 1954, Hildegard Peplau established the first graduate psychiatric nursing program at Rutgers University.

The post-war era was marked by growing professionalization in psychiatric-mental health nursing (PMH). Funding provided by the NMHA led to a rapid expansion of graduate programs and the start of psychiatric-mental health nursing research. In 1963, the first journals focused on psychiatric-mental health nursing were published. In 1973, the ANA first published the *Standards of Psychiatric-Mental Health Nursing Practice* and began certifying generalists in psychiatric-mental health nursing (Boling, 2003). Peplau's *Interpersonal Relations in Nursing* (1992), which emphasized the importance of the therapeutic relationship in helping individuals to make positive behavior changes, articulated the predominant psychiatric-mental health nursing approach of the period.

The process of deinstitutionalization began in the late 1950s when the majority of care for persons with psychiatric illness began to shift away from hospitals and toward community settings. Contributing factors included the establishment of Medicare and Medicaid, changing rules governing involuntary confinement, and the passage of legislation supporting construction of community mental health centers (Boling, 2003). Although psychiatric-mental health nurses prepared at the undergraduate level continued to work primarily in hospital-based and psychiatric acute care settings, many also began to practice in community-based programs such as day treatment and assertive community treatment.

Mental health care in the United States began another transformation in the 1990s, the "Decade of the Brain." The dramatic increase in the number of psychiatric medications on the market, combined with economic pressures to reduce hospital stays, resulted in briefer psychiatric hospitalizations characterized by use of medication to stabilize acute symptoms. Shorter hospital stays and higher patient acuity began to shift psychiatric nursing practice away from the emphasis on relationship-based care advocated by Peplau and toward interventions focused on stabilization and immediate safety. Psychiatric-mental health nursing education began to include more content on psychopharmacology and the pathophysiology of psychiatric disorders.

More recent trends in psychiatric-mental health nursing include an emphasis on integrated care and treatment of those persons with co-occurring psychiatric and substance use disorders, as well as integrated care and treatment of those with co-occurring medical and psychiatric disorders. Integrated care emphasizes that both types of disorders are primary and must be treated as such.

Since the Substance Abuse and Mental Health Services Administration (SAMHSA) has declared that recovery is the single most important goal in the transformation of mental health care in America (SAMHSA, 2006), psychiatric-mental health nursing is moving to integrate person-centered, recovery-oriented practice across the continuum of care. This continuum includes settings where psychiatric-mental health nurses have historically worked, such as hospitals, as well as emergency rooms, jails and prisons, and homeless outreach services. Psychiatric-mental health nursing is also tasked with developing and applying innovative approaches in caring for the large population of military personnel, veterans, and their families experiencing war-related mental health conditions as a result of military conflicts.

Major developments in the nursing profession have a corresponding effect within psychiatric-mental health nursing. The Institute of Medicine's (2010) report, *The Future of Nursing: Leading Change to Advance Health* has strengthened the role of psychiatric-mental health nurses as mental health policy and program development leaders in both national and international arenas. Nursing's emphasis on the use of research findings to develop and implement evidence-based practice is driving improvements in psychiatric-mental health nursing practice.

Origins of the Psychiatric-Mental Health Advanced Practice Nursing Role

Specialty nursing at the graduate level began to evolve in the late 1950s in response to the passage of the National Mental Health Act of 1946 and the creation of the National Institute of Mental Health in 1949. The National Mental Health Act of 1946 identified psychiatric nursing as one of four core disciplines for the provision of psychiatric care and treatment, along with psychiatry, psychology, and social work. Nurses played an active role in meeting the growing demand for psychiatric services that resulted from increasing awareness of post-war mental health issues (Bigbee & Amidi-Nouri, 2000). The prevalence of "battle fatigue" led to recognizing the need for more mental health professionals.

The first degree in psychiatric-mental health nursing, a master's degree, was conferred at Rutgers University in 1954 under the leadership of Hildegard Peplau. In contrast to existing graduate nursing programs that focused on developing educators and consultants, graduate education in psychiatric-mental health nursing was designed to prepare nurse therapists to assess and diagnose mental health problems and psychiatric disorders and provide individual, group, and family therapy. Psychiatric nurses pioneered the development of the advanced practice nursing role and led efforts to establish national certification through the American Nurses Association.

The Community Mental Health Centers Act of 1963 facilitated the expansion of psychiatric-mental health clinical nurse specialist (PMHCNS) practice into community and ambulatory care sites. PMHCNSs with master's and doctoral degrees fulfilled a crucial role in helping deinstitutionalized mentally ill persons adapt to community life. Traineeships to fund graduate education provided through the National Institute of Mental Health played a significant role in expanding the PMHCNS workforce. By the late 1960s, PMHCNSs provided individual, group, and family psychotherapy in a broad range of settings and obtained third-party reimbursement. PMHCNSs also functioned as educators, researchers, and managers, and worked in consultation-liaison positions or in the area of addictions. These roles continue today.

Another significant shift occurred as research renewed the emphasis on the neurobiologic basis of mental disorders, including substance use disorders. As more efficacious psychotropic medications with fewer side effects were developed, psychopharmacology assumed a more central role in psychiatric treatment. The role of the PMHCNS evolved to encompass the expanding biopsychosocial perspective, and the competencies required for practice

were kept congruent with emerging science. Many psychiatric-mental health graduate nursing programs added neurobiology, advanced health assessment, pharmacology, pathophysiology, and the diagnosis and medical management of psychiatric illness to their curricula. Similarly, preparation for prescriptive privileges became an integral part of advanced practice psychiatric-mental health nursing graduate programs (Kaas & Markley, 1998).

Other trends in mental health and the larger healthcare system also sparked significant changes in advanced practice psychiatric nursing. These trends included:

- A shift in National Institute of Mental Health (NIMH) funds from education to research, leading to a dramatic decline in enrollment in psychiatric nursing graduate programs (Taylor, 1999);
- An increased awareness of physical health problems in mentally ill persons living in community settings (Chafetz et al., 2005);
- A shift to primary care as a key point of entry for comprehensive health care, including psychiatric care; and
- The growth and public recognition of the nurse practitioner role in primary care settings.

In response to these challenges, psychiatric nursing graduate programs modified their curricula to include greater emphasis on comprehensive health assessment, referral, and management of common physical health problems, and a continued focus on educational preparation to meet the state criteria and professional competencies for prescriptive authority. The tremendous expansion in the use of "nurse practitioners" in primary care settings had made nurse practitioner (NP) synonymous with "advanced practice registered nurse" in some state nurse practice acts and for many in the general public. In response to conditions including public recognition of the role, market forces, and state regulations, psychiatric-mental health nursing began utilizing the Nurse Practitioner title and modifying graduate psychiatric nursing programs to conform to requirements for NP credentialing (Wheeler & Haber, 2004; Delaney et al., 1999). The Psychiatric-Mental Health Nurse Practitioner role was clearly delineated by the publication of the *Psychiatric-Mental Health Nurse Practitioner Competencies* (National Panel, 2003), the product of a panel with representation from a broad base of nursing organizations sponsored by the National Organization of Nurse Practitioner Faculty (NONPF).

Whether practicing under the title of clinical nurse specialist (CNS) or NP, Psychiatric-Mental Health Advanced Practice Registered Nurses share the same core competencies of clinical and professional practice. Although psychiatric-mental health nursing is moving toward a single national certification for new graduates of advanced practice programs, titled *Psychiatric-Mental Health Nurse Practitioner*, persons already credentialed as Psychiatric-Mental Health Clinical Nurse Specialists will continue to practice under this title (NCSBN Joint Dialogue Group Report, 2008).

Current Issues and Trends

Since the publication of the landmark report *Achieving the Promise: Transforming Mental Health Care in America* (DHHS, 2003), mental health professionals have been sensitized to the need for a recovery-oriented mental health system. Further, in 2010, SAMHSA approved awards to five national behavioral healthcare provider associations, including the American Psychiatric Nurses Association, to promote awareness, acceptance, and adoption of recovery-based practices in the delivery of mental health services. This theme of integrating recovery in practice has been echoed in *Leading Change*, SAMHSA's (2011) most recent statement on federal priorities in mental health. Here recovery is endorsed as the essential platform for treatment, along with seven other foci: prevention, health reform, health information technology (IT), data/quality and outcomes, trauma and justice, military families, and public awareness and support. These themes are echoed in important reports from the Centers for Disease Control and Prevention (CDC) and the Institute of Medicine, and have been endorsed by consumer groups.

The current mental health treatment landscape has also been shaped by multiple legislative and economic developments. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that has and is expected to continue to favorably affect the quality of care for individuals with mental and substance use disorders. The MHPAEA prevents group health plans and health insurance issuers that provide mental health and substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations for MH/SUD benefits than on medical/surgical coverage. Thus, this vulnerable and highly stigmatized population will have equivalent MH/SUD benefits to those that are provided for general medical treatment.

Another important development is the Patient Protection and Affordable Care Act (PPACA) that brought, among other transformational changes, the promise of expanded healthcare coverage and an assessment of the current system's capacity to address anticipated demand. In the midst of launching this landmark policy, the economic downturn reverberated through federal and state budgets, which created immediate impacts on mental health services and became a harbinger of a decade of fiscally conservative policies (National Alliance on Mental Illness, 2011). Another major focusing event was the publication of data on the medical comorbidities and decreased life expectancy of individuals with serious mental illness (McGuire et al., 2002). These data hastened the movement toward integrated behavioral/primary care with the Centers for Medicare and Medicaid Services (CMS) monies rapidly shifting to fund innovations in integrated care delivery.

The mental health initiatives of the PPACA and SAMHSA are also affected by the triple aim of the broader federal policy agenda: improving the experience of care, improving the health of populations, and reducing per capita costs of health care (Berwick, Nolan, & Whittington, 2008). This shift is accompanied by significant payment reform (most prominently the return of case based and capitation models) and a call for partnership with healthcare consumers (Onie, Farmer, & Behforouz, 2012). This federal focus is finding its way into mental health care, particularly via initiatives to move Medicare and Medicaid into a capitated system (Manderscheid, 2012). This shifting reimbursement structure reflects the realization that engineering a significant impact on the mental health of individuals demands building healthy communities that increase support, reduce disparities, and promote the resiliency of members. This 21st century mental healthcare system must be equally focused on prevention, quality, an integrated approach to health, and a paradigm shift that puts mental health care into the hands of the consumer.

PREVALENCE OF MENTAL DISORDERS ACROSS THE LIFESPAN: CRITICAL FACTS

Despite the promise of recovery, the prevalence of mental disorders continues to impose a significant burden on individuals, families, and society. According to 2008 SAMHSA data, during the preceding year, an estimated 9.8 million adults aged 18 and older in the United States had a serious mental disorder and 2 million youth aged 12 to 17 had a major depressive episode. More recent incidence data (CDC, 2011) indicate that 6.8% of U.S. adults had a diagnosable episode of depression during the 2 weeks before the survey was administered. In a multi-state survey spanning 2-year collection points, the reported rates of

lifetime depression were similar in 2006 (15.7%) and 2008 (16.1%). The prevalence of lifetime diagnosis of anxiety disorders was 11.3% in 2006 and 12.3% in 2008. Finally in 2007, the National Health Interview Survey data on lifetime diagnosis of bipolar disorder and schizophrenia indicated that 1.7% of participants had received a diagnosis of bipolar disorder, and 0.6% had received a diagnosis of schizophrenia (CDC, 2011).

Although the prevalence of mental disorders remains high, treatment rates are distressingly low. In 2010, fewer than 40% of the 45.9 million adults with mental disorders had received any mental health services. The figure only improved slightly for those individuals with serious mental illness (SMI). Approximately 60% of the 11.4 million adults with SMI in the prior year had received treatment (SAMHSA, 2012).

In 2006, increased mortality was found to be coupled with high prevalence of chronic medical conditions in individuals with mental health issues (Parks, Svendsen, Singer, & Forti, 2006). Further study indicated that, on average, people with SMI die 25 years earlier than those without these illnesses, and little of that increased mortality is attributable to direct effects of the SMI (Prince et al., 2007). These findings lent increased urgency to the call for integration of medical and mental health services (Manderscheid, 2010). In addition to premature mortality, Scott et al. (2009) found that comorbidity of chronic physical and mental disorders creates a synergistic impact on disability, thus supporting the need to give both mental and physical conditions equal priority in order to adequately manage comorbidity and reduce disability. These comorbidities significantly increase healthcare costs (Melek & Norris, 2008), with only a small fraction of those costs (16%) attributable to mental health services. Estimates show that 2.8 million citizens in the United States are dealing with problems related to substance use. This figure is expected to double in 2020, particularly in adults over 50, casting specific concerns for the older adult population (Han, Gfroerer, Colliver, & Penne, 2009).

SUBSTANCE ABUSE DISORDERS: PREVALENCE AND COMORBIDITIES

High rates of substance use disorders (SUD) and co-occurring serious mental disorders are also of great concern. The National Drug Use and Health survey estimates that 25.7% of adults with SMI had co-occurring dependence or abuse of either illicit drugs or alcohol (SAMHSH, 2009). This figure puts co-occurring substance use disorders among individuals with SMI at a rate nearly four times higher than SUD in the general population (SAMHSH, 2012). These individuals, particularly persons dealing with co-occurring SUD

and major depression or post-traumatic stress disorder (PTSD), demonstrate poorer life outcomes (Najt, Fusar-Poli, & Brambilla, 2011) such as increased disability and higher suicide rates.

CHILDREN AND OLDER ADULTS

Prevalence of psychiatric disorders in children is not as well documented as it is in the adult population. It is estimated that approximately 13% of children ages 8 to 15 had a diagnosable mental disorder within the previous year (Merikangas et al., 2010). The 12-month prevalence estimates for specific disorders of children range from a high of 8.6% for attention deficit/hyperactivity disorder to a low of 0.1% for eating disorders (Merikangas et al., 2010). Similarly, the prevalence estimate of any *Diagnostic and Statistical Manual, 4th Edition* (DSM-IV) disorder among adolescents is 40.3% at 12 months (79.5% of lifetime cases); the most common disorder among adolescents is anxiety, followed by behavior, mood, and substance use disorders (Kessler et al., 2012).

Approximately 10.8% of the older adult population had some form of mental distress in 2009, and half of nursing home residents carried a psychiatric diagnosis (SAMHSA, 2009). This prevalence does not include cognitive impairments and dementias like Alzheimer's disease, the most common of these impairments (New Freedom Commission on Mental Health, 2003). Considering that in 2030, 20% of United States residents will be 65 years or older (Vincent & Velkoff, 2010), the need for mental health services for this population will continue to increase (SAMHSA 2009, 2012).

DISPARITIES IN MENTAL HEALTH TREATMENT

Data from the U.S. Census Bureau (2004) demonstrate significant changes in the racial and ethnic composition of the U.S. population. Most significant is the steady increase in the Hispanic or Latino population, which rose to 12.6% in 2000 and will likely rise to 30.2% in 2050 (Shrestha & Heisler, 2011). Although rates of mental disorders in minority populations are estimated to be similar to those in the white population, minorities are less likely to receive mental health services for many reasons, including financial, affective, cognitive, and access barriers (Leong & Kalibatseva, 2012). Efforts to improve quality and access to mental health services for minority populations will need to include greater emphasis on expanding outreach to ethnic communities, developing cultural awareness and sensitivity among individual mental healthcare providers, and increasing cultural sensitivity in healthcare organizations.

Barriers to social inclusion, as well as barriers to accessible, effective, and coordinated treatment, contribute to health disparities within the entire

population (Institute of Medicine, 2005). Financial barriers include lack of parity in insurance coverage for psychiatric-mental health care and treatment, resulting in restrictions on the number and type of outpatient visits, limits on the number of covered inpatient days, and high co-pays for services. The payment changes anticipated by the PPACA, particularly the expansion of Medicaid to 133% of persons above the poverty level, are likely to bring more individuals into the mental health system. However, the probability of receiving actual treatment may be affected by barriers such as scarcity and maldistribution of mental health providers. Geographical barriers include lack of affordable, accessible public transportation in urban areas and lack of accessible clinical services in rural areas. Cultural issues, including lack of knowledge, fear of treatment, and stigma associated with mental disorder, also constitute barriers to seeking help for mental health problems. Though growing evidence shows the effectiveness of treatment for behavioral problems and psychiatric disorders, these disparities necessitate further efforts to improve access to mental health services.

OPPORTUNITIES TO PARTNER WITH CONSUMERS FOR RECOVERY AND WELLNESS

The growing demand for coordinated, cost-effective psychiatric-mental health nursing presents the opportunity to be creative in developing psychiatric-mental health registered nurse (PMH-RN) roles in care coordination, enhancing psychiatric-mental health advanced practice registered nurse (PMH-APRN) roles in integrated care, and developing service delivery models that align with what consumers want. The reimbursement shift away from fee for service and toward caring for populations creates incentives to develop non-traditional services that may have greater effectiveness in supporting the mental health of individuals and families and the construction of healthy communities.

The focus on recovery supports PMH traditions of relationship-based care where the focus is on the care and treatment of the person with the disorder, not the disorder itself. By using therapeutic interpersonal skills, PMH-RNs are able to assist persons with mental disorders in achieving their own individual recovery and wellness goals. Research specific to recovery-oriented PMH nursing practices is beginning to emerge. However, more of this research needs to be conducted in varied care and treatment settings and specific outcomes must be connected to recovery-oriented nursing interventions (McLoughlin & Fitzpatrick, 2008).

At the systems level, current developments offer opportunities for psychiatric-mental health nurses to connect to the broader nursing and

healthcare community to achieve a public health model of mental health care. In such a model, individuals would receive mental health and substance use interventions at multiple points of connection with the healthcare delivery system and the system would aim to match the intensity of service with the intensity of need. The vision must aspire to create a person-centered mental health system where prevention efforts are balanced with attention to individuals with serious mental disorders. Such a vision will require unifying nurses from a wide range of specialties to create the structure for integrated care; it will also involve constructing consumer-centered outcome evaluation strategies so that all efforts are aligned with the individual goals of the person seeking care or treatment.

STRUCTURE OF A PERSON-CENTERED, RECOVERY-ORIENTED PUBLIC HEALTH CARE MODEL: UNIFYING EFFORTS

Prevention: The Promise of Building Resiliency

In 2009, the Institute of Medicine released its report *Preventing Mental, Emotional and Behavioral Disorders among Young People: Progress and Possibilities* (O'Connell, Boat, & Warner, 2009). The report contained a landmark synthesis of what was known about the onset of mental disorder, risk factors, environmental influences, and how prevention was possible through strengthening protective factors and reducing risk factors. The report also provided a systematic review of the science of the prevention of mental disorders, articulating the promise of developmental neuroscience not only to map the possible origins and courses of disorders, but also to demonstrate how prevention and early intervention might build resiliency. Clearly, the future of mental health must be grounded in prevention, on platforms of effective programs such as newborn home visiting for at-risk mothers, early childhood interventions, increasing children's social and emotional skills, and creating social supports within communities (Beardslee, Chien, & Bell, 2011).

This paradigm shift has profound implications for PMH nurses, particularly in regard to their work with children and adolescents and their families. Creating a prevention-oriented mental health system will demand that PMH nurses, pediatric nurses, and family nurses understand the science base that supports prevention and the scientific principles aimed at helping children achieve regulation and build resiliency (Greenberg, 2006). Further, it is essential that nurses communicate how a shared science base will help nurses refine interventions that are applicable in both primary care and mental health care (Yearwood, Pearson, & Newland, 2012).

Understanding the interplay of environment and risk has implications for SMI prevention throughout the lifespan. Such an approach recognizes the multiple determinants of mental health, risk, and protective factors (WHO, 2004). In a report about global initiatives on prevention, the World Health Organization (WHO) carefully traced the relationship of SMI to social problems, particularly poverty, as well as the relationship of SMI to nutritional, housing, and occupational issues. Prevention, therefore, relies on impacting social determinants of health and reducing the impact of factors that increase risk, such as poverty and abuse/trauma (Onie, Farmer, & Behforouz, 2012). An increasingly important emphasis is placed on strengthening the health of communities, which empowers and supports individuals, as well as builds protective connectivity.

Screening and Early Intervention

Evidence that roughly half of all lifetime mental health disorders start in the mid-teens (Kessler et al., 2007) increases the need for screening and early intervention in children and adolescents. The synergy of prevention and developmental neuroscience is progressing, particularly at the juncture where early intervention targets psychological processes relevant to the origins of particular mental disorders (March, 2009). Evidence-based programs are increasingly emerging to address early signs of anxiety, depression, and conduct issues in children and teens (Delaney & Staten, 2010). The profound impact of early adverse childhood events (ACE) such as family dysfunction and abuse on an individual's mental and physical health throughout the lifespan is well documented (Felitti et al., 1998) and informs innovative programs for addressing early trauma and its impact (Brown & Barila, 2012).

Screening and early intervention is critical throughout the lifespan, requiring shifting attention away from pathology and dysfunction and toward optimal functioning. Recent recommendations include depression screening in primary care when practices have the capacity for depression care support (USPSTF, 2012). There is increasing interest in prevention of depression relapse and the possible mechanisms that may limit its all too frequent occurrence (Farb, Anderson, Block, & Siegel, 2012). Embedding screening and early intervention into practice will require shifting attention away from pathology and dysfunction and toward optimal functioning. Psychiatric nursing will be pivotal in weaving together the emerging neuroscience that supports building resiliency and the evidence-based practices that support early intervention. Their efforts

must extend to building communication networks with nurses in primary care specialties to create prevention efforts that span disciplinary silos.

Integrated Care

Several promising initiatives, such as the Penn Resiliency program for teenage depression, demonstrate how to structure early intervention as signs of mental distress are emerging. In this program, using a cognitive behavioral therapy (CBT) approach, preadolescents are taught how to challenge negative thinking; i.e., by evaluating the accuracy of the thought, assessing the evidence to support it, and then devising an alternate response. This program has been implemented in a variety of settings, including schools. In program outcomes across 13 studies, data demonstrate that intervention prevents symptoms of anxiety and depression (Gillham & Reivich, n.d.). Healthcare systems, such as Intermountain Healthcare, have developed scales for systematically screening healthcare consumers; after the assessment, professionals complete a Mental Health Integration form based on the scale scores. The healthcare consumer is then assigned a level of treatment that matches her or his level of service need (Intermountain Healthcare, 2009). Such secondary prevention efforts of school-based health centers and large primary care organizations such as Intermountain must become the norm if APRNs are to engineer systems where persons are treated holistically, and mental health and medical needs are systematically acknowledged with equal vigor. This effort will demand that nurses see themselves as one workforce while recognizing the unique skills that each specialty contributes to the team.

Problems such as high costs, fragmentation, gaps in coverage and care, and tendency to deliver care in highly specialized subsystems in the United States healthcare system have provided momentum to the movement toward an integrated care system. Integrated care involves caring for the whole person in a single place, an organization of services that is both more effective and less costly (Manderscheid, 2012). Manderscheid (2012) believes the pace of organizational change to accommodate integrated care is accelerating "like snow in an avalanche." Initially, models of integrated care called for variations in co-location of services where the emphasis of treatments depended on the needs of the population (National Council for Community Behavioral Healthcare, 2009; Parks et al., 2005). These diverse and evolving models rely on technology and innovations such as integrated services in healthcare homes (Collins, Hewson, Munger, & Wade, 2010). Psychiatric nurses, who always remain close to the needs of the consumer, must ensure that as systems of integrated care

are constructed, there is a parallel effort to ensure that individuals can access them, are not intimidated by them, and know how to make the most of the services offered (Geis & Delaney, 2011). Integration should also be guided by the voice of consumers who outline how to build systems on collaboration, effective communication, use of peer navigators, and the critical support of family and community members (CalMed, 2011).

Technology of a Public Health Model of Mental Health Care

Healthcare technology will be expanded in the coming decade via the increasing use of telehealth and Internet-delivered services, the rising prevalence of Health Information Technology (HIT) to connect service sectors and build care coordination, and the integration of data systems to track outcomes and engineer rapid quality improvement. In their vision for the use of health information technology, SAMHSA (2011) plans innovation support of HIT and the electronic health record (EHR) to reach a 2014 goal of behavioral health care interoperating with primary care. Within this initiative are plans for developing the infrastructure for an interoperable EHR and addressing the accompanying privacy, confidentiality, and data standards. Such information exchange is anticipated to integrate care, contain costs, and increase consumers' control of their personal health care and health information.

Internet-delivered behavioral health interventions, such as online cognitive-behavioral treatments for depression and anxiety, are rapidly being developed, which continues to clarify their key elements and outcomes (Bastelaar et al., 2011; Bennett & Glasgow, 2009). Rapid growth in Internet behavioral health treatment is likely to continue, and must address the challenge of creating interventions with fidelity to the framework of the original intervention and the careful measurement of outcomes.

Emerging Models of Acute Care

While there is widespread agreement among mental health providers and consumers that treatment should be provided in the least restrictive environment, there is also recognition that, when needed, inpatient services must be available for those in crisis (NAMI, 2011). The continual shrinkage of inpatient psychiatric beds in the United States, which some estimates put at a deficit of nearly 100,000, has caused increases in homelessness and the use of emergency rooms, jails, and prisons as de-facto psychiatric inpatient treatment centers (Bloom, Krishnan, & Lockey, 2008; Treatment Advocacy Center, n.d.). In tandem with efforts to preserve needed inpatient beds are evolving models to provide acute care services to individuals in crisis both within emergency

departments and on small specialty units (Knox, Stanley, Currier, Brenner, Ghahramanlou-Holloway, & Brown, 2012; Kowal, Swenson, Aubry, Marchand, & MacPhee, 2011).

The integration of Mental Health Recovery components into all service systems, including into all forms of acute treatment, is now considered vital. Persons in crisis need a safe environment and, as their illness stabilizes, a culture that empowers them to re-engage with life in the community (Tierney & Kane, 2011; Barker & Buchanan-Barker, 2010; Sharfstein, 2009). Consumers, the federal government, and regulators believe that to reach these goals psychiatric services must be recovery-oriented and delivered using a person-centered approach.

Since the elements of the recovery framework mirror the Institute of Medicine's indicators for quality in health services (IOM, 2001), PMH nurses now have a platform for assessing quality in inpatient psychiatric care. This is a welcome expansion of inpatient quality indicators that have centered on limiting restraint and seclusion use in the last decade (Joint Commission, 2010; Stefan, 2006). While restraint reduction is critical, this narrow focus on quality fails to recognize that in addition to a safe environment, individuals with SMI need services that are person-centered and recovery-oriented. As the single largest professional group practicing in inpatient arenas, PMH nurses must provide leadership in constructing recovery-oriented environments and measuring these efforts with tools that capture the social validity of the services provided; e.g., the extent to which the type of help provided in inpatient care is seen as acceptable and having a positive impact in ways that are important to consumers (Ryan et al., 2008).

Workforce Requirements for a Public Health Model of Mental Health Care

Availability of a mental health workforce with the appropriate skills to implement necessary changes in the healthcare system, as well as appropriate geographic distribution of this workforce, is crucial to improving access and quality. While the overall number of mental health professionals appears adequate, rural areas face shortages of clinicians (SAMHSA, 2012). Independent of healthcare reform and its potential to increase access through expansion of health insurance, an estimated 56 million individuals nationally will face difficulties accessing needed health care because of shortages of providers in their communities (National Association of Community Health Centers [NACHC], 2012).

Nursing models for rural mental health care specifically address the interplay of poverty, mental disorders, and social issues (Hauenstein, 1997). Such nursing models recognize that resource-poor environments require service models that move clients into self-management and bridge systems so that medical issues are addressed. The need for PMH nurses is great because their command of multiple bodies of knowledge (medical science, neurobiology of psychiatric disorders, treatment methods, and relationship science) positions them as the healthcare professionals best suited to facilitate connections between mental health, primary care, acute care, and case management systems (Hanrahan & Sullivan-Marx, 2005).

Given that the supply of psychiatrists is showing only modest increases (Vernon, Salsberg, Erikson, & Kirch, 2009), there is a great need, especially in rural areas, for additional clinicians who can provide psychotherapy, case management, medication management, and a range of other services. PMH-APRNs are prepared to provide a full scope of behavioral health services, including both substance use and mental health services (Funk et al, 2005). However, restrictive reimbursement policies and regulatory barriers associated with scope of practice that limit healthcare consumer access to APRNs must be addressed to achieve access and quality goals. PMH-APRNs need to continue systematic and enhanced data collection on practice and outcomes to document their contribution to quality health care.

Several curriculum frameworks have been developed to prepare nurses with the appropriate knowledge and skills to meet future healthcare challenges. Essential PMH competencies have been presented for all practicing RNs (Psychiatric-Mental Health Substance Abuse Essential Competencies Taskforce of the American Academy of Nursing Psychiatric-Mental Health Substance Abuse Expert Panel, 2012). The APNA Recovery to Practice (RTP) curriculum committee is producing a curriculum to integrate recovery into PMH nursing practice, which will be disseminated by SAMHSA as part of the Recovery to Practice initiative. A key aspect of this curriculum development, and of program development in general, is having consumers of these mental health services at the table and contributing to the development of these systems of care (SAMHSA, 2010). Curriculum models should also include the competencies promoted by the Quality and Safety Education for Nurses (QSEN) Institute, which provides "the knowledge, skills and attitudes necessary to continuously improve the quality and safety of the healthcare systems in which they work" (QSEN, n.d.).

A comprehensive blueprint for building the PMH-APRN workforce has been suggested that includes recommendations for how the PMH nursing will increase its numbers and prepare practitioners with the specific competencies needed to build a transformed mental health system (Hanrahan, Delaney, & Stuart, 2012). This workforce plan calls on PMH-APRNs to include the role of individuals in recovery into every aspect of planning and delivery of mental health care. An additional emphasis focuses on expanding the capacity of communities to effectively identify their needs and promote behavioral health and wellness. Indeed, the coming era will demand strong alliances with individuals, families, and communities to build health, recovery, and resilience.

PSYCHIATRIC-MENTAL HEALTH NURSING LEADERSHIP IN TRANSFORMING THE MENTAL HEALTH SYSTEM

In the course of their practice, it is critical that PMH nurses consider the particular vision of mental health care that informs their practice. Federal agencies, commissions, and advocacy groups have identified a future vision of a mental healthcare system as person-centered, recovery-oriented, and organized to respond to all consumers in need of services. These reports converge on several points, but most crucial is that a transformed mental health system is centered on the person. Integral in this vision are strategies for remedying the inadequacy and fragmentation of services, and for creating a workforce to carry out the transformation. There is particular emphasis on providing services to children, adolescents, older adults, and other underserved populations. In leading the transformation of the mental healthcare delivery system, PMH nurses must understand the key threads in the government/agency/consumer group plan and the factors that can affect enactment.

The transformed mental health system will require nurses who can work between and within systems, connecting services and acting as an important safety net in the event of service gaps. PMH nurses are perfectly positioned to fill this role and make significant contributions to positive clinical recovery outcomes for this vulnerable and often underserved population.

Definition of Psychiatric-Mental Health Nursing

Nursing's Social Policy Statement (ANA, 2010) defines nursing as "the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations."

Psychiatric-mental health nursing is the nursing practice specialty committed to promoting mental health through the assessment, diagnosis, and treatment of behavioral problems, mental disorders, and comorbid conditions across the lifespan. Psychiatric-mental health nursing intervention is an art and a science, employing a purposeful use of self and a wide range of nursing, psychosocial, and neurobiological evidence to produce effective outcomes.

PMH nurses work with people who are experiencing physical, psychological, mental, and spiritual distress. They provide comprehensive, person-centered behavioral and psychiatric care in a variety of settings across the continuum of care. Essential components of PMH nursing practice include health and wellness promotion through identification of mental health issues, prevention of mental health problems, care of mental health problems, and treatment of persons with psychiatric disorders, including substance use disorders. Due to the complexity of care in this population, the preferred educational preparation is at the baccalaureate level with credentialing by the American Nurses Credentialing Center (ANCC) or a recognized certification organization.

The role of the PMH nurse is to not only provide care and treatment for the healthcare consumer, but also to develop partnerships with healthcare consumers to assist them with their individual recovery goals. These goals may include: renewing hope, redefining self beyond illness, incorporating illness, becoming involved with meaningful activities, overcoming barriers to social inclusion, assuming control, becoming empowered, exercising citizenship, managing symptoms, and being supported by others (Davidson, O'Connell, Sells, & Stacheli, 2003). The PMH nurse has the responsibility to do more for the person when the person can do less, and to do less for the person when he or she is able to do more for him or herself. In this way PMH nurses develop and implement nursing interventions to assist the person in achieving recovery-oriented outcomes (McLoughlin, 2011). This philosophy of directing and providing care when the person is in acute distress and eventually transferring the decision-making and self-care to the individual is rooted in Peplau's theory of Interpersonal Relations in Nursing (Peplau, 1991).

An important focus of PMH nursing involves substance disorders. Just as Schizophrenic Spectrum and Other Psychotic Disorders are described in the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5), Substance-Related and Addictive Disorders are also described in the DSM as Mental Disorders (American Psychiatric Association, 2013). For example, a healthcare consumer may have a primary mental disorder with a secondary substance-related disorder (e.g., a person diagnosed with bipolar disorder with

hypomanic symptoms who uses alcohol to slow down); or, a person may have a primary substance disorder with a secondary mental disorder, (e.g., a person who is addicted to cocaine and becomes suicidal as a result of the cocaine use), or a person may have two primary disorders such as schizophrenia and alcohol addiction. The Substance Abuse and Mental Health Services Administration (SAMHSA) has long advocated for integrated treatment of both mental and substance disorders (U.S. Health and Human Services, 2005). Thus, in the first example, if a healthcare consumer was admitted to a hospital with symptoms of hypomania, the PMH-RN would not only need to assess and treat the symptoms related to mania, but would also need to assess the consumer for alcohol use and treatment that might include detoxification. Therefore, the PMH-RN requires competency in assessment and treatment of both disorders.

Further, PMH nurses provide basic care and treatment, general health teaching, health screening, and appropriate referral for treatment of general or complex physical health problems (Kane & Brackley, 2011; Haber & Billings, 1995). The PMH nurse's assessment synthesizes information obtained from interviews, behavioral observations, and other available data. From these, the PMH nurse determines diagnoses or problems that are congruent with available and accepted classification systems. This synthesis and development of a problem or area of focus differentiates the PMH nurse from others who work as nursing staff who may gather data for the PMH nurse.

Next, personal goals or outcomes are established, with the individual directing this process as much as possible. Finally, the nurse and the healthcare consumer develop a treatment plan based on assessment data and the healthcare consumers' goals. The PMH nurse then selects and implements interventions to assist a person in achieving their recovery goals and periodically evaluates both attainment of the goals and the effectiveness of the interventions. Use of standardized classification systems enhances communication and permits the data to be used for research. However, in keeping with person-centered, recovery-oriented practice, the goal/outcome development must be individualized as much as possible, ideally with the consumer developing her or his own goals with assistance from the PMH nurse (Adams & Grieder, 2005; McLoughlin & Geller, 2010).

Mental health problems and psychiatric disorders are addressed across a continuum of care. A continuum of care consists of an integrated system of settings, services, healthcare clinicians, and care levels spanning health states from illness to wellness. The primary goal of a continuum of care is to provide

treatment that allows the individual to achieve the highest level of functioning in the least restrictive environment.

Phenomena of Concern for Psychiatric-Mental Health Nurses

Phenomena of concern for psychiatric-mental health nurses are dynamic, exist in all populations across the lifespan and include but are not limited to:

- Promotion of optimal mental and physical health and well-being
- Prevention of mental and behavioral distress and illness
- Promotion of social inclusion of mentally and behaviorally fragile individuals
- Co-occurring mental health and substance use disorders
- Co-occurring mental health and physical disorders
- Alterations in thinking, perceiving, communicating, and functioning related to psychological and physiological distress
- Psychological and physiological distress resulting from physical, interpersonal, and/or environmental trauma or neglect
- Psychogenesis and individual vulnerability
- Complex clinical presentations confounded by poverty and poor, inconsistent, or toxic environmental factors
- Alterations in self-concept related to loss of physical organs and/or limbs, psychic trauma, developmental conflicts, or injury
- Individual, family, or group isolation and difficulty with interpersonal relations
- Self-harm and self-destructive behaviors including mutilation and suicide
- Violent behavior including physical abuse, sexual abuse, and bullying
- Low health literacy rates contributing to treatment non-adherence

Psychiatric-Mental Health Nursing Clinical Practice Settings

Psychiatric-mental health registered nurses practice in a variety of clinical settings across the care continuum and engage in a broad array of clinical activities including but not limited to health promotion and health maintenance; intake screening, evaluation, and triage; case management; provision of therapeutic and safe environments; promotion of self-care activities; administration of psychobiological treatment regimens and the monitoring of response and effects; crisis intervention and stabilization; and psychiatric rehabilitation, or interventions that assist in a person's recovery. PMH nurses may be paid for their services on a salaried, contractual, or fee-for-service basis.

In the 21st century, advances in the neurosciences, genomics, and psychopharmacology, as well as evidenced-based practice and cost-effective treatment, enable the majority of individuals, families, and groups in need of mental health services to be cared for in community settings. Acute, intermediate, and long-term care settings still admit and care for healthcare consumers with behavioral and psychiatric disorders. However, lengths of stay, especially in acute and intermediate settings, have decreased in response to fiscal mandates, the availability of community-based settings, and consumer preference.

CRISIS INTERVENTION AND PSYCHIATRIC EMERGENCY SERVICES

One of the most challenging clinical environments in psychiatric nursing is the psychiatric emergency department. Emergency departments are fast-paced, often overstimulating environments, with typically limited resources for those individuals with psychiatric and/or substance-related emergencies. Psychiatric emergency service can be based in a hospital or a community. The specific models of care continue to evolve and develop based on identified local health care needs. The current models in dealing with psychiatric emergencies include consultative services in a medical center or hospital emergency department (these psychiatric services may either be internally based or externally contracted); an enhanced, autonomous psychiatric emergency department; extended observation units; crisis stabilization units; respite services; and mobile crisis teams (Glick, Berlin, Fishkind, & Zeller, 2008). Extended observation units, crisis stabilization units, respite service, and mobile crisis teams are alternative treatment options for individuals with a psychiatric emergency or crisis that does not require inpatient psychiatric treatment.

ACUTE INPATIENT CARE

This setting involves the most intensive care and is reserved for acutely ill healthcare consumers who are at imminent risk for harming themselves or others, or are unable to care for their basic needs because of their level of impairment. This treatment is typically short-term, focusing on crisis stabilization. These units may be in a psychiatric hospital, a general care hospital, or a publicly funded psychiatric facility.

INTERMEDIATE AND LONG-TERM CARE

Intermediate and long-term care psychiatric facilities may admit patients directly but more often receive patients transferred from acute care settings. Intermediate and long-term care provides treatment, habilitation, and rehabilitation for patients who are at chronic risk for harming themselves or others due to mental disorders or who are unable to function with less intense supervision and support. Long-term inpatient care usually involves a minimum of 3 months. Both public and private psychiatric facilities provide this type of care. Long-term care hospitals also include state hospitals that admit patients through the criminal justice system. Often these forensic patients must remain in locked facilities for long periods of time; this is related to state statutes and legal statuses rather than clinical status.

PARTIAL HOSPITALIZATION AND INTENSIVE OUTPATIENT TREATMENT

The aim of partial hospitalization and intensive outpatient programs is acute symptom management and stabilization with safe housing options. Partial hospitalization and intensive outpatient treatment programs admit healthcare consumers who are in acute need of treatment but do not require 24-hour medical management or 24-hour nursing care. These programs function as free-standing programs and also serve as step-down programs for patients discharged from inpatient units.

RESIDENTIAL SERVICES

A residential facility provides 24-hour care and housing for an extended period of time. Services in typical residential treatment facilities include psychoeducation for symptom management and medications, assistance with vocational training, and, in the case of the severely and persistently mentally ill, training for daily activities. Independent living is often a goal for occupants of residential treatment facilities.

COMMUNITY-BASED CARE

Psychiatric-mental health registered nurses provide care within the community as an effective method of responding to the mental health needs of individuals, families, and groups. Community-based care refers to all non-hospital or facility-based care, and therefore may include care delivered in partnership with healthcare consumers in their homes, worksites, mental health clinics and programs, health maintenance organizations, shelters and clinics for the homeless, crisis centers, senior centers, group homes, and other community settings. Schools and colleges are an important site of mental health promotion, primary prevention, and early intervention programs for children and youth that involve psychiatric-mental health registered nurses. Psychiatric-mental health registered nurses are involved in educating teachers, parents, and students about mental health issues and in screening for depression, suicide risk, post-traumatic stress disorder, and alcohol, substance, and tobacco use.

ASSERTIVE COMMUNITY TREATMENT (ACT)

ACT is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with SMI (Assertive Community Treatment Association, 2012). An ACT team is comprised of a group of professionals whose background and training include social work, rehabilitation, peer counseling, nursing, and psychiatry. The ACT approach provides highly individualized services directly to consumers 24 hours a day, 7 days a week, and 365 days a year. A 2003 study on ACT teams found that a full-time nurse was rated as the most important member of an ACT team (McGrew, Pescosilido, & Wright, 2003).

Levels of Psychiatric-Mental Health Nursing Practice

There are two levels of practice. The first level of PMH practice is that of the psychiatric-mental health registered nurse (PMH-RN), with educational preparation within a bachelor's degree, associate's degree, or a diploma program. This level is discussed in the next section. The next level of PMH practice is that of the psychiatric-mental health advanced practice registered nurse (PMH-APRN) with educational preparation within a master's degree or doctoral degree program. That level is discussed starting on pg. page 27.

Further, two sub-categories exist at the advanced practice register nurse level: the psychiatric-mental health mental clinical nurse specialist (PMHCNS) and the psychiatric-mental health nurse practitioner (PMHNP). The Doctor of Nursing Practice (DNP) as described by the American Association of Colleges

of Nursing (AACN, 2004) has advanced education in systems function, analysis, health policy, and advocacy. Nurses with the doctor of nursing practice degree may be at the PMH-RN level (e.g., RN administrators or educators) or at the APRN level (e.g., clinical nurse specialists or nurse practitioners).

PSYCHIATRIC-MENTAL HEALTH REGISTERED NURSE (PMH-RN)

A psychiatric-mental health registered nurse (PMH-RN) is a registered nurse who demonstrates competence—including specialized knowledge, skills, and abilities—obtained through education and experience in caring for persons with mental health issues, mental health problems, psychiatric disorders, and co-occurring psychiatric and substance use disorders.

The science of nursing is based on a critical thinking framework, known as the nursing process, composed of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. These steps serve as the foundation for clinical decision making and are used to provide an evidence base for practice (ANA, 2010).

Psychiatric-mental health registered nursing practice is characterized by the use of the nursing process to treat people with actual or potential mental health problems, psychiatric disorders, and co-occurring psychiatric and substance use disorders. This nursing process is meant to promote and foster health and safety; assess dysfunction and areas of individual strength; assist persons to achieve their own personal recovery goals by gaining, re-gaining, or improving coping abilities, living skills, and managing symptoms; maximize strengths; and prevent further disability. Data collection at the point of contact involves observational and investigative activities, which are guided by the nurse's knowledge of human behavior and the principles of the psychiatric interviewing process.

The data may include but are not limited to the healthcare consumer's:

- Central complaint, focus, or concern and symptoms of major psychiatric, substance related, and medical disorders
- Strengths, supports, and individual goals for treatment
- History and presentation regarding suicidal, violent, and self-mutilating behaviors
- History of ability to seek professional assistance before engaging in behaviors dangerous to self or others

- History of reasons why it may have been difficult in the past to follow-through with suggested or prescribed treatment
- Pertinent family history of psychiatric disorders, substance abuse, and other mental and relevant physical health issues
- Evidence of abuse, neglect, or trauma
- Stressors, contributing factors, and coping strategies
- Demographic profile and history of health patterns, illnesses, past treatments, and difficulties and successes in follow-through
- Actual or potential barriers to adherence to recommended or prescribed treatment
- Health beliefs and practices
- Methods of communication
- Religious and spiritual beliefs and practices
- Cultural, racial, and ethnic identity and practices
- Physical, developmental, cognitive, mental, and emotional health concerns, as well as neurological assessment
- Daily activities, personal hygiene, occupational functioning, functional health status, and social roles
- Work, sleep, and sexual functioning
- Economic, political, legal, and environmental factors affecting health
- Significant support systems and community resources, including those that have been available and underutilized
- Knowledge, satisfaction, and motivation to change, related to health
- Strengths and competencies that can be used to promote health
- Employment and military service
- Current and past medications, both prescribed and over-the-counter, including herbs, alternative medications, vitamins, or nutritional supplements

- Medication interactions and history of side effects and past effectiveness
- Allergies and other adverse reactions
- History and patterns of alcohol, substance, and tobacco use, including type, amount, most recent use, and withdrawal symptoms
- Complementary therapies used to treat physical and mental disorders and their outcomes

The work of psychiatric-mental health registered nurses is accomplished through the interpersonal relationship, therapeutic intervention skills, and professional attributes. These attributes include but are not limited to self-awareness, empathy, and moral integrity, which enable psychiatric-mental health nurses to practice the artful use of self in therapeutic relationships. Some characteristics of artful therapeutic practice are respect for the person or family, availability, spontaneity, hope, acceptance, sensitivity, vision, accountability, advocacy, and spirituality.

Psychiatric-mental health registered nurses play a significant role in the articulation and implementation of new paradigms of care and treatment that place the healthcare consumer at the center of the care delivery system. PMH-RNs are key members of interdisciplinary teams in implementing initiatives such as fostering the development of person-centered, trauma-informed care environments in an effort to promote recovery and reduce or eliminate the use of seclusion or restraints; promoting individually-driven, person-centered treatment planning processes; and, developing skill-building programs to assist individuals to achieve their own goals.

Psychiatric-mental health registered nurses maintain current knowledge of advances in genetics and neuroscience and their impact on psychopharmacology and other treatment modalities. In partnership with healthcare consumers, communities, and other health professionals, psychiatric-mental health nurses provide leadership in identifying mental health issues and in developing strategies to ameliorate or prevent them.

PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE (PMH-APRN)

The American Nurses Association (ANA) defines advanced practice registered nurses (APRNs) as professional nurses who have successfully completed a

graduate program of study in a nursing specialty that provides specialized knowledge and skills that form the foundation for expanded roles in health care.

The psychiatric-mental health advanced practice registered nurse is educated at the master's or doctoral level with the knowledge, skills, and abilities to provide continuous and comprehensive mental health care, including assessment, diagnosis, and treatment across settings. Psychiatric-mental health advanced practice nurses (PMH-APRN) include both nurse practitioners (PMH-NP) and clinical nurse specialists (PMH-CNS). Psychiatric-mental health advanced practice registered nurses are clinicians, educators, consultants, and researchers who assess, diagnose, and treat individuals and families with behavioral and psychiatric problems and disorders or the potential for such disorders. Psychiatric-mental health nursing is necessarily holistic and considers the needs and strengths of the individual, family, group, and community.

APRNs play a pivotal role in the future of health care. Often primary care providers, they are at the forefront of providing preventive care to the public (ANA, n.d.1)). Demand for healthcare services will continue to grow as millions of Americans gain health insurance under the Affordable Care Act and baby boomers dramatically increase Medicare enrollment. The nation will call on APRNs to meet these needs and participate as key members of healthcare teams (ANA, n.d.2).

Consensus Model: LACE (Licensure, Accreditation, Certification and Education) and APRN Roles

The Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation—focusing on licensure, accreditation, certification, and education (LACE)—was completed in 2008 by the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee. Broadly, the model identifies four APRN roles for which to be certified: clinical nurse specialist (CNS), certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), and certified nurse midwife (CNM). Each of these roles involves specialized graduate educational preparation that can be applied to a focused population. Finally, a nurse must demonstrate specific competencies as outlined by her or his practice area (NCSBN Joint Dialogue Group Report, 2008).

Unlike other areas in nursing, the roles of a PMH-CNS and PMH-NP are virtually synonymous. In 2007, American Psychiatric Nurses Association (APNA) and the American Nurses Credentialing Center (ANCC) conducted a logical job analysis that described the purpose, essential functions, setting, and

qualifications needed to perform as a PMH-CNS or a PMH-NP. This analysis confirmed that the vast commonalities in practice warranted the development of one advanced practice examination for both roles (Rice, Moller, DePascale, & Skinner, 2007). With mental health parity and other healthcare reforms, PMH-CNSs and PMH-NPs play key roles in the integration of physical and mental health care and treatment in both hospital and community settings.

All APRNs are educationally prepared to provide a scope of services to a population across the continuum of care as defined by nationally recognized role and population-focused competencies; however, the emphasis and implementation within each APRN role varies based on care needs (NCSBN Joint Dialogue Group Report, 2008)

The full scope and standards of practice for psychiatric-mental health advanced practice nursing is set forth in this document. While individual PMH-APRNs may actually implement portions of the full scope and practice based on their role, position description, and practice setting, the full breadth of the knowledge base informs their practice.

PMH-APRN practice focuses on the application of competencies, knowledge, and experience to individuals, families, or groups with complex psychiatric-mental health problems. Promoting mental health in society is a significant role for the PMH-APRN, as is collaboration with and referral to other health professionals, as either the individual need or the PMH-APRN's practice focus may dictate.

The scope of advanced practice in psychiatric-mental health nursing is continually expanding, consonant with the growth in needs for service, practice settings, and the evolution of various scientific and nursing knowledge bases. PMH-APRNs are accountable for functioning within the parameters of their education and training, as well as the scope of practice as defined by their state practice acts. PMH-APRNs are responsible for making referrals for health problems that are outside their scope of practice. Although many primary care clinicians treat some symptoms of mental health problems and psychiatric disorders, the PMH-APRN provides a full range of specialized services that constitute mental health and psychiatric primary care and treatment (see below).

Specialty programs in advanced psychiatric-mental health nursing education generally have focused either on adult or child-adolescent psychiatric-mental health nursing practice. However, with the ongoing national implementation of the APRN Consensus Model and Licensure, Accreditation, Certification, and Education (LACE) recommendations, advanced psychiatric-mental health

nursing educational preparation has adopted a lifespan approach which includes preparing PMH-APRN to care for individuals, families, groups, and communities from pre-birth until death.

PMH-APRNs are accountable for their own practice and are prepared to perform services independent of other disciplines in the full range of delivery settings. Additional functions of the PMH-APRN include prescribing pharmacological agents, providing integrative therapy interventions, various forms of psychotherapy and community interventions, case management, consultation and liaison services, clinical supervision, developing policy for programs and systems, and actively engaging in advocacy activities, education, and research.

The settings and arrangements for psychiatric-mental health nursing practice vary widely in purpose, type, and location, and in the auspices under which they are operated. The PMH-APRN may be self-employed or employed by an agency, practice autonomously or collaboratively, and may or may not bill clients for services provided.

Primary Care

Currently, PMH-APRNs provide mental health services in primary care via several avenues. Examples of how PMH-APRNs practice in primary care settings include but are not limited to (a) collaboration and consultation with a primary care provider, (b) providing behavioral health care in integrated settings, and/or (c) unifying primary care and behavioral health within a mental health service site in what has been termed reverse co-location models. These roles are constantly evolving as healthcare reform, payment structures, and service delivery models continue to alter the nature of primary care and its relationship to mental health service delivery (Delaney & Kwasky, 2013). Healthcare consumers are more likely to see a primary care provider than connect with scarce mental health care. Additionally, healthcare consumers may prefer receiving services in less stigmatizing primary care. Thus, integrated care is a strategy that is likely to expand (Manderscheid, 2010). Evolving and diversifying models for integrated care is essential, especially with regard to the large number of people that will be seeking mental health services in primary care settings, the complexity of treating medical and wellness issues among the serious mentally-ill (SMI) population, and the varying levels of mental health need that must be addressed in primary care (Delaney, Robinson, & Chafetz, 2013).

To build these systems will require not just innovations in integrated service delivery models, but also attention to how the various components of

these systems fit together—i.e., the work flow process, financial integration, the teams to build a culture of care, and the workforce to enact it (Delaney et al., 2013; Reiss-Brennan, Cannon, Briesacher, & Leckman, 2011). Effective integrated care models will necessitate that clinicians develop the knowledge and competencies to provide person-centered care and address the various levels of intensity of mental health needs, including individuals with complex comorbidities (Delaney et al., 2013).

An important issue related to building this workforce involves how primary care is currently conceptualized, which in turn influences how the integrated care workforce is defined and how its training is supported (APNA, 2013). This workforce crosses traditional primary care and behavioral health care lines. The current restrictive definition of primary care (as residing in one of five specialty areas and at the point of first contact) limits the boundaries of the primary care workforce and perpetuates a mind-body split. A conceptualization of primary care that fits with the current expansion of services is found in an earlier definition of primary care forwarded by the IOM:

> *Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community (Donaldson, Yordy, & Vanselow, 1994, p.1).*

This definition creates more appropriate boundaries for the integrated care models that reside in both traditional primary care and expanded behavioral health care settings. As the conceptualization of primary care broadens to accommodate integrated care, it is clear that PMH advanced practice nurses are, by this definition, already delivering primary care services, which include the diagnosis and treatment of common health problems. These roles will only increase as the systems evolve and, given their unique skill set and clinical training, primary care PMH-APRN practice will only expand in the next decade.

Psychotherapy

Psychotherapy interventions include all generally accepted and evidence-based methods of brief or long-term therapy, specifically including individual therapy, group therapy, marital or couple therapy, and family therapy. These interventions use a range of therapy models including but not limited to

psychodynamic, cognitive, behavioral, and supportive interpersonal therapies to promote insight, produce behavioral change, maintain function, and promote recovery.

"Psychotherapy" denotes a formally structured relationship between the therapist (PMH-APRN) and the healthcare consumer for the explicit purpose of effecting negotiated outcomes. This treatment approach to mental disorders is intended to alleviate emotional distress or symptoms, to reverse or change maladaptive behaviors, and to facilitate personal growth and development. The psychotherapeutic contract with the healthcare consumer is mutually agreeable and usually verbal, although it may be written. The contract includes well-accepted elements such as purpose of the therapy, treatment goals, time, place, fees, confidentiality and privacy provisions, and emergency after-hours contact information.

Psychopharmacological Interventions

Psychopharmacological interventions include the prescribing or recommending of pharmacologic agents and the ordering and interpretation of diagnostic and laboratory testing. Collaboration with the person seeking help is essential to promote adherence and recovery. In utilizing any psychobiological intervention, including the prescribing of psychoactive medications, the PMH-APRN intentionally seeks specific therapeutic responses, anticipates common side effects, safeguards against adverse drug interactions, and monitors for unintended or toxic responses. Current technology and research, including genomic testing, can help PMH-APRNs understand medication efficacy.

Case Management

Case management by the PMH-APRN involves population-specific nursing knowledge coupled with research, knowledge of the social and legal systems related to mental health, and expertise to engage a wide range of services for the consumer regardless of age or healthcare setting. The PMH-APRN is the point person who is responsible for the integration of all care and related decision-making. The PMH-APRN case manager designates an organized, coordinated approach to care by overseeing or directly engaging in case management activities. The PMH-APRN case manager identifies and analyzes real or potential barriers to care and intervenes to help provide access to appropriate levels and types of care and treatment to achieve optimum outcomes. Case manager interventions may be with a single client, or a designated family, group, or population.

Program, System, and Policy Development and Management

The PMH-APRN may focus on the mental health needs of the population as a whole on various levels, including community, state, national, or international. This focus involves the design, implementation, management, and evaluation of programs and systems to meet the mental health needs of a general population (e.g., persons with serious mental illnesses and co-occurring substance use disorders) or target a population at risk for developing mental health problems through prevention, health and wellness promotion, identification and amelioration of risk factors, screening, and early intervention. These activities are informed by the full range of nursing knowledge, which includes a holistic approach to individuals, families, and communities that is cognizant and respectful of cultural and spiritual norms and values. Additionally, policy, practice, program management, quality management, and data analysis knowledge and skills are essential for success in this arena. This area of practice has taken on a greater importance since the 2010 Institute of Medicine's (IOM) consensus report on the future of nursing. One of the key messages of this report is that "nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States" (IOM, 2010, p.3). The PMH-RN with advanced education and experience may assume these responsibilities in select instances.

Psychiatric Consultation–Liaison Nursing (PCLN)

Psychiatric consultation–liaison nursing (PCLN) practice emphasizes the assessment, diagnosis, and treatment of behavioral, cognitive, developmental, emotional, and spiritual responses of individuals, families, and significant others with co-occurring [actual or potential] physical illness(es) and/or dysfunction (ANA, 1990). This advanced practice psychiatric-mental health nursing role is performed in settings other than traditional psychiatric settings—most often in medical hospitals and skilled nursing facilities. Additionally, practice settings have expanded to primary care, "healthcare homes," and community settings. As an APRN, the PCLN role requires expanded knowledge of complex psychiatric and medical disorders, the ability to complete diagnostic assessments leading to DSM diagnoses, and considerable expertise in navigating intricate health systems.

Consultation is used as a modality to provide successful psychiatric and biopsychosocial treatment for healthcare consumers/families and to enable nonpsychiatric healthcare providers to provide such care. PMH-APRNs will often work as integral members of an interdisciplinary consultation-liaison team,

apsychosomatic service, on independent liaison nursing teams, or as individual consultants within medical settings. PMH-APRNs provide highly specialized advanced assessments, diagnoses, and interventions with recommendations for effective behavioral health care planning and symptom management.

Psychiatric-mental health consultation may be accomplished by either direct or indirect consultation models. In the direct model, the consultee is typically the healthcare consumer or family. Specific activities may include psychopharmacologic recommendations, prescriptions, and monitoring, behavioral care plan development, and implementation of stabilization-focused therapeutic interventions for individuals and families. For example, a hospitalized child that is diagnosed with rheumatoid arthritis (RA) may present increased anxiety, depressive symptoms, and suicidal tendencies. The PCLN may be asked to consult, which may include completing a full psychiatric evaluation and recommending psychopharmacological treatments. It is the PCLN who has the expertise to differentiate between medication-induced psychiatric symptoms, primary psychiatric disorders, or a combination of both. Additionally, the PCLN would work with the nursing staff to develop a plan of how to keep the child safe and improve the child's mental status while continuing the medical treatment needed for the RA.

In the indirect model, the consultee is the care provider or organization. In this approach, best practices are applied to general and unique clinical scenarios to improve individualized care as well as to improve overall health systems. The goals of consultation and liaison are mutually complimentary and interdependent. PCLN uses both processes in conjunction with specific theoretical knowledge, clinical expertise, and an ability to synthesize and integrate information to influence healthcare delivery systems (Gonzalez, Walker, & Krupnick, 1995; Lewis & Levy, 1982; Robinson, 1987).

The PCLN role continues to develop, as does international expansion of the role (Sharrock, 2011). Referenced earlier in this document, integrated care is a major trend in today's healthcare landscape. The specialty skills and knowledge inherent in PCLN will continue to be invaluable as new integrated care models are implemented.

Clinical Supervision

The PMH-APRN provides clinical supervision to assist other mental health clinicians to evaluate their practice, expand their clinical practice skills, meet the standard requirement for ongoing peer consultation, and fulfill the need for peer supervision. This process, aimed at professional growth and development

rather than staff performance evaluation, may be conducted in an individual or group setting. As a clinical supervisor, the PMH-APRN is expected both to be involved in direct care and to serve as a clinical role model and a clinical consultant.

Through educational preparation and clinical experience in individual, group, and family therapy, the PMH-APRN is qualified to provide clinical supervision at the request of other mental health clinicians and clinician-trainees. Although clinical supervision is not exactly the same as a therapy relationship, the PMH-APRN uses similar theories and methods to assist clinicians in examining and understanding their practices and developing new skills. PMH-APRN nurses providing clinical supervision must be aware of the potential for impaired professional objectivity or exploitation when they have dual or multiple relationships with supervisees or healthcare consumers. The nurse should avoid providing clinical supervision for people with whom they have pre-existing relationships that could hinder objectivity. Nurses who provide clinical supervision maintain confidentiality, except when disclosure is required for evaluation and necessary reporting.

Administration, Education, and Research Practice

The PMH-APRN or the PMH-RN with advanced education or experience also plays a significant role in administrative, educational, and research arenas. As health care is a clinical, consumer-centered business, a key to successful outcomes is to have people who are both clinically knowledgeable and knowledgeable about business practices making administrative decisions and holding significant leadership positions in healthcare organizations. Roles also include nursing educators, nursing school faculty, and researchers. Research practice may include a broad range of quantitative and qualitative approaches among the healthcare consumer population, nursing education, policy, and practice. Additionally, translational science in which nursing science is translated to the care and treatment of the healthcare consumer is another important piece of the PMH-RN's role.

Self-Employment

Self-employed PMH-APRNs offer direct services in solo private practice and group practice settings, or through contracts with employee assistance programs, health maintenance organizations, managed care companies, preferred provider organizations, industry health departments, home health care agencies, or other service delivery arrangements. In these settings, the PMH-APRN provides comprehensive mental health care to clients. In the consultation and

liaison role, the PMH-APRN may also provide consultative services at the organization, state, and national levels. This type of consultation includes the provision of clinical or system assessment, development, implementation, and evaluation. Further, psychiatric nurse consultants have independent practices as legal consultants or experts for both individual legal actions and systemic actions or litigations. Self-employed nurses may be sole-proprietors or form nurse-owned corporations or organizations that provide mental health service contracts to industries or other employers.

Other Specialized Areas of Practice

PMH nurses practice in a variety of specialized areas. As healthcare policies change and the needs of the healthcare consumer change so does the PMH nurses' areas of practice. Some key areas include: programs of integrated care and treatment, telehealth, forensic mental health, and disaster psychiatric-mental health.

INTEGRATIVE PROGRAMS

Integrative programs provide simultaneous care and treatment for individuals with all mental disorders, including substance use disorders and co-occurring disorders. Typically provided by a team of trained professionals, these programs exist across the care continuum and the span of all disorders included in *Diagnostic and Statistical Manual (DSM-5)* of the American Psychiatric Association, (American Psychiatric Association, 2013). As such, providers of mental health services, including PMH-RNs and PMH-APRNs, must be well-versed in the assessment, care, and treatment of those with co-occurring mental and substance disorders. In a 1998 SAMHSA consensus report on co-occurring disorder standards, practice, competencies, and training curricula, the following principle was emphasized: *comorbidity should be expected, not considered an exception*. Consequently, the whole system must be welcoming and accessible to consumers with all combinations of diagnoses; and, whenever possible, treatment of persons with complex comorbid disorders should be provided by individuals, teams, or programs with expertise in mental health and substance use disorders (SAMHSA, 1998). Further, individuals with co-occurring disorders present complicated, chronic, interrelated conditions that often require personalized solutions for the specific set of symptoms, level of severity, and other psychosocial and environmental factors. Thus, treatment plans must be individualized to address each person's specific needs using staged interventions and motivational enhancement to support recovery (SAMHSA, 2002).

TELEHEALTH

Telehealth is the use of telecommunications technology to remove time and distance barriers from the delivery of healthcare services and related healthcare activities. Electronic therapy is an expanded means of communication that promotes access to health care (Center for Substance Abuse Treatment, 2009). The psychiatric-mental health registered nurse may use electronic means of communication such as telephone consultation, computers, electronic mail, image transmission, and interactive video sessions to establish and maintain a therapeutic relationship by creating an alternative sense of the nursing presence that may or may not occur in "real time." In telehealth, psychiatric-mental health nursing care incorporates practice and clinical guidelines that are based on empirical evidence and professional consensus. Telehealth encounters raise special issues related to confidentiality and regulation. Telehealth technology can cross state and even national boundaries and must be practiced in accordance with all applicable state, federal, and international laws and regulations. Particular attention must be directed to confidentiality, informed consent, documentation, maintenance of records, and the integrity of the transmitted information.

FORENSIC MENTAL HEALTH

PMH-RN and the PMH-APRN levels of practice are found within forensic mental health settings. Roles include working with victims and offenders across the continuum of care from community (forensic ACT and conditional-release teams) settings to jails, prisons, and state psychiatric hospitals. In essence, any intersection between the criminal justice system and psychiatric nursing can be considered to be in the area of forensic mental health. Estimates indicate that one-third of persons in jails and prisons have mental disorders, and most admissions to inpatient care are court-ordered (Torrey, Kennard, Eslinger, Lamb, & Pavle, (2010). Forensic PMH-APRNs perform psychiatric assessments, prescribe and administer psychiatric medications, and educate correctional officers about mental health issues. Forensic PMH-APRNs also provide therapeutic services to witnesses and victims of crime.

DISASTER PSYCHIATRIC-MENTAL HEALTH NURSING

Psychiatric-mental health nurses provide psychological first aid and mental health clinical services as first responders through organizational systems in response to environmental and man-made disasters. Disaster psychiatry is a growing field of practice designed to facilitate effective coping by disaster victims and relief workers as they experience extreme stresses in the aftermath

of a disaster. The mental health problems experienced by disaster survivors are typically stress-induced symptoms that are precipitated by numerous and simultaneous practical problems that they encounter after the disaster. Disaster psychiatry and mental health services encompass a wide range of activities, including public health preparations, early psychological interventions, psychiatric consultation to surgical units, relief units to facilitate appropriate triage, and psychotherapeutic interventions to alleviate stress to individuals, families, and children. Both PMH-RNs and PMH-APRNs may be actively engaged in the practical work of providing psychological first aid (Young, 2006) and community education networking to assist in building community resilience. The APRN–PMH also engages in psychiatric triage, referral, and crisis stabilization, and addresses specific health issues with individuals who have pre-existing psychiatric-mental health and/or substance use disorders (Stoddard, Pandya, & Katz, 2011; Ursano, Fullerton, Weisaeth, & Raphael, 2007).

Psychiatric-mental health nurses care for persons with psychiatric, behavioral health, and comorbid conditions across the lifespan and continuum of care. Using therapeutic interpersonal and/or pharmacological interventions, PMH nurses promote recovery for countless persons afflicted with the debilitating effects of behavioral, psychiatric, and substance use disorders.

Ethical Issues in Psychiatric-Mental Health Nursing

PMH nurses adhere to all aspects of *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001). Codes of ethical practice educate and inform professionals about sound ethical behavior while mandating a minimal standard of practice. While PMH nurses have the same goals as all nurses, there are unique ethical dilemmas in PMH nursing practice.

Specific examples are provided for each of the nine provisions of the Code of Ethics for Nurses. These provisions are comprised of three groupings: the first three describe the most fundamental values and commitments of each nurse; the next three address the boundaries of loyalty and duty; and the last three examine the duties beyond individual encounters with patients and healthcare consumers [ANA, 2001, p. 10].

RESPECT FOR THE INDIVIDUAL

Provision 1: The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

Compassion is a key value of PMH nursing. PMH nurses show compassion by recognizing the importance of helping others through caring; instilling hope in those who feel hopeless; and empowering those who are powerless as a result of PMH disorders. Respect is another key value. PMH nurses respect the dignity and worth of every individual, based on the understanding that PMH disorders, like other chronic health problems, can be treated. Hence, PMH nurses are staunch advocates in helping to overcome negative attitudes and beliefs related to PMH to ensure appropriate, compassionate, and respectful care.

COMMITMENT TO THE HEALTHCARE CONSUMER

Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, or community.

Personal behaviors and attitudes can conflict with ethical guidelines. PMH nurses must be open to exploring and reconciling their personal experiences. They must also have a keen awareness of boundary issues with clients, whether healthcare consumers, their families, or the community and other groups. PMH nurses are willing to participate in self, peer, and supervisory assessment of clinical skills and practice.

PMH nurses recognize that people with PMH disorders may have maladaptive coping behaviors that affect the individual, the family and other groups, and society as a whole. Grounded on the understanding that these are brain-based disorders, PMH nurses appreciate the difficulties that individuals experience in continuing to behave despite significant negative consequences. PMH nurses also understand the behavior change process and recognize that setbacks will occur during progress toward recovery and the initiation or maintenance of a behavior change goal.

The PMH nurse is always cognizant of the responsibility to balance human rights with safety and the potential need for coercive practices (e.g., restrictive measures such as restraint or seclusion) or forced treatment (e.g., court-mandated treatment or mental hygiene arrest/involuntary admission for an emergent psychiatric evaluation) when individuals lack the ability to maintain their own safety.

ADVOCACY FOR THE HEALTHCARE CONSUMER

Provision 3: The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

The PMH nurse monitors and carefully manages confidentiality, therapeutic self-disclosure, and professional boundaries through all forms of interaction

(i.e., face-to-face, electronic record, social media). These obligations are intensified in PMH nursing due to the vulnerability of the population, the complexity of clinical care, and legal issues which are dictated by legislation and the criminal justice system.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted to help protect confidential information through specific rules that outline how confidential information is shared. Because these rules have potentially severe civil and criminal penalties for non-compliance, the PMH nurse has an obligation to be aware of the rules regarding protected confidential information.

The PMH nurse understands that the therapeutic relationship between the PMH nurse and the healthcare consumer and family is unbalanced in nature. To formulate effective nursing interventions, care and treatment often includes gaining knowledge of the healthcare consumer's intimate thoughts, feelings, and behaviors. Therefore, any sort of sexual activity or sexual intimacies (physical, verbal, electronic, social media) with current clients, their close relatives, guardians, or significant others is unethical (American Psychiatric Association, 2010a; American Psychological Association, 2010b).

The PMH nurse helps resolve ethical issues by participating in such activities as consulting with and serving on ethics committees, or advocating for optimal psychiatric care through policy formation and political action.

RESPONSIBILITY AND ACCOUNTABILITY FOR PRACTICE

Provision 4: The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.

The population of PMH providers is quite diverse. The specific proficiencies, skills, levels of involvement with healthcare consumers, and scopes of practice vary widely among specializations (e.g., physicians, nurses, social workers, psychologists, counselors/therapists, case workers, mental health workers, peer counselors). These roles often become blurred with inappropriate functions subsumed by healthcare providers working outside their scope of practice (e.g., assessment or diagnosis by a non-licensed provider and/or noncertified provider), academic preparation, training, or competency. PMH nurses may work in settings where nursing administration may not be dominant or even present. Thus, PMH nurses must be able to articulate their competence as well as their scope of practice; be aware of the professional standards that guide

other team members; and possess the knowledge, skills, and abilities that all PMH providers have in common.

DUTIES TO SELF AND OTHERS

Provision 5: The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

PMH nurses must accord moral worth and dignity to all human beings. This moral respect extends to oneself and to others, including nurse colleagues whose practice may be impaired as a result of substance use, PMH disorders, or other physical disorders. PMH nurses are in key roles to change prevailing negative perceptions and attitudes toward individuals with PMH disorders.

The PMH nurse demonstrates a commitment to practicing and maintaining self-care, managing stress, nurturing self, and maintaining supportive relationships with others so that the nurse is meeting her or his own needs outside of the therapeutic relationship. Moral distress (Jameton, 1993) should be identified, addressed, and reduced using an appropriate action plan (Epstein & Delgado, 2010; Lachman, 2010). PMH nurses render respectful and skilled care, understanding that lifelong learning is critical for professional growth and competence.

CONTRIBUTIONS TO HEALTHCARE ENVIRONMENTS

Provision 6: The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

Given their knowledge, skills, and abilities, PMH nurses are often the first to recognize signs or symptoms of a psychiatric disorder in the workplace (e.g., depression, eating disorder, substance use). PMH nurses have an ethical obligation to report peer observations or concerns to their nurse leader. PMH nurses have a moral obligation to help address problems faced by colleagues with symptoms suggestive of mental distress and/or substance use that may potentially impact patient safety and violate public trust. PMH nurses may face situations of competing values, loyalties, and obligations that generate tension and conflict. Satisfying solutions to these situations preserve the integrity of nursing values while helping to maintain a safe environment for healthcare consumers.

ADVANCEMENT OF THE NURSING PROFESSION

Provision 7: The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

PMH nurses have an ethical obligation to be knowledgeable of and apply evidence-based practice guidelines, which includes risk assessment and management. PMH nurses need to engage in continuous quality improvement efforts to promote the highest quality of care for individuals, families, and populations affected by PMH disorders. The PMH nurse engages in continuing education experiences to maintain and advance professional competence regardless of whether these continuing education experiences are required by the state board of nursing.

COLLABORATION TO MEET HEALTH NEEDS

Provision 8: The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

PMH nurses engage in partnerships with other specialty nurses (e.g., oncology nursing, addictions nursing, pain management nursing, emergency nursing, correctional nursing), government agencies (e.g., SAMHSA, NIH, IOM), the larger nursing community (e.g., ANA, APNA, ISPN, state nurses associations), and the public (e.g., National Alliance for the Mentally Ill, Mental Health America) to promote the societal benefits of prevention, treatment, and recovery to affected individuals, groups, and populations.

PROMOTION OF THE NURSING PROFESSION

Provision 9: The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

PMH nurses have a central role in advocating for environments where the human rights, values, customs, and spiritual beliefs of individuals, families, and communities are respected. PMH nurses recognize the importance of direct human interactions, communication, and professional collaboration. These relationships may be with individuals, with populations, and with other healthcare professionals and health workers, both within and between nurses and public representatives. Within the larger nursing community, PMH nurses inform policy development and implementation in recognition that PMH disorders are treatable and that nursing service is delivered with respect for human needs and values and without prejudice to vulnerable populations.

Standards of Psychiatric-Mental Health Nursing Practice

The following Standards of Practice and Standards of Professional Performance specify psychiatric-mental health competencies that must be demonstrated in addition to the current edition of *Nursing: Scope and Standards of Practice* (ANA, 2010). These practice and performance standards are written in such a way that each standard and competency listed for the psychiatric-mental health registered nurse (PMH-RN) also applies to the psychiatric-mental health-advanced practice registered nurse (PMH-APRN). In several instances, additional standards and competencies for the PMH-APRN are only applicable to the advanced practice registered nurse.

Standards of Practice for Psychiatric-Mental Health Nursing

Standard 1. Assessment

The psychiatric-mental health registered nurse collects and synthesizes comprehensive health data that are pertinent to the healthcare consumer's health and/or situation.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Collects comprehensive data including but not limited to psychiatric, substance, physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental, spiritual/transpersonal, and economic assessments in a systematic and ongoing process while focusing on the uniqueness of the person.
- Elicits the healthcare consumer's values, preferences, knowledge of the healthcare situation, expressed needs, and recovery goals.
- Involves the healthcare consumer, family, other healthcare providers, and other consumer-identified support systems (as appropriate) in holistic data collection.
- Demonstrates effective clinical interviewing skills that facilitate development of a therapeutic relationship.
- Prioritizes data collection activities based on the healthcare consumer's immediate condition and the anticipated needs of the consumer or situation.
- Uses appropriate evidence-based assessment techniques and instruments in collecting pertinent data.
- Uses analytical models and problem-solving techniques.

- Ensures that appropriate consents, as determined by regulations and policies, are obtained to protect confidentiality and support the healthcare consumer's rights in the process of data gathering.
- Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.
- Uses therapeutic principles to understand and make inferences about the healthcare consumer's emotions, thoughts, behaviors, and condition.
- Documents relevant data in a retrievable format.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Performs a comprehensive psychiatric and mental health diagnostic evaluation.
- Initiates and interprets diagnostic tests and procedures relevant to the healthcare consumer's current status.
- Employs evidence-based clinical practice guidelines to guide screening and diagnostic activities as available and appropriate.
- Conducts a multigenerational family assessment, including medical, psychiatric, and substance use history.
- Assesses interactions among the individual, family, community, and social systems and their relationship to mental health functioning.

Standard 2. Diagnosis

The psychiatric-mental health registered nurse analyzes the assessment data to determine diagnoses, problems, and areas of focus for care and treatment, including level of risk.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Identifies actual or potential risks to the healthcare consumer's health and safety or barriers to mental and physical health which may include but are not limited to interpersonal, systematic, or environmental circumstances.
- Derives the diagnoses, problems, or areas in need of care and treatment from the assessment data.
- Develops the diagnosis or problems with the healthcare consumer, significant others, and other healthcare clinicians to the greatest extent possible in concert with person-centered, recovery-oriented practice.
- Develops diagnoses or problems that, to the greatest extent possible, are in the healthcare consumer's words and congruent with available and accepted classification systems.
- Documents diagnoses or problems in a manner that facilitates the determination of the expected outcomes and plan.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Develops standard psychiatric and substance use diagnoses (e.g., DSM, IDC-10).
- Systematically compares and contrasts clinical findings with normal and abnormal variations and developmental events in formulating a differential diagnosis.
- Utilizes complex data and information obtained during interview, examination, and diagnostic procedures in identifying diagnoses.

- Identifies long-term effects of psychiatric disorders on mental, physical, and social health.
- Evaluates the health impact of life stressors, traumatic events, and situational crises within the context of the family cycle.
- Evaluates the impact of the course of psychiatric disorders and mental health problems on the path of recovery, including quality of life and functional status.
- Assists staff in developing and maintaining competency in the diagnostic process.

Standard 3. Outcomes Identification

The psychiatric-mental health registered nurse identifies expected outcomes and the healthcare consumer's goals for a plan individualized to the healthcare consumer or to the situation.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Involves the healthcare consumer to the greatest extent possible in formulating mutually agreed upon outcomes and individualized healthcare consumer goals.
- Involves the healthcare consumer's family, healthcare providers, and other significant supports in formulating expected outcomes when possible and as appropriate.
- Derives culturally appropriate expected outcomes from the identified diagnoses and problems.
- Considers associated risks, benefits, costs, current scientific evidence, and clinical expertise when formulating expected outcomes.
- Identifies expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices.
- Defines expected outcomes in terms of the healthcare consumer, the healthcare consumer's values, ethical considerations, environment or situation, with consideration of associated risks, benefits, costs, current scientific evidence, and personal recovery goals.
- Develops expected outcomes that provide direction for continuity of care.
- Documents expected outcomes as healthcare consumer-focused measurable goals in language either developed by the healthcare consumer or understandable to the healthcare consumer.
- Includes a time estimate for attainment of expected outcomes.

- In partnership with the healthcare consumer, modifies expected outcomes based on changes in the status of the healthcare consumer or evaluation of the situation.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Assists the PMH-RN in identifying expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices.
- Identifies expected outcomes that incorporate cost and clinical effectiveness, satisfaction, and continuity and consistency among providers.
- Develops, implements, and supports and uses clinical guidelines linked to positive clinical outcomes.

Standard 4. Planning

The psychiatric-mental health registered nurse develops a plan that prescribes strategies and alternatives to assist the healthcare consumer in attainment of expected outcomes.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Develops an individualized plan in partnership with the healthcare consumer, family, and others considering the healthcare consumer's characteristics or situation; this plan can include, but is not limited to, values, beliefs, spiritual and health practices, preferences, choices, developmental level, coping style, culture and environment, available technology, and individual recovery goals.
- Establishes the plan priorities with the healthcare consumer, family, and others as appropriate.
- Prioritizes elements of the plan based on the assessment of the healthcare consumer's level of risk for potential harm to self or others and safety needs.
- Includes strategies in the plan that address each of the identified problems or issues, including strategies for the promotion of recovery, restoration of health, and prevention of illness, injury, and disease.
- Considers the economic impact of the plan.
- Assists healthcare consumers in securing treatment or services in the least restrictive environment.
- Includes an implementation pathway or timeline in the plan.
- Provides for continuity in the plan.
- Utilizes the plan to provide direction to other members of the healthcare team.
- Documents the plan using person-centered, non-jargon terminology.
- Defines the plan to reflect current statutes, rules and regulations, and standards.

- Integrates current scientific evidence, trends, and research.
- Modifies the plan (goals/outcomes and interventions) based on ongoing assessment of the healthcare consumer's achievement of goals and responses to interventions.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Identifies assessment and diagnostic strategies and therapeutic interventions that reflect current evidence, including data, research, literature, and expert clinical knowledge.
- Plans care to minimize complications and promote individualized recovery and optimal quality of life using treatment modalities including but not limited to psychodynamic, cognitive behavioral, supportive interpersonal therapies, and psychopharmacology.
- Selects or designs strategies to meet the multifaceted needs of complex healthcare consumers.
- Includes synthesis of healthcare consumers' values and beliefs regarding nursing and medical therapies in the plan.
- Actively participates in the development and continuous improvement of systems that support the planning process.

Standard 5. Implementation

The psychiatric-mental health registered nurse implements the identified plan.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Partners with the healthcare consumer, family, significant others, and caregivers as appropriate to implement the plan in a safe, realistic, and timely manner.
- Utilizes the therapeutic relationship and employs principles of mental health recovery.
- Utilizes evidence-based interventions and treatments specific to the problem or issue.
- Utilizes technology to measure, record, and retrieve healthcare consumer data, implement the nursing process, and enhance nursing practice.
- Utilizes community resources and systems to implement the plan.
- Provides age-appropriate care in a culturally and ethnically sensitive manner.
- Provides care and treatment related to psychiatric, substance, and medical problems.
- Provides holistic care that focuses on the person with the disease or disorder, not just the disease or disorder itself.
- Advocates for the healthcare consumer.
- Addresses the needs of diverse populations across the lifespan.
- Collaborates with nursing colleagues and others to implement the plan.
- Supervises ancillary staff in carrying out care interventions.
- Integrates traditional and complementary healthcare practices as appropriate.

- Documents implementation and any modifications, including changes or omissions, of the identified plan.
- Incorporates new knowledge and strategies to initiate change in nursing care practices if desired outcomes are not achieved.
- Manages psychiatric emergencies by determining the level of risk and initiating and coordinating effective emergency care.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Facilitates utilization of systems and community resources to implement the plan.
- Supports collaboration with nursing colleagues and other disciplines to implement the plan.
- Uses principles and concepts of project management and systems management when implementing the plan.
- Fosters organizational systems that support implementation of the plan.
- Provides clinical supervision to the PMH-RN in the implementation of the plan.
- Actively participates in the development and continuous improvement of systems that support the implementation of the plan.

Standard 5A. Coordination of Care

The psychiatric-mental health registered nurse coordinates care delivery.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Coordinates implementation of the plan.
- Manages the healthcare consumer's care in order to maximize individual recovery, independence, and quality of life.
- Assists the healthcare consumer to identify options for alternative care.
- Communicates with the healthcare consumer, family, and system during transitions in care.
- Advocates for the delivery of dignified and humane care by the interprofessional team.
- Documents the coordination of care.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Provides leadership in the coordination of interprofessional health care for integrated delivery of care and treatment services.
- Functions as the single point of accountability for all medical and psychiatric services.
- Synthesizes data and information to prescribe necessary system and community support measures, including environmental modifications.
- Coordinates system and community resources that enhance delivery of care across continuums.

Standard 5B. Health Teaching and Health Promotion

The psychiatric-mental health registered nurse employs strategies to promote health and a safe environment.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Provides health teaching (in individual or group settings) related to the healthcare consumer's needs, recovery goals, and situation that may include but is not limited to mental health problems, psychiatric and substance use disorders, treatment regimens and self-management of those regimens, coping skills, relapse prevention, self-care activities, resources, conflict management, problem-solving skills, stress management and relaxation techniques, and crisis management.
- Uses health promotion and health teaching methods appropriate to the situation and the healthcare consumer's values, beliefs, health practices, developmental level, learning needs, readiness and ability to learn, language preference, spirituality, culture, and socioeconomic status.
- Integrates current knowledge, evidence-based practices, and research regarding psychotherapeutic educational strategies and content.
- Engages healthcare consumer alliances, such as peer specialists, and advocacy groups as appropriate in health teaching and health promotion activities.
- Identifies community resources to assist and support healthcare consumers in using prevention and mental healthcare services.
- Seeks opportunities from the individual healthcare consumer for feedback and evaluation of the effectiveness of strategies utilized.
- Provides anticipatory guidance to individuals and families to promote mental health and to prevent or reduce the risk of psychiatric disorders.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Synthesizes empirical evidence on risk behaviors, learning theories, behavioral change theories, motivational theories, epidemiology, and other related theories and frameworks when designing health information and healthcare consumer education.
- Educates healthcare consumers and significant others about intended effects and potential adverse effects of treatment options and regimes.
- Provides education to individuals, families, and groups to promote knowledge, understanding, and effective management of overall health maintenance, mental health problems, and psychiatric and substance disorders.
- Uses knowledge of health beliefs, practices, evidence-based findings, and epidemiological principles, along with the social, cultural, and political issues that affect mental health in the community to develop health promotion strategies.
- Designs health information and healthcare consumer education appropriate to the healthcare consumer's developmental level, learning needs, readiness to learn, and cultural values and beliefs.
- Evaluates health information resources, such as the Internet, in the area of practice for accuracy, readability, and comprehensibility to help healthcare consumers access quality health information.
- Assists the PMH-RN in curriculum and program development in the areas of health teaching and health promotion.

Standard 5C. Consultation

The psychiatric-mental health advanced practice registered nurse provides consultation to influence the identified plan, enhance the abilities of other clinicians to provide services for healthcare consumers, and effect change.

COMPETENCIES

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Initiates consultation at the request of the consultee.
- Establishes a working alliance with the healthcare consumer or consultee based on mutual respect and role responsibilities.
- Facilitates the effectiveness of a consultation by involving the stakeholders in the decision-making process.
- Synthesizes clinical data, theoretical frameworks, and evidence when providing consultation.
- Communicates consultation recommendations that influence the identified plan, facilitate understanding by involved stakeholders, enhance the work of others, and effect change.
- Clarifies that implementation of system changes or changes to the plan of care remains the responsibility of consultee.
- Assists the PMH-RN and other members of the interprofessional team in resolving complex clinical and other situations.

Standard 5D. Prescriptive Authority and Treatment

The psychiatric-mental health advanced practice registered nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Conducts a thorough assessment of past medication trials, side effects, efficacy, and healthcare consumer preference.
- Educates and assists the healthcare consumer in selecting the appropriate use of complementary and alternative therapies.
- Provides healthcare consumers with information about intended effects and potential adverse effects of proposed prescriptive therapies.
- Provides information about pharmacologic agents, costs, and alternative treatments and procedures as appropriate.
- Prescribes evidence-based treatments, therapies, and procedures considering the healthcare consumer's comprehensive healthcare needs.
- Prescribes pharmacologic agents based on a current knowledge of pharmacology and physiology.
- Prescribes specific pharmacological agents and treatments in collaboration with the healthcare consumer and based on clinical indicators, the healthcare consumer's status, needs, and preferences, and the results of diagnostic and laboratory tests.
- Evaluates therapeutic and potential adverse effects of pharmacological and non-pharmacological treatments.
- Evaluates pharmacological outcomes by utilizing standard symptom measurements and healthcare consumer's reports to determine effectiveness.

Standard 5E. Pharmacological, Biological, and Integrative Therapies

The psychiatric-mental health registered nurse incorporates knowledge of pharmacological, biological, and complementary interventions with applied clinical skills to restore the healthcare consumer's health and prevent further disability.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Applies current research findings to guide nursing actions related to pharmacology, other biological therapies, and integrative therapies.
- Assesses the healthcare consumer's response to biological interventions based on current knowledge of pharmacological agents' intended actions, interactive effects, potential untoward effects, and therapeutic doses.
- Includes health teaching for medication management to support healthcare consumers in managing their own medications and adhering to a prescribed regimen.
- Provides health teaching about mechanism of action, intended effects, potential adverse effects of the proposed prescription, ways to cope with transitional side effects, and other treatment options, including the selection of a no-treatment option.
- Directs interventions toward alleviating untoward effects of biological interventions.
- Communicates observations about the healthcare consumer's response to biological interventions to other health clinicians.

Standard 5F. Milieu Therapy

The psychiatric-mental health registered nurse provides, structures, and maintains a safe, therapeutic, recovery-oriented environment in collaboration with healthcare consumers, families, and other healthcare clinicians.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Orients the healthcare consumer and family to the care environment, including the physical environment, the roles of different healthcare providers, how to be involved in the treatment and care delivery processes, schedules of events pertinent to their care and treatment, and expectations regarding safe and therapeutic behaviors.
- Orients healthcare consumers to their rights and responsibilities particular to the treatment or care environment.
- Establishes a welcoming, trauma-sensitive environment using therapeutic interventions including, but not limited to, sensory or relaxation rooms.
- Conducts ongoing assessments of the healthcare consumer in relation to the environment to guide nursing interventions in maintaining a safe environment.
- Selects specific activities (both individual and group) that meet the healthcare consumer's physical and mental health needs for meaningful participation in the milieu and promotion of personal growth.
- Advocates that the healthcare consumer is treated in the least restrictive environment necessary to maintain the safety of the individual and others.
- Informs the healthcare consumer in a culturally sensitive manner about the need for limits related to safety and the conditions necessary to remove the restrictions.

- Provides support and validation to healthcare consumers when discussing their illness experience, and seeks to prevent complications of illness.

Standard 5G. Therapeutic Relationship and Counseling

The psychiatric-mental health registered nurse (PHM-RN) uses the therapeutic relationship and counseling interventions to assist healthcare consumers in their individual recovery journeys by improving and regaining their previous coping abilities, fostering mental health, and preventing mental disorder and disability.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Uses the therapeutic relationship and counseling techniques to promote the healthcare consumer's stabilization of symptoms and personal recovery goals.
- Uses the therapeutic relationship and counseling techniques, both in the individual and group setting, to reinforce healthy behaviors and interaction patterns and help the healthcare consumer discover individualized health care behaviors to replace unhealthy ones.
- Documents counseling interventions including but not limited to communication and interviewing techniques, problem-solving activities, crisis intervention, stress management, supportive skill building and educational groups, relaxation techniques, assertiveness training, and conflict resolution.

Standard 5H. Psychotherapy

The psychiatric-mental health advanced practice registered nurse conducts individual, couples, group, and family psychotherapy using evidence-based psychotherapeutic frameworks and the nurse–client therapeutic relationship.

COMPETENCIES

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Uses knowledge of relevant biological, psychosocial, and developmental theories, as well as best available research evidence, to select therapeutic methods based on healthcare consumer needs.
- Utilizes interventions that promote mutual trust to build a therapeutic treatment alliance.
- Empowers healthcare consumers to be active participants in treatment.
- Applies therapeutic communication strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth.
- Uses awareness of own emotional reactions and behavioral responses to others to enhance the therapeutic alliance.
- Analyzes the impact of duty to report and execute other advocacy actions on the therapeutic alliance.
- Arranges for the provision of care in the therapist's absence.
- Applies ethical and legal principles to the treatment of healthcare consumers with mental health problems and psychiatric disorders.
- Makes referrals when it is determined that the healthcare consumer will benefit from a transition of care or consultation due to change in clinical condition.
- Evaluates effectiveness of interventions in relation to outcomes using standardized methods as appropriate.

- Monitors outcomes of therapy and adjusts the care plan when indicated.
- Therapeutically concludes the nurse–client relationship and transitions the healthcare consumer to other levels of care when appropriate.
- Manages professional boundaries in order to preserve the integrity of the therapeutic process.

Standard 6. Evaluation

The psychiatric-mental health registered nurse evaluates progress toward attainment of expected outcomes.

COMPETENCIES

The psychiatric-mental health registered nurse (RN-PMH):

- Conducts a systematic, ongoing, and criterion-based evaluation of the outcomes and goals in relation to the prescribed interventions by the plan and indicated timeline.
- Collaborates with the healthcare consumer, family or significant others, and other healthcare clinicians in the evaluation process.
- Documents results of the evaluation.
- Evaluates the effectiveness of the planned strategies in relation to healthcare consumer responses and the attainment of the expected outcomes.
- Uses ongoing assessment data to revise the diagnoses and problems, outcomes, and interventions, as needed.
- Adapts the plan of care for the trajectory of treatment according to evaluation of response.
- Disseminates the results to the healthcare consumer and others involved in the care or situation, as appropriate, in accordance with state and federal laws and regulations.
- Participates in assessing and assuring the responsible and appropriate use of interventions in order to minimize unwarranted or unwanted treatment and healthcare consumer suffering.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Evaluates the accuracy of the diagnosis and effectiveness of the interventions in relationship to the healthcare consumer's attainment of expected outcomes.
- Synthesizes the results of the evaluation analyses to determine the impact of the plan on the affected healthcare consumers, families, groups, communities, and institutions.
- Uses the results of the evaluation analyses to make or recommend process or structural changes, including policy, procedure, or protocol documentation, as appropriate.
- Assists the PMH-RN in the evaluation and re-formulation of the plan in complex situations.

Standards of Professional Performance for Psychiatric-Mental Health Nursing

Standard 7. Ethics

The psychiatric-mental health registered nurse integrates ethical provisions in all areas of practice.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Uses *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001) to guide practice.
- Delivers care in a manner that preserves and protects healthcare consumer autonomy, dignity, and rights.
- Recognizes and avoids using the power inherent in the therapeutic relationship to influence the healthcare consumer in ways not related to the treatment goals.
- Maintains healthcare consumer confidentiality within legal and regulatory parameters.
- Serves as a healthcare consumer advocate protecting healthcare consumer rights and assisting healthcare consumer in developing skills for self-advocacy.
- Maintains therapeutic and professional interpersonal relationships with appropriate professional role boundaries.
- Demonstrates a commitment to practicing self-care, managing stress, and connecting with self and others.
- Contributes to resolving ethical issues of healthcare consumers, colleagues, or systems as evidenced in such activities as recommending ethics clinical consultations for specific healthcare consumer situations and participating on ethics committees.

- Reports illegal, incompetent, or impaired practices.
- Promotes advance care planning related to behavioral health issues which may include behavioral health advance directives.
- Assists healthcare consumers, particularly those who may be facing life threatening medical illnesses, to plan for and gain access to appropriate palliative and hospice care.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Informs the healthcare consumer of the risks, benefits, and outcomes of healthcare regimens.
- Participates in interprofessional teams that address ethical risks, benefits, and outcomes.
- Promotes and maintains a system and climate that is conducive to providing ethical care.
- Utilizes ethical principles to advocate for access and parity of services for mental health problems, psychiatric disorders, and addiction services.

Standard 8. Education

The psychiatric-mental health registered nurse attains knowledge and competence that reflect current nursing practice.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Participates in ongoing educational activities related to appropriate knowledge bases and professional issues.
- Participates in interprofessional educational opportunities to promote continuing skill-building in team collaboration.
- Demonstrates a commitment to lifelong learning through self-reflection and inquiry to identify learning needs.
- Seeks experiences that reflect current practice in order to maintain skills and competence in clinical practice or role performance.
- Acquires knowledge and skills appropriate to the specialty area, practice setting, role, or situation.
- Maintains professional records that provide evidence of competency and lifelong learning.
- Seeks experiences and formal and independent learning activities, to maintain and develop clinical and professional skills and knowledge.
- Seeks experiences and formal and independent learning activities to maintain and develop skills in and knowledge of electronic healthcare media.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Uses current healthcare research findings and other evidence to expand clinical knowledge, enhance role performance, and increase knowledge of professional issues.

- Contributes to an environment that promotes interprofessional education.
- Models expert practice to interprofessional team members and healthcare consumers.
- Mentors registered nurses and colleagues as appropriate.
- Participates in interprofessional teams contributing to role development and advanced nursing practice and health care.

Standard 9 Evidence-Based Practice and Research

The psychiatric-mental health registered nurse integrates evidence and research findings into practice.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Utilizes evidence-based nursing knowledge, including research findings, to guide practice decisions.
- Actively participates in research activities at various levels appropriate to the nurse's level of education and position. Such activities may include:
    - Identifying clinical problems specific to psychiatric-mental health nursing research
    - Participating in data collection (surveys, pilot projects, and formal studies)
    - Assisting with informed consent process
    - Participating in a formal committee or program
    - Sharing research activities and findings with peers and others
    - Conducting evidence-based practice projects and research
    - Critically analyzing and interpreting research for application to practice
    - Using research findings in the development of policies, procedures, and standards of practice in nursing care
    - Incorporating research as a basis for learning

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Contributes to nursing knowledge by conducting, critically appraising, or synthesizing research that discovers, examines, and evaluates

knowledge, theories, criteria, and creative approaches to improve healthcare practice.

- Promotes a climate of research and clinical inquiry.
- Formally disseminates research findings through activities such as presentations, publications, consultation, and journal clubs.
- Promotes a culture that consistently integrates the best available research evidence into practice.

Standard 10. Quality of Practice

The psychiatric-mental health registered nurse systematically enhances the quality and effectiveness of nursing practice.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Demonstrates quality by documenting the application of the nursing process in a responsible, accountable, and ethical manner.
- Uses the results of quality improvement activities to initiate changes in nursing practice and in the healthcare delivery system.
- Uses creativity and innovation in nursing practice to improve care delivery.
- Incorporates new knowledge to initiate changes in nursing practice if desired outcomes are not achieved.
- Participates in quality improvement activities. Such activities may include:
    - Identifying aspects of practice important for quality monitoring
    - Using indicators developed to monitor quality and effectiveness of nursing practice
    - Collecting data to monitor quality and effectiveness of nursing practice
    - Analyzing quality data to identify opportunities for improving nursing practice
    - Formulating recommendations to improve nursing practice or outcomes
    - Implementing activities to enhance the quality of nursing practice
    - Developing, implementing, and evaluating policies, procedures, and guidelines to improve the quality of practice

- Participating on interprofessional teams to evaluate clinical care or health services
- Participating in efforts to minimize costs and unnecessary duplication
- Analyzing factors related to safety, satisfaction, effectiveness, and cost–benefit options
- Analyzing organizational systems for barriers
- Implementing processes to remove or decrease barriers within organizational systems

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Obtains and maintains professional certification at the advanced level in psychiatric-mental health nursing.
- Designs quality improvement initiatives to improve practice and health outcomes.
- Identifies opportunities for the generation and use of research and evidence.
- Evaluates the practice environment and quality of nursing care rendered in relation to existing evidence.

Standard 11. Communication

The psychiatric-mental health registered nurse communicates effectively in a variety of formats in all areas of practice.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Assesses communication format preferences of healthcare consumers, families, and colleagues.*
- Assesses her or his own communication skills in encounters with healthcare consumers, families, and colleagues.*
- Seeks continuous improvement of her or his own communication and conflict resolution skills.*
- Conveys information to healthcare consumers, families, the interprofessional team, and others in communication formats that promote accuracy.
- Questions the rationale supporting care processes and decisions when they do not appear to be in the best interest of the healthcare consumer.*
- Discloses observations or concerns related to hazards and errors in care or the practice environment to the appropriate level.
- Maintains communication with other members of the interprofessional team to minimize risks associated with transfers and transition in care delivery.
- Documents referrals, including provisions for continuity of care.
- Contributes her or his own professional perspective in discussions with the interprofessional team.
- Documents plan of care communications, rationales for changes, and collaborative discussions to improve nursing care.

*(BHE.MONE, 2006)

Standard 12. Leadership

The psychiatric-mental health registered nurse provides leadership in the professional practice setting and the profession.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Oversees the nursing care given by others while retaining accountability for the quality of care given to the healthcare consumer.
- Abides by the vision, the associated goals, and the plan to implement and measure progress of an individual healthcare consumer or progress within the context of the healthcare organization.
- Demonstrates a commitment to continuous lifelong learning and education for self and others.
- Mentors colleagues for the advancement of nursing practice, the profession, and quality health care.
- Treats colleagues with respect, trust, and dignity.*
- Develops communication and conflict resolution skills.
- Participates in professional organizations.
- Communicates effectively with the healthcare consumer and colleagues.
- Seeks ways to advance nursing autonomy and accountability.*
- Participates in efforts to influence healthcare policy involving healthcare consumers and the profession.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Influences decision-making bodies to improve the professional practice environment and healthcare consumer outcomes.

- Influences health policy to promote person-centered, recovery–oriented services for prevention and treatment of mental health problems and psychiatric disorders.
- Provides direction to enhance the effectiveness of the interprofessional team.
- Designs innovations to effect change in practice and improve health outcomes.
- Promotes advanced practice nursing and role development by interpreting its role for healthcare consumers, families, and others.
- Models expert practice to interprofessional team members and healthcare consumers.
- Mentors colleagues in the acquisition of clinical knowledge, skills, abilities, and judgment.

(* BHE.MONE, 2006)

Standard 13. Collaboration

The psychiatric-mental health registered nurse collaborates with the healthcare consumer, family, interprofessional health team, and others in the conduct of nursing practice.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Shares knowledge and skills with peers and colleagues as evidenced by such activities as healthcare conferences or presentations at formal or informal meetings.
- Provides peers with feedback regarding their practice and role performance.
- Interacts with peers and colleagues to enhance one's own professional nursing practice and role performance.
- Maintains compassionate and caring relationships with peers and colleagues.
- Contributes to an environment that is conducive to the education of healthcare professionals.
- Contributes to a supportive and healthy work environment.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Models expert practice to interprofessional team members and healthcare consumers.
- Mentors other registered nurses and colleagues as appropriate.
- Participates in interprofessional teams that contribute to role development and advanced nursing practice and health care.
- Partners with other disciplines to enhance health care through interprofessional activities such as education, consultation, management, technological development, or research opportunities.

- Facilitates an interprofessional process with other members of the healthcare team.

Standard 14. Professional Practice Evaluation

The psychiatric-mental health registered nurse evaluates one's own practice in relation to the professional practice standards and guidelines, relevant statutes, rules, and regulations.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Applies knowledge of current practice standards, guidelines, statutes, rules, and regulations.
- Engages in self-evaluation of practice on a regular basis, identifying areas of strength as well as areas in which professional development would be beneficial.
- Obtains informal feedback regarding practice from healthcare consumers, peers, professional colleagues, and others.
- Participates in systematic peer review as appropriate.
- Takes action to achieve goals identified during the evaluation process.
- Provides rationale for practice beliefs, decisions, and actions as part of the informal and formal evaluation processes.
- Seeks formal and informal constructive feedback from peers and colleagues to enhance psychiatric-mental health nursing practice or role performance.
- Provides peers with formal and informal constructive feedback to enhance psychiatric-mental health nursing practice or role performance.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Engages in a formal process seeking feedback regarding one's own practice from healthcare consumers, peers, professional colleagues, and others.

- Models self-improvement by reflecting on and evaluating one's own practice and role performance, and sharing insights with peers and professional colleagues.

Standard 15. Resource Utilization

The psychiatric-mental health registered nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Evaluates factors such as safety, effectiveness, availability, cost–benefit, efficiencies, and impact on practice when choosing practice options that would result in the same expected outcome.
- Assists the healthcare consumer and family in identifying and securing appropriate and available services to address health-related needs.
- Assists the healthcare consumer and family in factoring in costs, risks, and benefits in decisions about treatment and care.
- Assigns or delegates elements of care to appropriate healthcare workers, based on the needs and condition of the healthcare consumer, potential for harm, stability of the healthcare consumer's condition, complexity of the task, and predictability of the outcome.
- Assists the healthcare consumer and family in becoming informed about the options, costs, risks, and benefits of treatment and care.
- Advocates for resources that promote quality care, including technologies.
- Identifies the evidence when evaluating resources.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Utilizes organizational and community resources to formulate interprofessional plans of care.
- Formulates innovative solutions for healthcare consumer problems that address effective resource utilization and maintenance of quality.

- Designs evaluation strategies to demonstrate quality, cost effectiveness, cost–benefit, and efficiency factors associated with nursing practice.
- Builds constructive relationships with hospital and community providers, organizations, and systems to promote collaborative decision-making and planning to identify and meet resource needs.

Standard 16. Environmental Health

The psychiatric-mental health registered nurse practices in an environmentally safe and healthy manner.

COMPETENCIES

The psychiatric-mental health registered nurse (PMH-RN):

- Attains knowledge of environmental health concepts, such as implementation of environmental health strategies.
- Promotes a practice environment that reduces environmental health risks for workers and healthcare consumers.
- Assesses the practice environment for factors such as sounds, odors, noises, and lights that threaten health.
- Advocates for the judicious and appropriate use of products in health care.
- Communicates environmental health risks and exposure reduction strategies to healthcare consumers, families, colleagues, and communities.
- Utilizes scientific evidence to determine if a product or treatment is an environmental threat.
- Participates in strategies to promote healthy communities.

ADDITIONAL COMPETENCIES FOR THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

The psychiatric-mental health advanced practice registered nurse (PMH-APRN):

- Creates partnerships that promote sustainable environmental health policies and conditions.
- Analyzes the impact of social, political, and economic influences on the environment and human health exposures. Critically evaluates the manner in which environmental health issues are presented by the popular media.
- Advocates for implementation of environmental principles for nursing practice.

- Supports nurses in implementing environmental principles in nursing practice.

Glossary

Assessment. A systematic, dynamic process by which the registered nurse collects and analyzes data received through interaction with the healthcare consumer, family, groups, communities, populations, and healthcare providers. Assessment may include the following dimensions: physical, psychological, socio-cultural, spiritual, cognitive, functional abilities, developmental, economic, and lifestyle.

Caregiver. A person who provides direct care for another, such as a child, dependent adult, the disabled, or the chronically ill.

Code of ethics. A list of provisions that makes explicit the primary goals, values, and obligations of the profession.

Comorbidity. The simultaneous occurrence of more than one disease or condition in the same client. One condition may cause the other or make the client more vulnerable to it; the comorbidities may be induced by common factors; or, they may be unrelated.

Continuity of care. An interprofessional process that includes healthcare consumers, families, and significant others in the development of a coordinated plan of care. This process facilitates the healthcare consumer's transition between settings and healthcare providers, and is based on changing needs and available resources.

Criteria. Relevant, measurable indicators of the standards of practice and professional performance.

Diagnosis. A clinical judgment about a healthcare consumer's response to actual or potential health conditions or needs. The diagnosis may be framed in terms of a problem, issue, or target behavior that provides the basis for determination of a plan to achieve expected outcomes. Registered nurses utilize nursing and/or medical diagnoses depending on educational and clinical preparation and legal authority.

Environment. The atmosphere, milieu, or conditions in which an individual lives, works, or plays and in which the registered nurse practices.

Evaluation. The process of determining the healthcare consumer's progress toward attainment of expected outcomes and the effectiveness of the registered nurse's care and interventions.

Evidence-based practice. Applying the best available synthesis of research results (the evidence) when making healthcare decisions. Healthcare professionals engaged in evidence-based practice use research evidence along with clinical expertise and patient preferences. Systematic reviews (summaries of healthcare research results) provide information that aids in the process of evidence-based practice. (Adapted from AHRQ, n.d.)

Expected outcomes. Behaviorally-focused, measurable, individual, family, or community states or perceptions that indicate desirable results. Outcomes are measured along a continuum and are responsive to nursing interventions.

Family. Family of origin or significant others as identified by the healthcare consumer.

Guidelines. Systematically developed statements that describe recommended actions based on available scientific evidence and expert opinion. Clinical guidelines describe a process of health care management that has the potential of improving the quality of clinical and consumer decision-making.

Health. An experience that is often expressed in terms of wellness and illness, and may occur in the presence or absence of disease or injury.

Healthcare consumer. The person, client, family, group, community, or population who is the focus of attention and to whom the registered nurse is providing services as sanctioned by the state regulatory bodies.

Healthcare providers. Individuals with special expertise who provide healthcare services or assistance to healthcare consumers. They may include nurses, physicians, psychologists, social workers, nutritionist/dietitians, and various therapists.

Holistic. Treatment based on recognizing the interconnectedness of the physical, mental, social, and spiritual aspects of a healthcare consumer and that these factors all need to be included in an individual's treatment plan and nursing interventions.

Illness. The subjective experience of discomfort.

Implementation. Activities such as teaching, monitoring, providing, counseling, delegating, and coordinating.

Interprofessional. Reliant on the overlapping skills and knowledge of each team member and discipline, resulting in synergistic effects where outcomes are enhanced and more comprehensive than the simple aggregation of the team members' individual efforts.

Knowledge. Information that is synthesized so that relationships are identified and formalized.

Mental disorder. Any condition of the brain that adversely affects a person's cognition, emotions, or behavior.

Mental health. Emotional and psychological wellness; the capacity to interact with others, deal with ordinary stress, and perceive one's surroundings realistically.

Milieu therapy. A therapeutic milieu is a safe, welcoming, supportive, and functional physical treatment environment (McLoughlin et al, 2010). Milieu therapy includes the nursing interventions used to assist healthcare consumers to make positive change and promote recovery by providing empathy, assisting in problem solving, acting as a role model, demonstrating leadership, confronting discrepancies when necessary, encouraging self-efficacy, decreasing stimuli when necessary, and manipulating the environment such that the above interventions can be effective (Delaney, 2006; Yurkovich, 1989).

Multidisciplinary. Reliant on each team member or discipline; contributing discipline-specific skills.

Nursing process. A critical thinking model used by nurses that comprises the integration of the singular, concurrent actions of these six components: assessment, diagnosis, identification of outcomes, planning, implementation, and evaluation.

Peer review. A collegial, systematic, and periodic process by which registered nurses are held accountable for practice, which fosters the refinement of one's knowledge, skills, and decision making at all levels and in all areas of practice.

Plan. A comprehensive outline of the steps that need to be completed to attain expected outcomes.

Psychiatric disorder. Any condition of the brain that adversely affects a person's cognition, emotions, or behavior.

Psychiatric-mental health nursing. A specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders.

Psychotherapy. A general term used to describe the process of treating health care consumers with mental health issues or psychiatric disorders. Psychiatric-mental health advanced practice nurses, clinical psychologists, psychiatrists, and clinical social workers all engage in psychotherapy. There are many specific types of psychotherapy, including cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), group therapy, psychoanalytic therapy, and client-centered therapy.

Quality of care. The degree to which health services for consumers, families, groups, communities, or populations increase the likelihood of desired outcomes and are consistent with current professional knowledge.

Recovery. Refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery implies the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms (US DHHS, p.7, 2003).

Recovery-oriented. The care psychiatric caregivers and practitioners offer in support of the healthcare consumer's recovery. It embeds the language, spirit, and culture of recovery with the caregivers themselves and with the healthcare consumers and their families. Recovery-oriented interventions focus on the healthcare consumer's goals as he or she defines them and focuses on the healthcare consumer as a leader or guide of the care process to the fullest extent possible. Recovery-oriented care focuses on utilizing strengths of the healthcare consumer in identifying and addressing barriers to wellness and gaining health.

Standard. An authoritative statement defined and promoted by the profession, by which the quality of practice, service, or education can be evaluated.

Stigma. The extreme disapproval of, or discontent with, a person on the grounds of characteristics that distinguish them from other members of society. Stigma may be attached to a person who differs from social or cultural norms. Social stigma can result from the perception or attribution, rightly or wrongly, of mental disorder, physical disabilities, diseases, illegitimacy, sexual orientation, gender identity, skin tone, nationality, ethnicity, religion (or lack of religion) and criminality, thus, promoting a negative stereotype about a group of people.

References

Adams, N., & Grieder, D. M. (2005). *Treatment planning for person-centered care: The road to mental health and addiction recovery*. Burlington, MA: Elsevier Academic Press.

Agency for Healthcare Research and Quality (AHRQ). *Glossary of terms*. Retrieved from http://effectivehealthcare.ahrq.gov/glossary-of-terms.

American Nurses Association (ANA). (1990). *Standards of practice: Psychiatric consultation-liaison nursing*. Kansas City, MO: Author.

American Nurses Association (ANA). (2001). *Code of ethics for nurses with interpretive statements*. Washington, DC: American Nurses Publishing.

American Nurses Association (ANA). (2003). *Nursing's social policy statement*: *The essence of the profession*. Washington, DC: Nursebooks.org.

American Nurses Association (ANA). (2004). *Nursing: Scope and standards of practice*. Silver Spring, MD: Nursebooks.org.

American Nurses Association (ANA). (2007). *Psychiatric-mental health nursing: Scope and standards of practice*. Silver Spring, MD: Nursebooks.org.

American Nurses Association (ANA). (2010). *Nursing: Scope and standards of practice* (2nd ed.). Silver Spring, MD: Nursebooks.org.

American Nurses Association (n.d.1). *Advanced practice nurses*. Retrieved from http://www.nursingworld.org/EspeciallyForYou/AdvancedPracticeNurses.aspx

American Nurses Association (n.d.2). *APRN profiles*. Retrieved April 15, 2014 from http://www.nursingworld.org/EspeciallyForYou/AdvancedPracticeNurses/APRNs-at-Work

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

American Psychiatric Association. (2010a). *The principles of medical ethics with annotations especially applicable to psychiatry*. Washington, DC: Author.

American Psychological Association. (2010b). *Ethical principles of psychologists and code of conduct,* 2010 amendments. Washington, DC: Author.

American Psychiatric Nurses Association. (2013). *APNA primary care statement*. Retrieved from http://www.apna.org/i4a/pages/index.cfm?pageid=5225

Anthony, W., Cohen, M., Farkas, M., & Cagne, C. (2002). *Psychiatric rehabilitation* (2nd ed.). Boston: Center for Psychiatric Rehabilitation.

Assertive Community Treatment Association. (2012). *ACT model*. Retrieved from http://www.actassociation.org/actModel/

Barker, P. (2001). The tidal model: Developing a person-centered approach to psychiatric-mental health nursing. *Perspectives in Psychiatric Care, 37*, 79–87.

Barker, P., & Buchanan-Barker, P. (2010). The tidal model of mental health recovery and reclamation: Application in acute care settings. *Issues in Mental Health Nursing, 31*(3), 171–180.

Beardslee, W.R., Chien, P.L. & Bell, C.C. (2011) Prevention of mental disorders, substance abuse, and problem behaviors: A developmental perspective. *Psychiatric Services (62)*3. doi: 10.1176/appi.ps.62.3.247. Retrieved from http://ps.psychiatryonline.org/article.aspx?articleID=102224

Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health, and cost. *Health Affairs, 27,* 759–769.

Bigbee, H. L., & Amidi-Nouri, A. (2000). History and evolution of advanced practice nursing. In A. B. Hamric, J. A. Spross, & C. M. Hanson (Eds.), *Advanced practice: An integrative approach* (2nd ed.) (pp. 3–31), Philadelphia: W. B. Saunders.

Bjorklund, P. (2003). The certified psychiatric nurse practitioner: Advanced practice psychiatric nursing reclaimed. *Archives of Psychiatric Nursing, 17*(2), 77–87.

Blake, P. (1977). The clinical specialist as nurse consultant. *Journal of Nursing Administration, 7*, 33–36.

Bloom, J. D., Krishnan, B., & Lockey, C. (2008). The majority of inpatient psychiatric beds should not be appropriated by the forensic system. *Journal of the American Academy of Psychiatry and the Law, 36,* 438–42.

Blount, F. A., & Miller, B. F. (2009). Addressing the workforce crisis in integrated primary care. *Journal of Clinical Psychology in Medical Settings, 16*(1), 113–9.

Board of Higher Education & Massachusetts Organization of Nurse Executives (BHE/MONE). (2006). *Creativity and connections: Building the framework for the future of nursing education. Report from the Invitational Working Session, March 23–24, 2006.* Burlington, MA: MONE. http://www.mass.edu/currentinit/documents/NursingCreativityAndConnections.pdf

Boling, A. (2003). The professionalization of psychiatric nursing: From doctors' handmaidens to empowered professionals. *Journal of Psychosocial Nursing, 41*(10), 26–40.

Boyd, M. A. (1998). The shaping of contemporary psychiatric nursing practice (ch. 5). In M. A. Boyd & M. A. Nihart (Eds.), *Psychiatric nursing: Contemporary practice* (pp. 90–108). Philadelphia: Lippincott Williams & Wilkins.

Brown, M., & Barila, T. (2012). *Children's resilience initiative: One community's response to adverse childhood experiences*. Retrieved from http://www.acmha.org/summit_reports_2012.shtml

Center for Substance Abuse Treatment. (2009). *Considerations for the provision of e-therapy.* HHS Publication, No. (SMA) 09-4450. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration.

Chafetz, L., White, M., Collins-Bride, G., & Nickens, J. (2005). The poor general health of the severely mentally ill: Impact of schizophrenic diagnosis. *Community Mental Health Journal, 41*(2), 169–184.

Church, O. M. (1985). Emergence of training programs for asylum nursing at the turn of the century. *Advances in Nursing Science, 7*(2), 35–46.

Collins, C., Hewson, D. L., Munger, R., & Wade, T. (2010). *Evolving models of behavioral health integration in primary care.* New York: Milbank Memorial Fund.

Davidson, L., O'Connell, M., Sells, D., & Stacheli, M. (2003). Is there an outside to mental illness? In L. Davidson, *Living outside mental illness: Qualitative studies of recovery in schizophrenia* (pp. 31–60). New York: New York University Press .

Delaney, K. R. (2006). Top 10 milieu interventions for inpatient child/adolescent treatment. *Journal of Child and Adolescent Psychiatric Nursing*, *19*(4), 203–214.

Delaney, K. R., & Kwasky, A. N. (2013). Interface of policy and practice in psychiatric-mental health nursing: Anticipating challenges and opportunities of health care reform. In K. A. Goudreau & M. Smolenski (Eds.), *Health policy and advanced practice nursing: Impact and implications* (pp. 161–179). New York: Springer.

Delaney, K. R., Robinson, K. M., & Chafetz, L. (2013). Development of integrated mental health care: Critical workforce competencies. *Nursing Outlook*. Article in press DOI: 10.1016/j.outlook.2013.03.005

Delaney, K. R., & Staten, R. T. (2010). Prevention approaches in child mental health disorders. *Nursing Clinics of North America, 45,* 521–539.

deVries, M. W., & Wilkerson, B. (2003). Stress, work and mental health: A global perspective. *NeuroPsychiatrica, 15*, 44.

Donaldson, M., Yordy, K., & Vanselow, N. (Eds.). (1994). *Defining primary care: An interim report*. Washington, DC: National Academies press. Retrieved from http://books.nap.edu/openbook.php?record_id=9153&page=R1

Epstein, E. G., & Delgado, S. (2010). Understanding and addressing moral distress. *OJIN: The Online Journal of Issues in Nursing*, *15*(3), 1.

Farb, N. A. S, Anderson, A. K., Block, R. T., & Siegel, Z. V. (2011). Mood-linked responses in medial prefrontal cortex predict relapse in patients with recurrent unipolar depression. *Biological Psychiatry, 70,* 366–372.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine, 14,* 246–258.

Gillham, J., & Reivich, K. (ND). Resilience research in children**:** The Penn resiliency project. Retrieved from http://www.ppc.sas.upenn.edu/prpsum.htm.

Glick, R. L., Berlin, J. S., Fishkind, A. B., & Zeller, S. L. (2008). *Emergency psychiatry*. Philadelphia: Lippincott Williams & Wilkins.

Han, B., Gfroerer, J. C., Colliver, J. D., & Penne, M. A. (2009). Substance use disorder among older adults in the United States in 2020. *Addictions,104,* 88–96.

Hanrahan, N. P., Delaney, K. R., & Stuart, G. W. (2012). Blueprint for development of the advanced practice psychiatric nurse workforce. *Nursing Outlook, 60,* 91–104.

Hanrahan, N. P., & Hartley, D. (2008). Employment of advanced-practice psychiatric nurses to stem rural mental health workforce shortages. *Psychiatric Services, 59*, 109–111.

Hanrahan, N. P., & Sullivan-Marx, E. M. (2005). Practice patterns and potential solutions to the shortage of providers of older adult mental health services. *Policy, Politics and Nursing Practice, 6*(3), 1–10.

Hauenstein, E. J. (1997). A nursing practice paradigm for depressed rural women: The women's affective illness treatment program. *Archives of Psychiatric Nursing, 11*, 37–45.

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.

Intermountain Healthcare. (2009). Overview of scoring and evaluating child/adolescent MHI forms. https://intermountainhealthcare.org/ext/Dcmnt?ncid=520702514&tfrm=default.

International Society of Psychiatric Nursing and American Psychiatric Nurses Association. (2008). *Essentials of psychiatric-mental health nursing in the BSN curriculum: Collaboratively developed by ISPN and APNA* (2007-2008); Available at: http://www.ispn-psych.org/docs/08Curricular GuidesUndergrad.pdf

Jameton, A. (1993). Dilemmas of moral distress: Moral responsibility and nursing practice. *AWHONNS Clinical Issues in Perinatal and Women's Health Nursing, 4*(4), 542–551.

Kaas, M. J., & Markley, J. M. (1998). A national perspective on prescriptive authority for advanced practice nurses. *Journal of the American Psychiatric Nurses Association*, *4*, 190–198.

Kane, C. F., & Brackley, M.A.(2012). Psychiatric Mental Health Substance Abuse Essential Competencies Taskforce of the American Academy of Nursing Psychiatric Mental Health Substance Abuse Expert Panel. (co-chairs). Essential psychiatric, mental health and substance use competencies for the registered nurse. *Archives of Psychiatric Nursing, 26*(2), 80-110. doi:10.1016/j.apnu.2011.12.010

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion Psychiatry, 20*, 359–364

Kessler, R. C., Avenevoli, S. , Costello, E. J., Georgiades, K., Green, J. G., Gruber, M. J., et al. (2012). Prevalence, persistence, and sociodemographic correlates of *DSM-IV* disorders in the national comorbidity survey replication adolescent supplement. *Archives of General Psychiatry, 69, 372–380.*

Knox, K. L., Stanley, B., Currier, G. W., Brenner, L., Ghahramanlou-Holloway, M., & Brown, G. (2012). An emergency department-based brief intervention for veterans at risk for suicide (SAFE VET). *American Journal of Public Health, 102*, S33–S37.

Koike, A. K., Unutzer, J., & Wells, K. B. (2002). Improving care for depression in patients with comorbid medical illness. *American Journal of Psychiatry, 159*, 1738–1745.

Kowal, J., Swenson, J. R., Aubry, T. D., Marchand, H. D., & MacPhee, C. (2011). Improving access to acute mental health services in a general hospital. *Journal of Mental Health, 20*, 5–14

Gonzalez, E. W., & Walker, D. (1998). Management of psychiatric symptoms in medically ill patients in the homecare setting. *Critical Care Nursing Clinics of North America, 10*(3), 315–326.

Krupnick, S. (1995). Psychiatric consultation liaison nursing. In D. Antai-Otong (Ed.), *Psychiatric nursing: Biological and behavioral concepts.* Philadelphia, PA: W. B. Saunders.

Lachman, V. D. (2010). Strategies necessary for moral courage. *OJIN: The Online Journal of Issues in Nursing*, *15*, 3.

Leong, F. T. L., & Kalibatseva, K. (2011). Cross-cultural barriers to mental health services in the United States. *Cerebrum*, March, 1–13. Retrieved from http://dana.org/news/cerebrum/.

Lewis, A., & Levy, J. S. (1982). *Psychiatric liaison nursing: The theory and clinical practice*. Reston, Virginia: Reston Publishing Company.

Lippitt, G., & Lippitt, R. (1978). *The consulting process in action*. San Diego: University Associates.

Manderscheid, R. W. (May 12, 2012). Medicaid realignment: Boon or bane for behavioral healthcare? *Behavioral Healthcare* (online). Retrieved from http://www.behavioral.net/blogs/ron-manderscheid/medicaid-realignment-boon-or-bane-behavioral-healthcare.

Manderscheid, R. W. (2010). Evolution and integration of primary care services with specialty services. In B. Levin, K. Hennessy, & J. Petrila (Eds.), *Mental health services: A public health perspective* (3rd ed.) (pp. 389–400). New York: Oxford University Press.

Martin, A., & Leslie, D. (2003). Psychiatric inpatient, outpatient, and medication utilization and costs among privately insured youths, 1997–2000. *American Journal of Psychiatry, 160*, 757–764.

McGrew, J. H., Pescosolido, B., & Wright, E. (2003). Case managers' perspectives on critical ingredients of assertive community treatment and on its implementation. *Psychiatric Services, 54*, 370–376.

McLoughlin, K. A., & Fitzpatrick, J.J. (2008). Self-reports of recovery-oriented practices of mental health nurses in state mental health institutes: Development of a measure. *Issues in Mental Health Nursing*, *29*, 1051–1065.

McLoughlin, K. A., Webb, T., Myers, M., Skinner, K., & Adams, C. (2010). Developing a psychosocial rehabilitation treatment mall: An implementation model for mental health nurses. *Archives of Psychiatric Nursing*, *24*(5), 330–338.

McLoughlin, K. A., & Geller, J. L. (2010). Interdisciplinary treatment planning in inpatient settings: From myth to model. *Psychiatric Quarterly*, *81*, 263–277.

McLoughlin, K. A., Geller, J. L., & Tolan, A. (2011). Is recovery possible in a forensic hospital setting? In "Consider This"... [column in] *Archives of Psychiatric Nursing, 25*, 390–391.

Melek, S., & Norris, D. (2008). *Chronic conditions and comorbid psychological disorders*. Seattle: Milliman.

Melnyk, B. M., & Fineout-Overholt, E. (2010). *Evidence-based practice in nursing and healthcare: A guide to best practice* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.

Merikangas, K. R., He, J., Brody, D., Fisher, P. W., Bourdon, K., & Koretz, D. S. (2010). Prevalence and treatment of mental disorders among U.S. children in the 2001–2004 NHANES. *Pediatrics, 125*, 75–81.

Najt, P., Fusar-Poli, P., & Brambilla, P. (2011). Co-occurring mental and substance abuse disorders: A review of the potential predictors and clinical outcomes. *Psychiatry Research, 186*, 159–164.

National Council for Community Behavioral Healthcare. (2009). *Behavioral health / primary care integration and the person-centered healthcare home.* Retrieved from http://www.thenationalcouncil.org/galleries/resources-services%20files/Integration%20and%20Healthcare%20Home.pdf.

NCSBN Joint Dialogue Group Report. (2008). *Consensus Model for APRN regulation: Licensure, accreditation, certification, and education*. Available at: www.aacn.nche.edu/Education/pdf/APRNReport.pdf.

O'Connell, M.E. Boat, T., & Warner, K.E. (eds.) (2009) *Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities*. (National Research Council and Institute of Medicine Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions.) National Academies Press: Washington, DC. Retrieved from http://www.ncbi.nlm.nih.gov/books/NBK32775/.

Onie, R., Farmer, P., & Behforouz, H. (2012). Realigning health with care: Lessons in delivering more with less. *Stanford Social Innovation Review*. *Summer*, 28–35, Retrieved from http://www.ssireview.org/articles/entry/realigning_health_with_care.

Parks, J., Svendsen, D., Singer, P., & Foti, M. E. (Eds.). (2006). *Morbidity and mortality in people with serious mental illness (13th technical report)*. Alexandria, VA: National Association of State Mental Health Program Directors Medical Directors Council. Retrieved from http://www.nasmhpd.org/general_files/publications/med_directors_pubs/Technical%20 Report%20on%20Morbidity%20and%20Mortaility%20-%20Final%2011-06.pdf.

Peplau, H. E. (1991). *Interpersonal relations in nursing: A conceptual frame of reference for psychodynamic nursing*. New York: Springer Publishing Company.

Prince, M., Patel, V., Saxena S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No health without mental health. *Lancet, 370*, 859–877.

QSEN, (n.d.) *The Quality and Safety Education for Nurses (QSEN) Institute competencies,* retrieved from http://qsen.org.

Reiss-Brennan, B., Cannon, W. H., Briesacher, M., & Leckman, L. C. (2011). Integrating mental health into routine primary care. *Group Practice Journal,* July/August, 11–15.

Rice, M. J., Moller, M. D., DePascale, C., & Skinner, L. (2007). APNA and ANCC collaboration: Achieving consensus on future credentialing for advanced practice psychiatric and mental health nursing. *Journal of the American Psychiatric Nurses Association*, *13*(3), 153–159.

Robinson, L. (1987). Psychiatric consultation liaison nursing and psychiatric consultation liaison doctoring: Similarities and differences. *Archives of Psychiatric Nursing*, *1*(2), 73–80.

Salyers, M. P., & Macy, V. R. (2005). Recovery-oriented evidence-based practices: A commentary. *Community Mental Health Journal*, *41*, 101–103.

Scott, K. M., Von Korff, M., Alonso, J. M., Angermeyer, M. C., Bromet, E., Fayyad, J., et al. (2009). Mental–physical comorbidity and its relationship with disability: Results from the World Mental Health Surveys. *Psychological Medicine, 39,* 33–43.

Seed, M. S., & Torkelson, D. J. (2012). Beginning the recovery journey in acute psychiatric care: Using concepts from Orem's self-care deficit nursing theory. *Issues in Mental Health Nursing, 33,* 394–398.

Sharrock, J. (2011). Consultation-liaison. In K. L Edward, I. Munro, A. Robins, & A. Welch (Eds.), *Mental Health Nursing: Dimensions of Praxis* (pp. 361–382). Melbourne, Australia: Oxford University Press.

Shrestha, L. B., & Heisler, E. J. (2011). *The changing demographic profile of the United States*. Retrieved from http://www.fas.org/sgp/crs/misc/RL32701.pdf.

Silverstein, C. M. (2008). From the front lines to the home front: A history of the development of psychiatric nursing in the US during the World War II era. *Issues in Mental Health Nursing, 29,* 719–737.

Stoddard, E. J., Pandya, A., & Katz, C. L. (2011). *Disaster psychiatry: readiness, evaluation and treatment*. American Psychiatric Publishing, Inc.: Washington, DC.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2011). *Leading change: A plan for SAMHSA's roles and actions 2011-2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). *Results from the 2010 National Survey on Drug Use and Health: Mental health findings*, NSDUH Series H-42, HHS Publication No. (SMA) 11-4667. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2010). *SAMHSA joins together with national behavioral health provider associations to promote mental health recovery.* SAMHSA News Release. Retrieved from http://www.samhsa.gov/newsroom/advisories/100422behavioral0121.aspx.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2009). *Results from the 2008 National Survey on Drug Use and Health: National findings.* Office of Applied Studies, NSDUH Series H-36, HHS Publication No. (SMA) 09-4434. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2005). Transforming mental health care in America: The federal action agenda: First steps. DHHS Publication No. (SMA) 05-4060. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2006). National consensus statement on mental health recovery. Retrieved from http://www.samhsa.gov/.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). *Mental health, United States, 2010.* HHS Publication No. (SMA) 12-4681. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Taylor, C. M. (1999). Introduction to psychiatric-mental health nursing. In P. O'Brien, W. Z. Kennedy, & K. A. Ballard (Eds.), *Psychiatric nursing: An integration of theory and practice* (pp. 3–19). New York: McGraw-Hill.

Tierney, K. R., & Kane, C. (2011). Promoting wellness and recovery for persons with serious mental illness: A program evaluation. *Archives of Psychiatric Nursing, 25,* 77–89.

Torrey, E. F., Kennard, A. D., Eslinger, D., Lamb, R., & Pavle, J.. (May, 2010). *More mentally ill persons are in jails and prisons than hospitals: A survey of the states.* Washington, DC: Treatment Advocacy Center.

U.S. Census Bureau. (2004). *Census Bureau projects tripling of Hispanic and Asian populations in 50 years; Non-Hispanic whites may drop to half of total population.* Retrieved from http://www.census.gov/Press-Release/www/releases/archives/population/001720.html.

U.S. Department of Health and Human Services (USDHHS). (2001). *Mental health: Culture, race and ethnicity—A supplement to mental health: A report of the surgeon general.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

U.S. Preventative Services Taskforce (USPSTF). (2012). The guide to clinical preventive services 2010-2011 guidelines.

United States Department of Health and Human Services. (2003). *Achieving the promise: Transforming mental health care in American, final report.* DHHS Publication No. (SMA) 03-3832. Rockville, MD: U.S. Government Printing Office.

United States Department of Health and Human Services. (2005). Substance abuse treatment for persons with co-occurring disorders—A treatment improvement protocol, TIP 42. Rockville, MD: U.S. Government Printing Office.

Ursano, R. J., Fullerton, C. S., Weisaeth, L., & Raphael, B. (2007). *Textbook of disaster psychiatry.* New York: Cambridge Press.

Vincent, G. K., & Velkoff, V. A. (2010). *The next four decades. The older population in the United States: 2010 to 2050* (P25-1138). Current Population Reports. Washington, DC: U.S. Census Bureau. Retrieved from http://www.census.gov/prod/2010pubs/p25-1138.pdf.

Wand, T., & Happell, B. (2001). The mental health nurse: Contributing to improved outcomes for patients in the emergency department. *Accident and Emergency Nursing, 9,*166–176.

Wheeler, K., & Haber, J. (2004). Development of psychiatric-mental health nurse practitioner competencies: Opportunities for the 21st century. *Journal of the American Psychiatric Nurses Association, 10,* 129–138.

World Health Organization (WHO). (2005). *Mental health declaration for Europe: Facing the challenges, building solutions*. Retrieved from http://www.euro.who.int/documents/mnh /edoc06.pdf.

Yearwood, E. L., Pearson, G. S., & Newland, J. A. (Eds.). (2012). *Child and adolescent behavioral health: A resource for psychiatric and primary care practitioners in nursing*. Ames, Iowa: Wiley-Blackwell.

Young, B. H. (2006). The immediate response to disaster: Guidelines for adult psychological first aid. In E. C. Ritchie, P. J. Watson, & M. J. Friedman, (Eds.), *Interventions following mass violence and disasters: Strategies for mental health practice* (pp. 134–154). New York: Guilford Press.

Yurkovich, E. (1989). Patient and nurse roles in the therapeutic community. *Perspectives in Psychiatric Care*, *25*(3), 18–22.

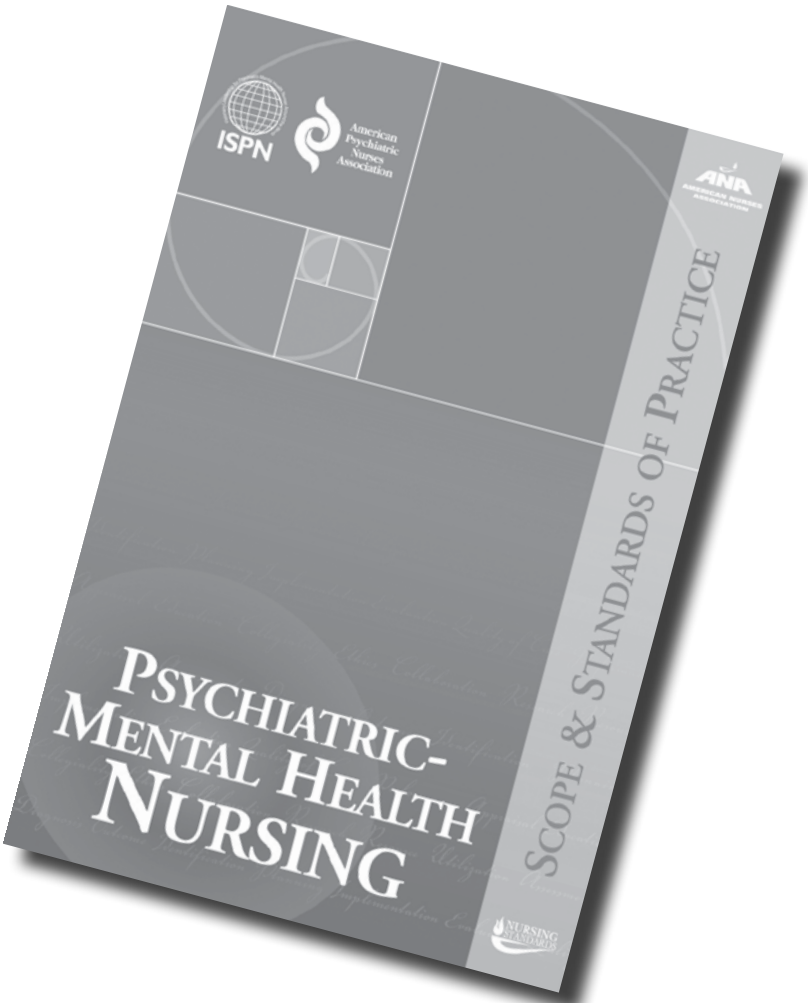
Abbreviations

AACN	American Association of Colleges of Nursing
ACE	Adverse childhood events
ACT	Assertive community treatment
ANA	American Nurses Association
ANCC	American Nurses Credentialing Center
APRN	Advanced practice registered nurse
APNA	American Psychiatric Nurses Association
CBT	Cognitive behavioral therapy
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CNM	Certified nurse midwife
CNP	Certified nurse practitioner
CNS	Clinical nurse specialist
CRNA	Certified registered nurse anesthetist
DHHS	Department of Health and Human Services
DNP	Doctor of Nursing Practice
DSM-IV	*Diagnostic and Statistical Manual, 4th Edition*
DSM-5	*Diagnostic and Statistical Manual, 5th Edition*
EHR	Electronic health record
HIPAA	Health Insurance and Accountability Act of 1996
IOM	Institute of Medicine
ISPN	International Society of Psychiatric-Mental Health Nurses
LACE	Licensure, accreditation, certification, and education
MHPAEA	Mental Health Parity and Addiction Equity Act of 2008
NACHC	National Association of Community Health Centers
NAMI	National Alliance for the Mentally Ill
NCSBN	National Council of State Boards of Nursing
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NMHA	National Mental Health Act of 1946
NONPF	National Organization of Nurse Practitioner Faculty
NP	Nurse practitioner
PCLN	Psychiatric consultation liaison nurse or nursing
PMH	Psychiatric-mental health

PMH-APRN	Psychiatric-mental health advanced practice registered nurse
PMH-CNS	Psychiatric-mental health clinical nurse specialist
PMH-NP	Psychiatric-mental health nurse practitioner
PMH-RN	Psychiatric-mental health registered nurse
PPACA	Patient Protection and Affordable Care Act
PTSD	Post-traumatic stress disorder
QSEN	Quality and Safety Education for Nurses
RA	Rheumatoid arthritis
RTP	Recovery to Practice
SAMHSA	Substance Abuse and Mental Health Services Administration
SMI	Serious mental illness
SUD	Substance use disorders
WHO	World Health Organization

Appendix A

Psychiatric-Mental Health Nursing: Scope and Standards of Practice (2007)



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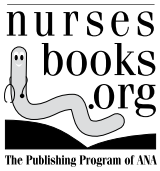
PSYCHIATRIC-MENTAL HEALTH NURSING: SCOPE AND STANDARDS OF PRACTICE



AMERICAN PSYCHIATRIC NURSES ASSOCIATION
INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

AMERICAN NURSES ASSOCIATION
SILVER SPRING, MARYLAND
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The American Psychiatric Nurses Association (APNA) is a professional membership organization committed to the specialty practice of psychiatric mental health nursing, health and wellness promotion through identification of mental health issues, prevention of mental health problems, and the care and treatment of persons with psychiatric disorders. http://www.apna-psych.org

The International Society of Psychiatric-Mental Health Nurses (ISPN) exists to unite and strengthen the presence and the voice of specialty psychiatric-mental health nursing while influencing healthcare policy to promote equitable, evidence-based and effective treatment and care for individuals, families, and communities. http://www.ispn-psych.org

This appendix is not current and is of historical significance only.

Contents

Acknowledgments **iii**

Preface **vii**

Psychiatric-Mental Health Nursing: Scope of Practice **1**
Introduction 1
History and Evolution of the Specialty 2
Origins of the Advanced Practice Psychiatric-Mental Health Nursing Role 3
Current Issues and Trends 5
Prevalence of Mental Disorders Across the Lifespan 6
Disparities among Diverse Populations 7
Psychiatric-Mental Health Nursing Leadership in Transforming the Mental Health System 8
Prevention 11
The Evolving Role of National Data Systems to Improve Quality 11
Evidence-Based Practice and Lifelong Learning 12
Safety for Patients and for PMH Nurses 13
Definition of Psychiatric-Mental Health Nursing 13
Phenomena of Concern for Psychiatric-Mental Health Nurses 15
Levels of Psychiatric-Mental Health Nursing Practice 16
Psychiatric-Mental Health Registered Nurse (RN-PMH) 16
Psychiatric-Mental Health Advanced Practice Registered Nurse (APRN-PMH) 19
Psychotherapy 20
Psychopharmacological Interventions 21
Case Management 21
Program Development and Management 21
Consultation and Liaison 22
Clinical Supervision 22
Ethical Issues in Psychiatric-Mental Health Nursing 23
Specialized Areas of Practice 23
Psychiatric-Mental Health Nursing Clinical Practice Settings 23
Crisis Intervention and Psychiatric Emergency Services 24
Acute Inpatient Care 24
Intermediate and Long-Term Care 24
Partial Hospitalization and Intensive Outpatient Treatment 24
Residential Services 25

This appendix is not current and is of historical significance only.

Community-Based Care 25
Assertive Community Treatment (ACT) 25
Primary Care 25
Integrative Programs 26
Telehealth 26
Self-Employment 27
Forensic Mental Health 27
Disaster Mental Health 28

Standards of Practice 29
Standard 1. Assessment 29
Standard 2. Diagnosis 31
Standard 3. Outcomes Identification 32
Standard 4. Planning 33
Standard 5. Implementation 35
Standard 5a. Coordination of Care 36
Standard 5b. Health Teaching and Health Promotion 37
Standard 5c. Milieu Therapy 39
Standard 5d. Pharmacological, Biological, and Integrative Therapies 40
Standard 5e. Prescriptive Authority and Treatment 41
Standard 5f. Psychotherapy 42
Standard 5g. Consultation 43
Standard 6. Evaluation 44

Standards of Professional Performance 45
Standard 7. Quality of Practice 45
Standard 8. Education 47
Standard 9. Professional Practice Evaluation 48
Standard 10. Collegiality 49
Standard 11. Collaboration 50
Standard 12. Ethics 51
Standard 13. Research 52
Standard 14. Resource Utilization 53
Standard 15. Leadership 54

References 57

Glossary 65

Appendix A. *Scope and Standards of Psychiatric-Mental Health Nursing Practice* (2000) 69

Index 139

vi

This appendix is not current and is of historical significance only.

Preface

The American Nursing Association's Congress on Nursing Practice and Economics is responsible for ensuring the relevance of published scope and standards and requires review of such documents every five years. In early 2004, the American Psychiatric Nurses Association and the International Society of Psychiatric-Mental Health Nurses appointed a joint task force to begin the review and revision of the *Scope and Standards of Psychiatric-Mental Health Nursing Practice* published in 2000 by the American Nurses Association (ANA, 2000).

A panel of psychiatric-mental health nursing experts and ANA policy leaders convened in August, 2005, to review initial drafts and make recommendations. The panel members held leadership positions as psychiatric-mental health nursing experts in various nursing organizations, including the American Psychiatric Nurses Association, the International Society of Psychiatric-Mental Health Nurses, the American Academy of Nursing, the Child and Adolescent (ACAPN) Division of the International Society of Psychiatric-Mental Health Nurses, the National Organization of Nurse Practitioner Faculty, and the International Nursing Society on Addictions. The panel members represented psychiatric-mental health nursing clinical administrators, staff nurses, and psychiatric advanced practice nurses working in acute psychiatric care settings.

In accordance with their recommendations, this document reflects the template language of the most recent publication of ANA nursing standards, *Nursing: Scope and Standards of Practice* (ANA, 2004). In addition, the introduction has been revised to highlight the leadership role of psychiatric-mental health nurses in the transformation of the mental health system as outlined in the President's New Freedom Commission Report of 2003 (New Freedom Commission, 2003). The prevalence of mental health issues and psychiatric disorders across the age span and the disparities in access to care and treatment among diverse groups attest the critical role that the specialty of psychiatric-mental health nursing must continue to play in meeting the goals for a healthy society. Safety issues for patients with psychiatric disorders and the nurses involved in their care are major priorities for this nursing specialty in an environment of fiscal constraints and disparities in reimbursement for mental health services.

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Development of *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* included a two-stage field review process: 1) review and feedback from the boards of the American Psychiatric Nurses Association and the International Society of Psychiatric-Mental Health Nursing and 2) posting of the draft for public comment at http://www.ISPN-psych.org with links from the ANA website, http://nursingworld.org, and the APNA website, http://www.apna.org. Notice of the public comment period was distributed to nursing specialty organizations, state boards of nursing, schools of nursing, faculty groups, and state nurses associations. All groups were encouraged to disseminate notice of the postings to all of their members and other stakeholders. Ninety-three people registered on the website during the posting period. Twenty-one comments and suggestions were received from individuals, faculty groups, and state nurses association psychiatric nursing groups. The feedback was carefully reviewed and integrated as appropriate.

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Psychiatric-Mental Health Nursing: Scope of Practice

Psychiatric-mental health nursing is a specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders. Psychiatric-mental health nursing, a core mental health profession, employs a purposeful use of self as its art and a wide range of nursing, psychosocial, and neurobiological theories and research evidence as its science.

Introduction

The nursing profession, by developing and articulating the scope and standards of professional nursing practice, defines its boundaries and informs society about the parameters of nursing practice. The scope and standards also guide the development of state-level nurse practice acts and the rules and regulations governing nursing practice.

Because each state develops its own regulatory language about nursing, the designated limits, functions, and titles for nurses, particularly at the advanced practice level, may differ significantly from state to state. Nurses must ensure that their practice remains within the boundaries defined by their state practice acts. Individual nurses are accountable for ensuring that they practice within the limits of their own competency, professional code of ethics, and professional practice standards.

Levels of nursing practice are differentiated according to the nurse's educational preparation. The nurse's role, position, job description, and work practice setting further define practice. The nurse's role may be focused on clinical practice, administration, education, or research.

This document addresses the role, scope of practice, and standards of practice specific to the specialty practice of psychiatric-mental health nursing. The scope statement defines psychiatric-mental health nursing and describes its evolution as a nursing specialty, its levels of practice based on educational preparation, current clinical practice activities and sites, and current trends and issues relevant to the practice of psychiatric-mental health nursing. The standards of psychiatric-mental health nursing

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practice are authoritative statements by which the psychiatric-mental health nursing specialty describes the responsibilities for which its practitioners are accountable.

History and Evolution of the Specialty

Psychiatric-mental health nursing as a specialty has its roots in nineteenth-century reform movements to reorganize mental asylums into hospitalized settings and to develop care and treatment for the mentally ill (Church, 1982). The first organized efforts to develop psychiatric nursing started at McLean Asylum in Massachusetts in 1882. Early nursing leaders such as Harriet Bailey, Euphemia Jane Taylor, and Lillian Wald supported the Mental Hygiene Movement and advocated for the acceptance of the emerging specialty of psychiatric nursing into the larger community of general nursing. The first nurse-organized training program for psychiatric nursing within a general nursing education program was established at Phipps Clinic at Johns Hopkins Hospital in 1913. This served as the prototype for other nursing education programs (Buckwalter & Church, 1979).

Under nursing leadership, psychiatric-mental health nursing evolved from the narrow focus of medical models and mind–body dichotomy towards a biopsychosocial approach to mental illness, including the concept of mind as expressed in behavior and adaptation to experience (Church, 1982). Psychiatric-mental health nursing leaders played a critical role in identifying and developing relevant specialized bodies of knowledge and in securing the didactic and clinical experiences necessary for students to achieve competence as mental health nurses.

The successful promotion of the integration of mental health concepts into general nursing educational programs facilitated a national public awareness of the relationship between mental and physical health in achieving patient outcomes. Through such efforts, psychiatric-mental health nursing practice moved far beyond the walls of state hospital institutions to meet the mental health needs of the community (Church, 1982). This more visible position became extremely important when the next wave of reform occurred in the 1940s with the passage of the National Mental Health Act and the development of nursing graduate programs in psychiatric-mental health nursing.

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Many nurses entered graduate programs in psychiatric-mental health nursing once they became available beginning in 1954. However, registered nurses prepared at the undergraduate level continued to practice within the specialty of psychiatric-mental health nursing, primarily in hospital-based and psychiatric acute care settings. In recognition of this specialty nursing practice, the American Nurses Credentialing Center (ANCC) began to offer certification in psychiatric-mental health nursing at the undergraduate level in 1979. As the locus of care moved towards community-based programs, psychiatric-mental health nurses continued to develop their role to meet the needs of patients across the entire spectrum of care including continuing day treatment programs and group homes.

Origins of the Advanced Practice Psychiatric-Mental Health Nursing Role

Specialty nursing at the graduate level began to evolve in the late 1950s in response to the passage of the National Mental Health Act of 1946 and the creation of the National Institute of Mental Health in 1949. The National Mental Health Act of 1946 identified psychiatric nursing as one of four core disciplines for the provision of psychiatric care and treatment, along with psychiatry, psychology, and social work. Nurses played an active role in meeting the growing demand for psychiatric services that resulted from increasing awareness of post-war mental health issues (Bigbee & Amidi-Nouri, 2000). The incidence of "battle fatigue" led to the recognition of the need for more mental health professionals.

The first specialty degree in psychiatric-mental health nursing, a master's degree, was awarded at Rutgers University in 1954 under the leadership of Hildegard Peplau. In contrast to existing graduate nursing programs that focused on developing educators and consultants, graduate education in psychiatric-mental health nursing was designed to prepare nurse therapists to assess and diagnose mental health problems and psychiatric disorders, and provide individual, group, and family therapy. Psychiatric nurses pioneered the development of the advanced practice nursing role and led in establishing national specialty certification through the American Nurses Association.

The Community Mental Health Centers Act of 1963 facilitated the expansion of psychiatric Clinical Nurse Specialist (CNS) practice into

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outpatient and ambulatory care sites. These master's and doctorally prepared CNSs fulfilled a crucial role in helping deinstitutionalized mentally ill persons adapt to community life. Traineeships to fund graduate education provided through the National Institute of Mental Health played a significant role in expanding the psychiatric Clinical Nurse Specialist workforce. By the late 1960s they were providing individual, group, and family psychotherapy in a broad range of settings and obtaining third-party reimbursement. Psychiatric Clinical Nurse Specialists were also functioning as educators, researchers, and managers, and working in consultation-liaison positions or in the area of addictions. These roles continue today.

Another paradigm shift occurred as research renewed the emphasis on the neurobiologic basis of mental illness and addiction. As more efficacious psychotropic medications with fewer side effects were developed, psychopharmacology assumed a more central role in psychiatric treatment. The role of the psychiatric-mental health Clinical Nurse Specialist evolved to encompass the expanding biopsychosocial perspective, and the competencies required for practice were kept congruent with emerging science. Many psychiatric graduate nursing programs added neurobiology, advanced health assessment, pharmacology, pathophysiology, and the diagnosis and medical management of psychiatric illness to their curricula. Similarly, preparation for prescriptive privileges became embedded in advanced practice psychiatric-mental health nursing graduate programs (Kaas & Markley, 1998).

Other trends in mental health and the larger healthcare system sparked other significant changes in advanced practice psychiatric nursing. These trends included:

- A shift in National Institute of Mental Health (NIMH) funds from education to research, leading to a dramatic decline in enrollment in psychiatric nursing graduate programs (Taylor, 1999).
- An increased awareness of physical health problems in mentally ill persons living in community settings (Chafetz et al., 2005).
- The shift to primary care as a primary point of entry for comprehensive health care, including psychiatric specialty care.
- The growth and public recognition of the nurse practitioner role in primary care settings.

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In response to these challenges, psychiatric nursing graduate programs changed their curricula to include greater emphasis on comprehensive health assessment and referral and management of common physical health problems, and a continued focus on educational preparation to meet the state criteria and professional competencies for prescriptive authority. The tremendous expansion in the use of nurse practitioners in primary care settings had made *Nurse Practitioner* synonymous with *advanced practice nurse* for many in the general public and in some state practice acts. Although psychiatric-mental health nursing was not seeking a title change (Bjorklund, 2003), the specialty found itself drawn toward the use of the title Nurse Practitioner in response to market forces and state regulations (Wheeler & Haber, 2004; Delaney et al., 1999). The Psychiatric-Mental Health Nurse Practitioner role was clearly delineated by the publication of the *Psychiatric-Mental Health Nurse Practitioner Competencies* (National Panel, 2003), the product of a panel with representation from a broad base of nursing organizations sponsored by the National Organization of Nurse Practitioner Faculty.

Psychiatric-Mental Health Advanced Practice Nurses, whether they practice under the title of CNS or NP, share the same core competencies of clinical and professional practice. This is reflected in the core curriculum of graduate Psychiatric-Mental Health Nursing programs. Since there is little evidence of consistent differences in these roles nationwide, support has grown within the specialty for use of the term Advanced Practice Registered Nurse–Psychiatric-Mental Health (APRN-PMH) as the preferred title for advanced practice psychiatric nursing. ANA identifies Advanced Practice Registered Nurses (APRNs) as professional nurses who have successfully completed a graduate program of study in a nursing specialty that provides specialized knowledge and skills that form the foundation for expanded roles in health care.

Current Issues and Trends

Major changes in the healthcare delivery system, practice patterns of health professionals, and funding continue to have a profound effect on mental health care and psychiatric-mental health nursing practice. Nationally, healthcare delivery systems, educational institutions, policy makers, and health professionals have been challenged to create a

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vision for mental healthcare delivery that reduces health disparities and embeds quality, safety, evidence-based practice, inter-professional practice, and cultural competence as essential dimensions of consumer-focused twenty-first-century mental healthcare delivery and professional practice (New Freedom Commission on Mental Health, 2003; Daniels & Adams, 2004).

Prevalence of Mental Disorders Across the Lifespan

Because mental disorders are a major health problem in the United States and internationally, a challenge has been issued to all core health professions to identify, treat, and prevent mental illness. An estimated 22% of Americans aged 18 and older, about one in five adults, suffer from a diagnosable psychiatric disorder at any given time. Based on the 1998 U.S. Census residential population estimate, this figure translates to some 44.3 million people.

The World Health Organization (WHO, 2002) cites depression as the number one health problem worldwide. Approximately 15% of the population with a medical illness has co-occurring psychiatric illnesses. This co-morbidity predisposes them to a persistent course of chronic illness and increased utilization of mental health and other resources. Furthermore, four of the ten leading causes of disability in the United States and other developed countries are psychiatric disorders, namely major depression, bipolar disorder, schizophrenia, and anxiety disorders. WHO (2001) reports that psychiatric disorders account for 24% of all health-related disability, 12% of alcohol and drug use disorders, and 7% of Alzheimer's and dementias. Adding these categories together allows one to conclude that fully 43% of all health-related disability is directly due to psychiatric disorders.

The overall prevalence of psychiatric disorders in children is not as well documented as it is for adults. However, approximately 20% of children are estimated to have mental disorders with at least mild functional impairment. Children and adolescents with a serious emotional disturbance number approximately 5% to 9% of children ages 9 to 17 (New Freedom Commission on Mental Health, 2003).

Estimates suggest that approximately 20% of the older adult population have a diagnosable psychiatric disorder during a one-year period. This does not include cognitive impairments and dementias, the most

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common being Alzheimer's disease (New Freedom Commission on Mental Health, 2003).

Considerable research now documents that mental health is the key to overall physical health and well-being (Fawzy et al., 1993; Sephton et al., 2000). Compelling evidence reports that up to 75% of all primary care visits can be attributed to psychosocial problems, including mood, anxiety, and substance-related disorders (New Freedom Commission on Mental Health, 2003) and that mental health has a significant impact on clinical outcomes related to myocardial infarction, stroke (Whyte & Mulsant, 2002), cancer (Chochinov, 2001; Stark & House, 2000), and other chronic diseases like diabetes (deGroot et al., 2001).

Although the prevalence of psychiatric disorders did not significantly change between 1990–1992 (29.2%) and 2001–2003 (30.5%), the rate of treatment increased from 20.3% to 32.9% in the same period (Kessler et al., 2005), reflecting the expansion of primary care, managed care, and behavioral "carve-out" programs for mental health services. Note, however, that most people with psychiatric disorders still do not receive treatment for their disorder.

Disparities Among Diverse Populations

Data from the U.S. Census Bureau demonstrate significant changes in the racial and ethnic composition of the U.S. population. The percentage of non-Hispanic whites is projected to decrease from 70% in 2000 to 50% by 2050, with the greatest growth seen in Hispanic and Asian populations which are projected to double in the same period (U.S. Census Bureau, 2004). Although rates of mental illness in minority populations are estimated to be similar to those in the white population, minorities are less likely to receive mental health services and are likely to receive services of poorer quality (U.S. DHHS, 2001). Efforts to improve quality and access to mental health services for minority populations will include greater emphasis on developing cultural awareness and sensitivity among individual mental healthcare providers and increasing cultural competence in healthcare organizations. This will entail promotion of linguistic competence, including utilization of bilingual staff, more effective and widespread use of translation services, and redesign of written materials for persons with low English literacy.

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Stigma and barriers to accessible, effective, and coordinated treatment contribute to health disparities within the population (Institute of Medicine, 2005). Financial barriers include lack of parity in insurance coverage for psychiatric-mental health care and treatment, resulting in restrictions on the number and type of outpatient visits and number of covered inpatient days, and high co-pays for services. Changes in eligibility criteria for public insurance programs have contributed to an increase in the number of uninsured. Reductions in reimbursement have affected the number of clinicians willing or able to afford to provide services at lower rates. Geographical barriers include lack of affordable, accessible public transportation in urban areas and lack of accessible clinical services in rural areas. Cultural issues, including lack of knowledge, fear, and stigma associated with mental illness, also constitute barriers to seeking help for mental health problems.

These disparities occur at a time of growing evidence regarding effective treatment of mental health problems and psychiatric disorders. Research evidence now supports the lifelong ability to influence the structure and function of the brain (brain plasticity) through manipulation of environmental, interpersonal, and behavioral factors. The evidence to support clinical decision-making by psychiatric nurses and other mental health professionals continues to accumulate.

Psychiatric-Mental Health Nursing Leadership in Transforming the Mental Health System

In the course of their practice, it is critical that psychiatric-mental health nurses consider the particular vision of mental health care that informs their practice. Federal agencies, commissions, and advocacy groups have identified a future vision of a mental healthcare system organized to respond to all consumers in need of services. These reports converge on several points, but most crucial is that a transformed mental health system is centered on the patient. Key to this vision are strategies for remedying the inadequacy and fragmentation of services and for creating a workforce to carry out the transformation. There is particular emphasis on providing services to children, adolescents, older adults, and other underserved populations. In leading the transformation of the mental healthcare delivery system, psychiatric-mental health nurses must understand the key threads in the government/agency/consumer group plan and the factors that can affect enactment.

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Recovery is the lead principle of the transformation plans of the Substance Abuse and Mental Health Services Administration, National Alliance for the Mentally Ill, National Council on Disabilities, the Institute of Medicine, and the President's New Freedom Commission. The recovery paradigm of mental health care emphasizes reawakening of hope, engagement in life, and empowerment over illness. Recovery is a critical component of psychosocial rehabilitation, which also focuses on helping individuals develop the skills they need to assume meaningful employment, suitable housing, and interpersonal relationships (Anthony et al., 2002).

The person-centered recovery model supports an individualized and subjectively defined path to healing. It is an experience-based approach in which the process and outcome of recovery is defined and paced by the individual. In this era of evidence-based practice, intervention is driven by objective outcomes data derived scientifically to support prescriptive approaches. This creates a tension that must be explored and negotiated by psychiatric-mental health nurses; they must balance and integrate the science of evidence-based treatment with a philosophical understanding of how individuals attach meaning to experiences that shape their behavior and their treatment choices. With its grounding in the patient narrative, nursing is in an excellent position to maximize and integrate standard patient outcomes with desired outcomes defined by the patient (Raingruber, 1999; Barker, 2001; O'Brien, 2001; Raingruber, 2003; Forchuk et al., 2005; Salyers & Macy, 2005).

The transformation plan of the President's New Freedom Commission calls for community-level service systems that coordinate multiple agencies to provide care. These points of connection between agencies are vital to the realization of individualized recovery plans (SAMHSA, 2005). However, the notion of widespread outpatient community-based services runs contrary to the current trend of reduced funding for all forms of mental health treatment, including outpatient services (Manderscheid et al., 2004; Martin & Leslie, 2003; National Association of Psychiatric Health Systems, 2003).

A person with a serious and persistent psychiatric disorder may indeed move toward recovery with the assistance of interagency collaboration and assertive community treatment, but historically there has been no guarantee that the infrastructure would enact the plan (Phillips et al., 2001). A review of the past demonstrates that complex case

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management systems demand team leaders who are experienced, trained mental health professionals (Rapp, 1998), and that psychiatric nurses are a key agent for achieving positive patient outcomes in case management teams (McGrew & Bond, 1995).

The transformed mental health system will require nurses who understand systems and can work between and within systems, connecting services and acting as an important safety net in the event of service gaps. Psychiatric nurses are perfectly positioned to fill this role and make significant contributions to positive clinical recovery outcomes for the vulnerable, and often underserved, patient population.

The mental health transformation plan in the President's New Freedom Commission Report also calls for inclusion of the homeless, children, older adults, rural sector, and other underserved populations. Certainly an ideology of inclusion restores both equity and humanity to the system. But for many of these groups social problems are inextricably bound with emotional illness.

A recent study of children with serious emotional disorder (SED) found that almost half had social, family, and educational issues as well (Pottick et al., 2002). Evidence related to psychiatric disorders in older adults reveals high rates of co-morbid medical illness. Co-morbidity in the aged is a predictor of poorer response to mental health treatment, as well as a predictor of relapse (Hanrahan & Sullivan-Marx, 2005). Moreover, despite a dramatic growth in evidence-based treatment for mental health problems in older adults, mental health service use is extremely low. Less than 3% of older adults receive outpatient mental health services, only 7% inpatient psychiatric services, and 9% private psychiatric care (Persky, 1998).

Nursing models for rural care are specifically designed to address the interplay of poverty, mental illness, and social issues (Hauenstein, 1997). Such nursing models recognize that resource-poor environments require service models with provisions for moving clients into self-management and for bridging systems so that medical issues are addressed. This nursing approach will be of significant importance in crafting individualized treatment plans for populations with tremendous physical and social needs inextricably bound with their mental health issues. The need for psychiatric nurses will be great because their command of multiple bodies of knowledge (medical science, neuro-

This appendix is not current and is of historical significance only.

biology of psychiatric disorders, treatment methods, and relationship science) positions them as the healthcare professionals best suited to maintain the connection between psychiatry, medicine, and case management systems (Hanrahan & Sullivan-Marx, 2005).

Prevention

Psychiatric-mental health nurses also lead prevention efforts. Armed with the growing understanding of how stress and mental illness interact, psychiatric-mental health nurses educate the public on the ramifications of stress and om stress reduction techniques (deVries & Wilkerson, 2003). Increasingly, researchers are demonstrating the promise of prevention via intervention into sub-threshold symptoms (Kuijpers, Van Straten, & Smit, 2005). Nursing's traditional focus on primary prevention will fit nicely with this effort to treat mental conditions in early stages. The behaviors that place youth at risk are priority foci for prevention efforts.

While traditional prevention foci (such as decreasing tobacco, alcohol, and substance use) continue, increased attention is being directed to the effects of media and the Internet on teens' risk behaviors. Though youth spend, on average, three hours a day watching television and spend two hours online at least four times a week, little is known about how this media saturation shapes their normative behaviors and social interaction patterns (Escobar-Chaves et al., 2005). Depression in adolescence is an important focus for early identification and intervention (Draucker, 2005). School nurses, often the first contact with youth, already function as key mental health service providers, and their role in prevention should be strengthened and supported by the specialty.

The Evolving Role of National Data Systems to Improve Quality

Another key to the transformed mental healthcare system is consumer input in determining the indicators used to gauge quality. The government is seeking to define and capture quality on the patient level via the development of an information system, termed the DS2000 (Duffy et al., 2004). This system exemplifies the broad use of information technology to capture not just quality data but provider data, cost, and outcomes. With its full implementation, decision support would link quality performance to quality outcomes and payment information. The hope is to establish a large data system that providers, mental health systems,

This appendix is not current and is of historical significance only.

and state planners could access to determine what works, at what cost, with what type of patient.

Quality initiatives should be implemented in an integrated fashion, whereby clinicians are accountable for understanding and using technology to build an evidence base for their practice. As clinicians, psychiatric nurses must understand that technology is the vehicle for data accountability that will be used to gauge quality of care and to revise policy. Psychiatric nursing faculty members are in an excellent position to use technology in the educational process and thus create future clinicians who are fluent in its use (Carlson-Sabelli & Delaney, 2005; McGuiness & Noonan, 2004).

Evidence-Based Practice and Lifelong Learning

The transformed mental healthcare system will require a mental health workforce with additional characteristics. It is a workforce that must be comfortable with the use of technology in care delivery, able to operate in teams, and fluent in the use of evidence-based practice (Stuart, Tondora, & Hoge, 2004).

The transition to evidence-based practice has been rapid and not without its critics (Norcross, Beutler, & Levant, 2005). The use of the "best available" research evidence, coupled with expert clinical judgment and patient preferences, creates essential linkages among the patient, the provider, the setting, and the science (Sackett, 2000). The key is that the person is not relegated to either extreme—being a patient or a consumer—and that evidence-based practices are always maintained in a relationship-based approach (Messer, 2006).

Advances in genetics and innovative treatments for major mental illness are the promise of the future (Kestenbaum, 2000). Psychiatric disorders occur as the result of complex interactions between genes, behavior, personality, and the environment. Estimates of genetic risk for psychiatric disorders are the outcomes of population studies, twin studies, adoption studies, first- and second-degree relatives (pedigree) studies, neuroimaging studies, and molecular linkage studies. Gene mapping involves the study of the interaction of multiple abnormal genes that augment vulnerability to a specific psychiatric disorder (Pestka, 2003; Sapolsky, 2003). An earlier age of onset increases the likelihood of inheritability in selected disorders such as Alzheimer's disease.

This appendix is not current and is of historical significance only.

Environmental factors and behavior influence the expression of the inheritable psychiatric disorders. Major stressful events such as an insult to the brain during fetal development, stress and trauma, medical illness, and illicit drug use can raise the risk for symptoms of the disorder to begin. Identification of and education about risk factors and strategies for lifestyle modifications is warranted when there is a high-risk family history. Pharmacogenetics, which matches DNA variants such as fast or slow metabolizers to individualized pharmacological treatments, holds promise. Gene expression, gene therapy, and vaccines to alter genetic expression are future tools to prevent or treat certain disorders.

Psychiatric nursing leads in creating client-centered care based on the evidence related to the neurobiology of psychiatric disorders and the effects of medications, but it also constructs relationships within a recovery-based model (Forchuk et al., 2005). This demands a commitment to continuing professional development, lifelong learning, and a working knowledge of the current literature.

Safety for Patients and for PMH Nurses

While the transformed mental healthcare system is largely dedicated to the creation of new service structures, none of the agencies have lost sight of safety (Spear, 2005). Especially pertinent to nursing practice are safety issues surrounding restraint and information that error and mortality rates can be tied to nurse–patient ratios. As scrutiny of safety and errors continues, nurses have assumed key roles in designing studies on the relationship of nursing, staffing, and patient safety. They must also maintain roles consistent with their direct care position, anticipate systems errors, and employ preventive safety measures. In the inpatient arena, psychiatric nurses, as managers of the milieu, must move the safety agenda beyond reducing restraint to a studied approach of how to create safe units, both physical and psychological, and develop, measure, and evaluate key systems and staffing factors that result in reductions in restraint, violence, and other threats to patient safety (Johnson & Delaney, 2006; Delaney, 2005).

Definition of Psychiatric-Mental Health Nursing

Nursing's Social Policy Statement (ANA, 2003) defines nursing as "the protection, promotion, and optimization of health and abilities, prevention

This appendix is not current and is of historical significance only.

of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations."

Psychiatric-mental health nursing is a specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders. Psychiatric-mental health nursing, a core mental health profession, employs a purposeful use of self as its art and a wide range of nursing, psychosocial, and neurobiological theories and research evidence as its science. Psychiatric-mental health nurses provide comprehensive, patient-centered mental health and psychiatric care in a variety of settings across the continuum of care. Essential components of this specialty practice include health and wellness promotion through identification of mental health issues, prevention of mental health problems, care of mental health problems, and treatment of persons with psychiatric disorders.

It is within the scope of psychiatric-mental health nursing practice to provide mental health care to patients seeking mental health services in a wide range of delivery settings. Mental health care involves overall health promotion, universal, selective, and preventive interventions (Mrazek & Hagerty, 1994), general health teaching, health screening and appropriate referral for treatment of general or complex health problems, and a specialization in the evaluation and management of those with psychiatric disorders and those at risk for them, including psychiatric rehabilitation (Haber & Billings, 1995).

The psychiatric nurse's assessment synthesizes information obtained from interviews, behavioral observations, and other available data. From these, the psychiatric nurse determines diagnoses or problem statements that are congruent with available and accepted classification systems and develops a treatment plan based on assessment data and theoretical premises. The nurse then selects and implements interventions and periodically evaluates patient outcomes, revising the plan of care as needed, to achieve optimal results. Use of standardized classification systems enhances communication and permits the data to be used for research.

Mental health problems and psychiatric disorders are addressed across a continuum of care. A continuum of care consists of an inte-

This appendix is not current and is of historical significance only.

grated system of settings, services, healthcare clinicians, and care levels spanning states from illness to wellness. The primary goal of a continuum of care is to provide treatment that allows the patient to achieve the highest level of functioning in the least restrictive environment.

Psychiatric-mental health advanced practice nursing involves the delivery of comprehensive primary mental health care in a variety of settings. Primary mental health care is defined as the continuous and comprehensive services necessary for the promotion of optimal health; the prevention of mental illness; health maintenance; management of, and referral for, mental and physical health problems; the diagnosis and treatment of psychiatric disorders and their sequelae, and rehabilitation (Haber & Billings, 1995). Psychiatric-mental health nursing is necessarily holistic and considers the needs and strengths of the individual, family, group, and community.

Phenomena of Concern for Psychiatric-Mental Health Nurses

Phenomena of concern for psychiatric-mental health nurses include:

- Promotion of optimal mental and physical health and well-being and prevention of mental illness.
- Impaired ability to function related to psychiatric, emotional, and physiological distress.
- Alterations in thinking, perceiving, and communicating due to psychiatric disorders or mental health problems.
- Behaviors and mental states that indicate potential danger to self or others.
- Emotional stress related to illness, pain, disability, and loss.
- Symptom management, side effects or toxicities associated with self-administered drugs, psychopharmological intervention, and other treatment modalities.
- The barriers to treatment efficacy and recovery posed by alcohol and substance abuse and dependence.
- Self-concept and body image changes, developmental issues, life process changes, and end-of-life issues.
- Physical symptoms that occur along with altered psychological status.

This appendix is not current and is of historical significance only.

- Psychological symptoms that occur along with altered physiological status.
- Interpersonal, organizational, sociocultural, spiritual, or environmental circumstances or events which have an effect on the mental and emotional well-being of the individual and family or community.
- Elements of recovery, including the ability to maintain housing, employment, and social support, that help individuals re-engage in seeking meaningful lives.
- Societal factors such as violence, poverty, and substance abuse.

Levels of Psychiatric-Mental Health Nursing Practice

Psychiatric-mental health nurses are registered nurses who are educationally prepared in nursing and licensed to practice in their individual states. Levels of practice are differentiated by educational preparation, complexity of practice, and performance of certain nursing functions (SERPN, 2005).

Psychiatric-Mental Health Registered Nurse (RN-PMH)

A Psychiatric-Mental Health Registered Nurse (RN-PMH) is a registered nurse who demonstrates competence, including specialized knowledge, skills, and abilities, obtained through education and experience in caring for persons with mental health issues, mental health problems, and psychiatric disorders.

Nurses from a number of educational backgrounds participate and practice in psychiatric nursing settings. Due to the complexity of care in the specialty, the preferred educational preparation is at the baccalaureate level with credentialing by the American Nurses Credentialing Center (ANCC).

The science of nursing is based on a critical thinking framework, known as the nursing process, composed of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. These steps serve as the foundation for clinical decision-making and are used to provide an evidence base for practice (ANA, 2004).

Psychiatric-mental health registered nursing practice is characterized by the use of the nursing process to treat people with actual or potential

This appendix is not current and is of historical significance only.

mental health problems or psychiatric disorders to: promote and foster health and safety; assess dysfunction; assist persons to regain or improve their coping abilities; maximize strengths; and prevent further disability. Data collection at the point of contact involves observational and investigative activities, which are guided by the nurse's knowledge of human behavior and the principles of the psychiatric interviewing process.

The data may include but is not limited to the patient's:

- Central complaint, focus, or concern and symptoms of major psychiatric disorders.
- History and presentation regarding suicidal, violent, and self-mutilating behaviors.
- History of reliability with regard to patient's verbal agreement to seek professional assistance before engaging in behaviors dangerous to self or others.
- Pertinent family history of psychiatric disorders, substance abuse, and other mental and relevant physical health issues.
- Evidence of abuse, neglect, or trauma.
- Stressors, contributing factors, and coping strategies.
- Demographic profile and history of health patterns, illnesses, past treatments, and level of adherence and effectiveness of those in treatment.
- Actual or potential barriers to adherence to recommended or prescribed treatment.
- Health beliefs and practices.
- Method of communication.
- Religious and spiritual beliefs and practices.
- Cultural, racial, and ethnic identity and practices.
- Physical, developmental, cognitive, mental status, emotional health concerns, and neurological assessment.
- Daily activities, personal hygiene, occupational functioning, functional health status, and social roles.
- Work, sleep, and sexual functioning.
- Economic, political, legal, and environmental factors affecting health.

This appendix is not current and is of historical significance only.

- Significant support systems and community resources, including those that have been available and underutilized.
- Knowledge, satisfaction, and motivation to change, related to health.
- Strengths and competencies that can be used to promote health.
- Current and past medications, both prescribed and over-the-counter, including herbs, alternative medications, vitamins, or nutritional supplements.
- Medication interactions and history of side effects and past efficacy.
- Allergies and other adverse reactions.
- History and patterns of alcohol and substance abuse, including type, amount, most recent use, and withdrawal symptoms.
- Complementary therapies used to treat health and mental illness and their outcomes.

The work of psychiatric-mental health registered nurses is accomplished through the nurse–client relationship, therapeutic intervention skills, and professional attributes. These attributes include but are not limited to self awareness, empathy, and moral integrity, which enable psychiatric-mental health nurses to practice the artful use of self in therapeutic relationships. Some characteristics of artful therapeutic practice are respect for the client, availability, spontaneity, hope, acceptance, sensitivity, vision, accountability, advocacy, and spirituality.

Psychiatric-mental health registered nurses practice in a variety of clinical settings across the care continuum and engage in a broad array of clinical activities including, but not limited to, health promotion and health maintenance; intake screening, evaluation, and triage; case management; provision of therapeutic and safe environments; promotion of self-care activities; administration of psychobiological treatment regimens and monitoring response and effects; crisis intervention and stabilization; and psychiatric rehabilitation.

Psychiatric-mental health registered nurses play a significant role in the articulation and implementation of new paradigms of care and treatment that place the patient at the center of the care delivery system. They are key members of interdisciplinary teams in implementing initiatives such as seclusion and restraint reduction or elimination,

This appendix is not current and is of historical significance only.

patient involvement in treatment planning processes, and skill-building programs to assist patients to achieve their own goals.

Psychiatric-mental health registered nurses maintain current knowledge of advances in genetics and neuroscience and their impact on psychopharmocology and other treatment modalities. In partnership with patients, communities, and other health professionals, psychiatric-mental health nurses provide leadership in identifying mental health issues, and in developing strategies to ameliorate or prevent them.

Psychiatric-Mental Health Advanced Practice Registered Nurse (APRN-PMH)

The Psychiatric-Mental Health Advanced Practice Registered Nurse (APRN-PMH) is a licensed registered nurse who is educationally prepared at the master's or doctorate level in the specialty of psychiatric-mental health nursing and holds advanced practice specialty certification from ANCC. The APRN-PMH expands the practice of a registered nurse by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and significant role autonomy (ANA, 2004).

The American Nurses Association (ANA) defines Advanced Practice Registered Nurses (APRNs) as professional nurses who have successfully completed a graduate program of study in a nursing specialty that provides specialized knowledge and skills that form the foundation for expanded roles in health care.

The full scope and standards of practice for psychiatric-mental health advanced practice nursing are set forth in this document. While individual APRN-PMHs may actually implement portions of the full scope and practice based on their role, position description, and practice setting, it is, importantly, the full breadth of the knowledge base that informs their practice.

APRN-PMH practice focuses on the application of competencies, knowledge, and experience to individuals, families, or groups with complex psychiatric-mental health problems. Promoting mental health in society is a significant role for the APRN-PMH, as is collaboration with and referral to other health professionals as either the patient's need or the APRN-PMH's practice focus may dictate.

The scope of practice in psychiatric-mental health nursing is continually expanding as the context of practice, the need for patient access to

This appendix is not current and is of historical significance only.

holistic care, and the various scientific and nursing knowledge bases evolve. It is within the scope of practice of the APRN-PMH to provide primary mental health care to patients seeking mental health services in a wide range of delivery settings. APRN-PMHs are accountable for functioning within the parameters of their education and training, and the scope of practice as defined by their state practice acts. APRN-PMHs are responsible for making referrals for health problems that are outside their scope of practice. Although many primary care clinicians treat some symptoms of mental health problems and psychiatric disorders, the APRN-PMH provides a full range of comprehensive services that constitute primary mental health and psychiatric care and treatment.

APRN-PMHs are professionally qualified to assume responsibility for clinical functions. They are accountable for their own practice and are prepared to perform services independent of other disciplines in the full range of delivery settings. The educational preparation of advanced practice psychiatric-mental health nurses in both the biological and social sciences gives them a unique ability to differentiate various aspects of the patient's functioning and to make appropriate judgments and decisions about the need for interventions, referral, or consultation with other clinicians (ANA, 2004).

Additional functions of the APRN-PMH include prescribing psychopharmacological agents, integrative therapy interventions, various forms of psychotherapy, community interventions, case management, consultation and liaison, clinical supervision, expanded advocacy activities, education, and research.

Psychotherapy

Psychotherapy interventions include all generally accepted methods of brief or long-term therapy, specifically including individual therapy, group therapy, marital or couple therapy, and family therapy using a range of therapy models including, but not limited to, insight-oriented, cognitive, behavioral, and interpersonal therapies to produce change or supportive therapy to maintain function.

Psychotherapy denotes a formally structured relationship between the therapist (APRN-PMH) and the patient for the explicit purpose of effecting negotiated outcomes. This treatment approach to mental disorders is intended to alleviate emotional distress or symptoms, to

This appendix is not current and is of historical significance only.

reverse or change maladaptive behaviors, and to facilitate personal growth and development. The contract with the patient or client is usually verbal but may be written. It includes well accepted elements such as purpose of the therapy, time, place, fees, confidentiality and privacy provisions, and emergency after-hours contact information.

Psychopharmacological Interventions

Psychopharmacological interventions include the prescribing or recommending of pharmacologic agents and the ordering and interpretation of diagnostic and laboratory testing. In utilizing any psychobiological intervention, including the prescribing of psychoactive medications, the APRN-PMH intentionally seeks specific therapeutic responses, anticipates common side effects, safeguards against adverse drug interactions, and is alert for unintended or toxic responses.

Case Management

Case management by the APRN-PMH involves population-specific nursing knowledge coupled with research, knowledge of the social and legal systems related to mental health, and expertise to engage a wide range of services for the patient, regardless of setting. The APRN-PMH may oversee or directly engage in case management activities. The APRN-PMH analyzes barriers to care and intervenes to change or improve systems to mobilize therapeutic resources needed by the patient for optimum outcomes. Case management activities may be with a single client or with a designated population such as the seriously and persistently mentally ill.

Program Development and Management

In the community, the APRN-PMH may focus on the mental health needs of the population as a whole. The APRN-PMH may design programs to meet the mental health needs of a population (such as the seriously and persistently mentally ill) or to target a population at risk for developing mental health problems through health and wellness promotion, identification and amelioration of risk factors, screening, and early intervention. These activities are informed by the full range of nursing knowledge which includes a holistic approach to individuals, families, and communities that is cognizant and respectful of cultural and spiritual norms and values.

This appendix is not current and is of historical significance only.

Consultation and Liaison

Consultation and liaison activities take place in general (non-psychiatric) healthcare arenas such as hospitals, extended care facilities, rehabilitation centers, schools, nursing homes, and outpatient clinics. The consultation and liaison role of the psychiatric-mental health nurse centers on providing mental health specialist consultation or direct care psychiatric-mental health nursing services.

The clinical aspect of the role ranges from mental health promotion to illness rehabilitation. In consultation and liaison activities, the APRN-PMH concentrates on the emotional, spiritual, developmental, cognitive, and behavioral responses of patients who enter any setting of the healthcare system with actual or potential physiological dysfunction (patient-centered consultation). The psychiatric-mental health consultation may include consultee-centered consultation with nurses and clinicians in other specialty areas to increase their biopsychosocial knowledge and skills. Such consultation may also assist consultees to recognize and manage their own reactions to patients that could adversely affect their patient care if undetected and unaddressed. Psychiatric-mental health consultation may also include assessment and recommendations for action when the healthcare delivery organization is the client (administrative consultation) (Caplan & Caplan, 1993).

Clinical Supervision

The APRN-PMH provides clinical supervision to assist other mental health clinicians to expand their clinical practice skills, to meet the standard requirement for ongoing peer consultation, and for essential peer supervision. This process is aimed at professional growth and development rather than staff performance evaluation. Through education, preparation, and clinical experience, the APRN-PMH is qualified to provide clinical supervision at the request of other mental health clinicians and clinician-trainees. As a clinical supervisor, the APRN-PMH is expected both to be involved in direct patient care and to serve as a clinical role model and a clinical consultant.

APRN-PMH nurses providing clinical supervision must be aware of the potential for impaired professional objectivity or exploitation when they have dual or multiple relationships with the supervisee or patients. The nurse should avoid providing clinical supervision for people with whom they have pre-existing relationships that could hinder objectivity. Nurses

This appendix is not current and is of historical significance only.

who provide clinical supervision maintain the confidentiality of staff and patients, except as is required for evaluation and necessary reporting.

Ethical Issues in Psychiatric-Mental Health Nursing

Psychiatric-mental health registered nurses adhere to all aspects of *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001). The psychiatric-mental health registered nurse monitors and carefully manages therapeutic self-disclosure. The nurse demonstrates a commitment to practicing self-care, managing stress, nurturing self, and maintaining supportive relationships with others so that the nurse is meeting their own needs outside of the therapeutic relationship. The psychiatric-mental health registered nurse is always cognizant of the responsibility to balance patient rights with patient safety and the potential need for coercive practices (e.g., restrictive measures such as restraint or seclusion), or forced treatment (e.g., court-mandated treatment, mental hygiene arrest for an emergent psychiatric evaluation) when the patient lacks the ability to maintain their own safety. The psychiatric-mental health registered nurse helps resolve ethical issues of patients, colleagues, or systems as evidenced in such activities as consulting with and serving on ethics committees.

Specialized Areas of Practice

Specialty programs in psychiatric-mental health nursing generally focus on adult or child-adolescent psychiatric-mental health nursing, and certifications are currently available for these two specialties. Areas of focus within psychiatric-mental health nursing have emerged based on current and anticipated societal needs. These areas may be organized according to a developmental period (geriatric), a specific mental or emotional disorder (depression, severe and persistent mental illness, developmental disability), a particular practice focus (forensics, addictions, community, family, couple, individual), or a specific role or function (case management, consultation and liaison).

Psychiatric-Mental Health Nursing Clinical Practice Settings

The settings and arrangements for psychiatric-mental health nursing practice vary widely in purpose, type, and location, and in the auspices

This appendix is not current and is of historical significance only.

under which they are operated. Psychiatric-mental health nurses may work in organized settings and may be paid for their services on a salaried, contractual, or fee-for-service basis. In addition, the APRN-PMH may be self-employed or employed by an agency, practice autonomously or collaboratively, and bill clients for services provided.

Today, because of the advances in brain research and pharmacological treatments, as well as the current focus on cost-effective treatment, most clients in need of mental health services are cared for in community settings. Acute, intermediate, and long-term care settings still admit and care for psychiatric patients but lengths of stay, especially in acute and intermediate settings, have decreased in response to fiscal mandates, the availability of community-based settings, and consumer preference.

Crisis Intervention and Psychiatric Emergency Services

Crisis intervention units may be found in the emergency department of a general or psychiatric hospital or within centers in the community. Patients in crisis demonstrate severe symptoms and require a high intensity of nursing services.

Acute Inpatient Care

This setting involves the most intensive care and is reserved for acutely ill patients who are at high risk for harming themselves or others, or are unable to care for their basic needs. This treatment is often short-term. These units may be in a psychiatric hospital, a general hospital, or a publicly funded psychiatric facility or program.

Intermediate and Long-Term Care

Intermediate and long-term care facilities may admit patients but more often they receive patients transferred from acute care settings. Intermediate and long-term care provides treatment and rehabilitation for patients who are at chronic risk for harming themselves or others due to mental illness. Long-term inpatient care usually involves a minimum of three months. Both public and private psychiatric facilities provide this type of care.

Partial Hospitalization and Intensive Outpatient Treatment

The aim of partial hospitalization and intensive outpatient programs is acute symptom stabilization for patients with safe housing options or

This appendix is not current and is of historical significance only.

employment. Partial hospitalization may also serve as a step down for patients discharged from an inpatient unit.

Residential Services

A residential facility provides care for patients over a twenty-four-hour period. Services in typical residential treatment facilities include psychoeducation around symptom management and medications, assistance with vocational training, and, in the case of the severely and persistently mentally ill, may include training for activities of daily living. Rehabilitation is often a goal for residential treatment facilities.

Community-Based Care

Psychiatric-mental health registered nurses provide care within the community as an effective method of responding to the mental health needs of individuals, families, and groups. Community-based care refers to care delivered in partnership with patients in their homes, work sites, mental health clinics and programs, health maintenance organizations, shelters and clinics for the homeless, crisis centers, senior centers, group homes, and other community settings. Schools and colleges are important sites of mental health promotion, primary prevention, and early intervention programs for children and youth that involve psychiatric-mental health registered nurses. Psychiatric-mental health registered nurses are involved in educating teachers, parents, and students about mental health issues and in efforts such as depression screening. They may also provide mental health assessments and psychiatric services to students.

Assertive Community Treatment (ACT)

The Assertive Community Treatment model is an interdisciplinary team approach to the care of people with severe mental illness; it provides services in the individual's natural setting, including homeless shelters. ACT provides a comprehensive range of treatments. The goals of ACT are to help patients meet the requirements of community living after discharge from another more restricted form of care, and to reduce recurrences of hospitalization.

Primary Care

Because of recent changes in the healthcare system, primary care settings have assumed increasing importance in treating mental disorders.

This appendix is not current and is of historical significance only.

Depression is now more likely to be treated in primary care than in specialty mental health settings (Olfson et al., 2002). Psychiatric-mental health registered nurses provide mental health services in primary care via several models:

- consultation: the APRN-PMH functions as an expert resource for primary care providers;
- provision: patients are referred to an APRN-PMH affiliated with the primary care setting;
- integrated: APRN-PMHs who have additional training in primary care provide a mixture of psychiatric and primary care services; and
- collaborative: a network of primary care and mental health providers collaboratively manage a group of patients.

Psychiatric-mental health nurses at both the RN and APRN level participate in large-scale initiatives to improve the quality of depression care in primary care settings (Koike, Unutzer, & Wells, 2002).

Integrative Programs

Integrative programs provide simultaneous care for co-occurring substance use disorders and serious mental health disorders by a team of trained professionals. Services include assertive outreach, comprehensive services, and shared decision-making with staff, patients, and patients' families. Treatment progresses in stages from engagement in treatment to relapse prevention, incorporating a long-term commitment to services and pharmacological interventions. Sustained remission rates from substance use, lower rates of victimization, longer retention in treatment, and less time in the hospital are outcomes of integrated treatment for co-occurring disorders. Levels of care are determined by the severity of the substance use disorder and the severity of the mental illness. Those with the most severe disorders may be treated in specialized residential treatment centers or modified therapeutic communities.

Telehealth

Telehealth is the use of telecommunications technology to remove time and distance barriers from the delivery of healthcare services and related healthcare activities. It is an expanded means of communication

This appendix is not current and is of historical significance only.

that promotes access to health care. The psychiatric-mental health registered nurse may use electronic means of communication such as telephone consultation, computers, electronic mail, image transmission, and interactive video sessions to establish and maintain a therapeutic relationship with patients by creating an alternative sense of the nursing presence that may or may not occur in "real time". Psychiatric-mental health nursing care in telehealth incorporates practice and clinical guidelines that are based on empirical evidence and professional consensus. Telehealth encounters raise special issues related to confidentiality and regulation. Telehealth technology can cross state and even national boundaries and must be practiced in accordance with all applicable state, federal, and international laws and regulations. Particular attention must be directed to confidentiality, informed consent, documentation, maintenance of records, and the integrity of the transmitted information.

Self-Employment

Self-employed psychiatric-mental health advanced practice nurses offer direct services in solo private practice and group practice settings, or through contracts with employee assistance programs, health maintenance organizations, managed care companies, preferred provider organizations, industry health departments, home healthcare agencies, or other service delivery arrangements. In these settings, the APRN-PMH provides primary mental health care to clients in the nurse's caseload. In the consultation and liaison role, the APRN-PMH may also contract for consultation services directed at either the needs of the organization and its staff or the needs of patients in a variety of healthcare settings (nursing homes, medical units, home health care). Self-employed nurses may also form nurse-owned corporations or organizations that would provide mental health service contracts to industries or employers.

Forensic Mental Health

Recent studies have noted the high rates of mental illness in jails and prisons. APRN-PMHs perform psychiatric assessments, prescribe and administer psychiatric medications, and educate correctional officers about mental health issues. They are also involved in providing therapeutic services to witnesses or victims of crime.

This appendix is not current and is of historical significance only.

Disaster Mental Health

Psychiatric-mental health nurses provide psychological first aid and mental health clinical services as first responders through organizational systems in response to environmental and man-made disasters.

This appendix is not current and is of historical significance only.

STANDARDS OF PRACTICE

The following Standards of Practice and Standards of Professional Performance are written in such a way that each standard and its measurement criteria listed for the Psychiatric-Mental Health Registered Nurse also apply to the Advanced Practice Psychiatric-Mental Health Registered Nurse. In several instances additional standards and measurement criteria for the APRN-PMH are only applicable to the Advanced Practice Registered Nurse.

STANDARD 1. ASSESSMENT

The Psychiatric-Mental Health Registered Nurse collects comprehensive health data that is pertinent to the patient's health or situation.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (PRN-PMH):

- Collects data in a systematic and ongoing process.
- Involves the patient, family, other healthcare providers, and others in the patient's environment, as appropriate, in holistic data collection.
- Demonstrates effective clinical interviewing skills that facilitate development of a therapeutic alliance.
- Prioritizes data collection activities based on the patient's immediate condition or anticipated needs of the patient or situation.
- Uses appropriate evidence-based assessment techniques and instruments in collecting pertinent data.
- Uses analytical models and problem-solving techniques.
- Ensures that appropriate consents, as determined by regulations and policies, are obtained to protect patient confidentiality and support the patient's rights in the process of data gathering.
- Synthesizes available data, information, and knowledge relevant to the situation to identify patterns and variances.

Continued ►

This appendix is not current and is of historical significance only.

STANDARDS OF PRACTICE

- Uses therapeutic principles to understand and make inferences about the patient's emotions, thoughts, and behaviors.
- Documents relevant data in a retrievable format.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

- Employs evidence-based clinical practice guidelines to guide screening and diagnostic activities as available and appropriate.
- Performs a comprehensive psychiatric and mental health evaluation.
- Initiates and interprets diagnostic tests and procedures relevant to the patient's current status.
- Conducts a multigenerational family assessment, including medical and psychiatric history.
- Assesses interactions among the individual, family, community, and social systems and their relationship to mental health functioning.

This appendix is not current and is of historical significance only.

STANDARD 2. DIAGNOSIS

The Psychiatric-Mental Health Registered Nurse analyzes the assessment data to determine diagnoses or problems, including level of risk.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Identifies actual or potential risks to the patient's health and safety or barriers to mental and physical health which may include but are not limited to interpersonal, systematic, or environmental circumstances.
- Derives the diagnosis or problems from the assessment data.
- Validates the diagnosis or problems with the patient, significant others, and other healthcare clinicians when possible and appropriate.
- Develops diagnoses or problem statements that are congruent with available and accepted classification systems.
- Documents diagnoses or problems in a manner that facilitates the determination of the expected outcomes and plan.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

- Systematically compares and contrasts clinical findings with normal and abnormal variations and developmental events in formulating a differential diagnosis.
- Utilizes complex data and information obtained during interview, examination, and diagnostic procedures in identifying diagnosis.
- Identifies long-term effects of psychiatric disorders on mental, physical, and social health.
- Evaluates the health impact of life stressors, traumatic events, and situational crises within the context of the family cycle.
- Evaluates the impact of the course of psychiatric disorders and mental health problems on quality of life and functional status.
- Assists staff in developing and maintaining competency in the diagnostic process.

This appendix is not current and is of historical significance only.

Standards of Practice

Standard 3. Outcomes Identification

The Psychiatric-Mental Health Registered Nurse identifies expected outcomes for a plan individualized to the patient or to the situation.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Derives culturally appropriate expected outcomes from the diagnosis.
- Involves the patient, family, and other healthcare providers in formulating expected outcomes when possible and appropriate.
- Considers associated risks, benefits, costs, current scientific evidence, and clinical expertise when formulating expected outcomes.
- Defines expected outcomes in terms of the patient, patient values, ethical considerations, environment, or situation with consideration of associated risks, benefits, costs, and current scientific evidence.
- Develops expected outcomes that provide direction for continuity of care.
- Documents expected outcomes as measurable goals.
- Includes a time estimate for attainment of expected outcomes.
- Modifies expected outcomes based on changes in the status of the patient or evaluation of the situation.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

- Identifies expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices.
- Identifies expected outcomes that incorporate cost and clinical effectiveness, patient satisfaction, and continuity and consistency among providers.
- Supports and uses clinical guidelines linked to positive patient outcomes.

This appendix is not current and is of historical significance only.

STANDARD 4. PLANNING

The Psychiatric-Mental Health Registered Nurse develops a plan that prescribes strategies and alternatives to attain expected outcomes.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Develops an individualized plan considering patient characteristics or the situation.
- Develops the plan in collaboration with the patient, family, and other healthcare providers when appropriate.
- Considers the economic impact of the plan.
- Prioritizes elements of the plan based on the assessment of the patient's level of risk for potential harm to self or others and safety needs.
- Establishes the plan priorities with the patient, family, and others as appropriate.
- Includes strategies in the plan that address each of the identified diagnoses or issues, which may include strategies for promotion and restoration of health and prevention of illness, injury, and disease.
- Assists patients in securing treatment or services in the least restrictive environment.
- Includes an implementation pathway or timeline in the plan.
- Provides for continuity in the plan.
- Utilizes the plan to provide direction to other members of the healthcare team.
- Documents the plan using standardized language or recognized terminology.
- Defines the plan to reflect current statutes, rules and regulations, and standards.
- Utilizes current available research in planning care.
- Modifies the plan based on ongoing assessment of the patient's response and other outcome indicators.

Continued ►

This appendix is not current and is of historical significance only.

STANDARDS OF PRACTICE

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

- Identifies assessment and diagnostic strategies and therapeutic interventions that reflect current evidence, including data, research, literature, and expert clinical knowledge.
- Plans care to minimize complications and promote function and quality of life using treatment modalities such as, but not limited to, behavioral therapies, psychotherapy, and psychopharmacology.
- Selects or designs strategies to meet the multifaceted needs of complex patients.
- Includes synthesis of patients' values and beliefs regarding nursing and medical therapies in the plan.

This appendix is not current and is of historical significance only.

STANDARD 5. IMPLEMENTATION

The Psychiatric-Mental Health Registered Nurse implements the identified plan.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Implements the plan in a safe and timely manner.
- Documents implementation and any modifications, including changes or omissions, of the identified plan.
- Utilizes evidence-based interventions and treatments specific to the diagnosis or problem.
- Provides age-appropriate care in a culturally and ethnically sensitive manner.
- Utilizes community resources and systems to implement the plan.
- Collaborates with nursing colleagues and others to implement the plan.
- Manages psychiatric emergencies by determining the level of risk and initiating and coordinating effective emergency care.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

- Facilitates utilization of systems and community resources to implement the plan.
- Supports collaboration with nursing colleagues and other disciplines to implement the plan.
- Incorporates new knowledge and strategies to initiate change in nursing care practices if desired outcomes are not achieved.
- Uses principles and concepts of project management and systems management when implementing the plan.
- Fosters organizational systems that support implementation of the plan.

This appendix is not current and is of historical significance only.

Standards of Practice

Standard 5a. Coordination of Care

The Psychiatric-Mental Health Registered Nurse coordinates care delivery.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Coordinates implementation of the plan.
- Documents the coordination of care.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

- Provides leadership in the coordination of multidisciplinary health care for integrated delivery of patient care services.
- Synthesizes data and information to prescribe necessary system and community support measures, including environmental modifications.
- Coordinates system and community resources that enhance delivery of care across continuums.
- Assists patients in getting financial assistance as needed to maintain appropriate care

This appendix is not current and is of historical significance only.

STANDARD 5B. HEALTH TEACHING AND HEALTH PROMOTION

The Psychiatric-Mental Health Registered Nurse employs strategies to promote health and a safe environment.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Uses health promotion and health teaching methods appropriate to the situation, patient's developmental level, learning needs, readiness, ability to learn, language preference, and culture.
- Provides health teaching related to the patient's needs and situation that may include, but is not limited to, mental health problems and psychiatric disorders, treatment regimen, coping skills, relapse prevention, self-care activities, resources, conflict management, problem-solving skills, stress management and relaxation techniques, and crisis management.
- Integrates current knowledge and research regarding psychotherapeutic educational strategies and content.
- Engages consumer alliances and advocacy groups, as appropriate, in health teaching and health promotion activities.
- Identifies community resources to assist consumers in using prevention and mental healthcare services appropriately.
- Seeks opportunities for feedback and evaluation of the effectiveness of strategies utilized.
- Provides anticipatory guidance to individuals and families to promote mental health and to prevent or reduce the risk of psychiatric disorders.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

- Educates patients and significant others about intended effects and potential adverse effects of treatment options.
- Provides education to individuals, families, and groups to promote knowledge, understanding, and effective management of overall

Continued ►

This appendix is not current and is of historical significance only.

health maintenance, mental health problems, and psychiatric disorders.

- Uses knowledge of health beliefs, practices, evidence-based findings, and epidemiological principles, along with the social, cultural, and political issues that affect mental health in the community, to develop health promotion strategies.
- Synthesizes empirical evidence on risk behaviors, learning theories, behavioral change theories, motivational theories, epidemiology, and other related theories and frameworks when designing health information and patient education.
- Designs health information and patient education appropriate to the patient's developmental level, learning needs, readiness to learn, and cultural values and beliefs.
- Evaluates health information resources, such as the Internet, in the area of practice for accuracy, readability, and comprehensibility to help patients access quality health information.

This appendix is not current and is of historical significance only.

STANDARD 5C. MILIEU THERAPY

The Psychiatric-Mental Health Registered Nurse provides, structures, and maintains a safe and therapeutic environment in collaboration with patients, families, and other healthcare clinicians.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Orients the patient and family to the care environment, including the physical environment, the roles of different healthcare providers, how to be involved in the treatment and care delivery processes, schedules of events pertinent to their care and treatment, and expectations regarding behaviors.
- Orients the patient to their rights and responsibilities particular to the treatment or care environment.
- Conducts ongoing assessments of the patient in relationship to the environment to guide nursing interventions in maintaining a safe environment and patient safety.
- Selects specific activities that meet the patient's physical and mental health needs for meaningful participation in the milieu and promoting personal growth.
- Ensures that the patient is treated in the least restrictive environment necessary to maintain the safety of the patient and others.
- Informs the patient in a culturally competent manner about the need for the limits and the conditions necessary to remove the restrictions.
- Provides support and validation to patients when discussing their illness experience, and seeks to prevent complications of illness.

This appendix is not current and is of historical significance only.

Standards of Practice

Standard 5D. Pharmacological, Biological, and Integrative Therapies

The Psychiatric-Mental Health Registered Nurse incorporates knowledge of pharmacological, biological, and complementary interventions with applied clinical skills to restore the patient's health and prevent further disability.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Applies current research findings to guide nursing actions related to pharmacology, other biological therapies, and integrative therapies.
- Assesses patient's response to biological interventions based on current knowledge of pharmacological agents' intended actions, interactive effects, potential untoward effects, and therapeutic doses.
- Includes health teaching for medication management to support patients in managing their own medications and adhering to prescribed regimen.
- Provides health teaching about mechanism of action, intended effects, potential adverse effects of the proposed prescription, ways to cope with transitional side effects, and other treatment options, including no treatment.
- Directs interventions toward alleviating untoward effects of biological interventions.
- Communicates observations about the patient's response to biological interventions to other health clinicians.

This appendix is not current and is of historical significance only.

STANDARD 5E. PRESCRIPTIVE AUTHORITY AND TREATMENT

The Psychiatric-Mental Health Advanced Practice Registered Nurse uses prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

Measurement Criteria

The Psychiatric-Mental Health Advanced Practice Registered Nurse (APRN-PMH):

- Conducts a thorough assessment of past medication trials, side effects, efficacy, and patient preference.
- Educates and assists the patient in selecting the appropriate use of complementary and alternative therapies.
- Provides patients with information about intended effects and potential adverse effects of proposed prescriptive therapies.
- Provides information about pharmacologic agents, costs, and alternative treatments and procedures as appropriate.
- Prescribes evidence-based treatments, therapies, and procedures considering the patient's comprehensive healthcare needs.
- Prescribes pharmacologic agents based on a current knowledge of pharmacology and physiology.
- Prescribes specific pharmacological agents and treatments based on clinical indicators, the patient's status and needs, and the results of diagnostic and laboratory tests.
- Evaluates therapeutic and potential adverse effects of pharmacological and non-pharmacological treatments.
- Evaluates pharmacological outcomes by utilizing standard symptom measurements and patient reports to determine efficacy.

This appendix is not current and is of historical significance only.

Standards of Practice

Standard 5F. Psychotherapy

The Psychiatric-Mental Health Advanced Practice Registered Nurse conducts individual, couples, group, and family psychotherapy using evidence-based psychotherapeutic frameworks and nurse–patient therapeutic relationships.

Measurement Criteria

The Psychiatric-Mental Health Advanced Practice Registered Nurse (APRN-PMH):

- Uses knowledge of relevant biological, psychosocial, and developmental theories, as well as best available research evidence, to select therapeutic methods based on patient needs.
- Utilizes interventions that promote mutual trust to build a therapeutic treatment alliance.
- Empowers patients to be active participants in treatment.
- Applies therapeutic communication strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth.
- Uses awareness of own emotional reactions and behavioral responses to others to enhance the therapeutic alliance.
- Analyzes the impact of duty to report and other advocacy actions on the therapeutic alliance.
- Arranges for the provision of care in the therapist's absence.
- Applies ethical and legal principles to the treatment of patients with mental health problems and psychiatric disorders.
- Makes referrals when it is determined that the patient will benefit from a transition of care or consultation due to change in clinical condition.
- Evaluates effectiveness of interventions in relation to outcomes using standardized methods as appropriate.
- Monitors outcomes of therapy and adjusts the plan of care when indicated.
- Therapeutically concludes the nurse–patient relationship and transitions the patient to other levels of care, when appropriate.
- Manages professional boundaries in order to preserve the integrity of the therapeutic process.

This appendix is not current and is of historical significance only.

STANDARD 5G. CONSULTATION

The Psychiatric-Mental Health Advanced Practice Registered Nurse provides consultation to influence the identified plan, enhance the abilities of other clinicians to provide services for patients, and effect change.

Measurement Criteria

The Psychiatric-Mental Health Advanced Practice Registered Nurse (APRN-PMH):

- Initiates consultation at the request of the consultee.
- Establishes a working alliance with the patient or consultee based on mutual respect and role responsibilities.
- Facilitates the effectiveness of a consultation by involving the stakeholders in the decision-making process.
- Synthesizes clinical data, theoretical frameworks, and evidence when providing consultation.
- Communicates consultation recommendations that influence the identified plan, facilitate understanding by involved stakeholders, enhance the work of others, and effect change.
- Clarifies that implementation of system changes or changes to the plan of care remain the consultee's responsibility.

This appendix is not current and is of historical significance only.

Standards of Practice

Standard 6. Evaluation

The Psychiatric-Mental Health Registered Nurse evaluates progress toward attainment of expected outcomes.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Conducts a systematic, ongoing, and criterion-based evaluation of the outcomes in relation to the structures and processes prescribed by the plan and indicated timeline.
- Involves the patient, family or significant others, and other health-care clinicians in the evaluation process.
- Documents results of the evaluation.
- Evaluates the effectiveness of the planned strategies in relation to patient responses and the attainment of the expected outcomes.
- Uses ongoing assessment data to revise the diagnoses, plan, implementation, and outcomes as needed.
- Disseminates the results to the patient and others involved in the care or situation, as appropriate, in accordance with state and federal laws and regulations.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Nurse

The APRN-PMH:

- Evaluates the accuracy of the diagnosis and effectiveness of the interventions in relationship to the patient's attainment of expected outcomes.
- Synthesizes the results of the evaluation analyses to determine the impact of the plan on the affected patients, families, groups, communities, and institutions.
- Uses the results of the evaluation analyses to make or recommend process or structural changes, including policy, procedure, or protocol documentation, as appropriate.

This appendix is not current and is of historical significance only.

STANDARDS OF PROFESSIONAL PERFORMANCE

STANDARD 7. QUALITY OF PRACTICE

The Psychiatric-Mental Health Registered Nurse systematically enhances the quality and effectiveness of nursing practice.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Demonstrates quality by documenting the application of the nursing process in a responsible, accountable, and ethical manner.
- Uses the results of quality improvement activities to initiate changes in nursing practice and in the healthcare delivery system.
- Uses creativity and innovation in nursing practice to improve care delivery.
- Incorporates new knowledge to initiate changes in nursing practice if desired outcomes are not achieved.
- Participates in quality improvement activities. Such activities may include:
  - Identifying aspects of practice important for quality monitoring.
  - Using indicators developed to monitor quality and effectiveness of nursing practice.
  - Collecting data to monitor quality and effectiveness of nursing practice.
  - Analyzing quality data to identify opportunities for improving nursing practice.
  - Formulating recommendations to improve nursing practice or outcomes.
  - Implementing activities to enhance the quality of nursing practice.
  - Developing, implementing, and evaluating policies, procedures, and guidelines to improve the quality of practice.

Continued ►

This appendix is not current and is of historical significance only.

- Participating on interdisciplinary teams to evaluate clinical care or health services.
- Participating in efforts to minimize costs and unnecessary duplication.
- Analyzing factors related to safety, satisfaction, effectiveness, and cost–benefit options.
- Analyzing organizational systems for barriers.
- Implementing processes to remove or decrease barriers within organizational systems.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Nurse

The APRN-PMH:

- Obtains and maintains professional certification at the advanced level in psychiatric-mental health nursing.
- Designs quality improvement initiatives.
- Implements initiatives to evaluate the need for change.
- Evaluates the practice environment and quality of nursing care rendered in relation to existing evidence, identifying opportunities for the generation and use of research.

This appendix is not current and is of historical significance only.

STANDARD 8. EDUCATION

The Psychiatric-Mental Health Registered Nurse attains knowledge and competency that reflect current nursing practice.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH) :

- Participates in ongoing educational activities related to appropriate knowledge bases and professional issues.
- Demonstrates a commitment to lifelong learning through self-reflection and inquiry to identify learning needs.
- Seeks experiences that reflect current practice in order to maintain skills and competence in clinical practice or role performance.
- Acquires knowledge and skills appropriate to the specialty area, practice setting, role, or situation.
- Maintains professional records that provide evidence of competency and lifelong learning.
- Seeks experiences and formal and independent learning activities to maintain and develop clinical and professional skills and knowledge.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Nurse

The APRN-PMH:

- Uses current healthcare research findings and other evidence to expand clinical knowledge, enhance role performance, and increase knowledge of professional issues.

This appendix is not current and is of historical significance only.

Standards of Professional Performance

Standard 9: Professional Practice Evaluation

The Psychiatric-Mental Health Registered Nurse evaluates one's own practice in relation to the professional practice standards and guidelines, relevant statutes, rules, and regulations.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Applies knowledge of current practice standards, guidelines, statutes, rules, and regulations.
- Engages in self-evaluation of practice on a regular basis, identifying areas of strength as well as areas in which professional development would be beneficial.
- Obtains informal feedback regarding practice from patients, peers, professional colleagues, and others.
- Participates in systematic peer review as appropriate.
- Takes action to achieve goals identified during the evaluation process.
- Provides rationale for practice beliefs, decisions, and actions as part of the informal and formal evaluation processes.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

- Engages in a formal process seeking feedback regarding one's own practice from patients, peers, professional colleagues, and others.

This appendix is not current and is of historical significance only.

STANDARD 10. COLLEGIALITY

The Psychiatric-Mental Health Registered Nurse interacts with and contributes to the professional development of peers and colleagues.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Shares knowledge and skills with peers and colleagues as evidenced by such activities as patient care conferences or presentations at formal or informal meetings.
- Provides peers with feedback regarding their practice and role performance.
- Interacts with peers and colleagues to enhance one's own professional nursing practice and role performance.
- Maintains compassionate and caring relationships with peers and colleagues.
- Contributes to an environment that is conducive to the education of healthcare professionals.
- Contributes to a supportive and healthy work environment.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Nurse

The APRN-PMH:

- Models expert practice to interdisciplinary team members and healthcare consumers.
- Mentors other registered nurses and colleagues as appropriate.
- Participates in interdisciplinary teams that contribute to role development and advanced nursing practice and health care.

This appendix is not current and is of historical significance only.

STANDARDS OF PROFESSIONAL PERFORMANCE

STANDARD 11: COLLABORATION

The Psychiatric-Mental Health Registered Nurse collaborates with patients, family, and others in the conduct of nursing practice.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Communicates with patient, family, and healthcare providers regarding patient care and the nurse's role in the provision of that care.
- Collaborates in creating a documented plan focused on outcomes and decisions related to care and delivery of services that indicates communication with patients, families, and others.
- Partners with others to effect change and generate positive outcomes through knowledge of the patient or situation.
- Documents referrals, including provisions for continuity of care.
- Collaborates with other healthcare providers for care beyond the nurse's scope of practice.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Registered Nurse

The APRN-PMH:

- Partners with other disciplines to enhance patient care through interdisciplinary activities such as education, consultation, management, technological development, or research opportunities.
- Facilitates an interdisciplinary process with other members of the healthcare team.
- Documents plan of care communications, rationales for plan of care changes, and collaborative discussions to improve patient care.

This appendix is not current and is of historical significance only.

STANDARD 12: ETHICS

The Psychiatric-Mental Health Registered Nurse integrates ethical provisions in all areas of practice.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Uses *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001) to guide practice.
- Delivers care in a manner that preserves and protects patient autonomy, dignity, and rights.
- Is aware of and avoids using the power inherent in the therapeutic relationship to influence the patient in ways not related to the treatment goals.
- Maintains patient confidentiality within legal and regulatory parameters.
- Serves as a patient advocate protecting patients' rights and assisting patients in developing skills for self advocacy.
- Maintains a therapeutic and professional patient–nurse relationship with appropriate professional role boundaries.
- Demonstrates a commitment to practicing self-care, managing stress, and connecting with self and others.
- Contributes to resolving ethical issues of patients, colleagues, or systems as evidenced in such activities as participating on ethics committees.
- Reports illegal, incompetent, or impaired practices.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Nurse

The APRN-PMH:

- Informs the patient of the risks, benefits, and outcomes of health-care regimens.
- Participates in interdisciplinary teams that address ethical risks, benefits, and outcomes.
- Promotes and maintains a system and climate that is conducive to providing ethical care.

This appendix is not current and is of historical significance only.

STANDARDS OF PROFESSIONAL PERFORMANCE

STANDARD 13: RESEARCH

The Psychiatric-Mental Health Registered Nurse integrates research findings into practice.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Utilizes the best available evidence, including research findings, to guide practice decisions.
- Actively participates in research activities at various levels appropriate to the nurse's level of education and position. Such activities may include:
  - Identifying clinical problems specific to psychiatric-mental health nursing research (patient care and nursing practice).
  - Participating in data collection (surveys, pilot projects, formal studies).
  - Participating in a formal committee or program.
  - Sharing research activities and findings with peers and others.
  - Conducting research.
  - Critically analyzing and interpreting research for application to practice.
  - Using research findings in the development of policies, procedures, and standards of practice in patient care.
  - Incorporating research as a basis for learning.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Nurse

The APRN-PMH:

- Contributes to nursing knowledge by conducting, critically appraising, or synthesizing research that discovers, examines, and evaluates knowledge, theories, criteria, and creative approaches to improve healthcare practice.
- Formally disseminates research findings through activities such as presentations, publications, consultation, and journal clubs.
- Promotes a culture that consistently integrates the best available research evidence into practice.

This appendix is not current and is of historical significance only.

STANDARD 14. RESOURCE UTILIZATION

The Psychiatric-Mental Health Registered Nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Evaluates factors such as safety, effectiveness, availability, cost–benefit, efficiencies, and impact on practice when choosing practice options that would result in the same expected outcome.
- Assists the patient and family in identifying and securing appropriate and available services to address health-related needs.
- Assigns or delegates tasks, based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, and predictability of the outcome.
- Assists the patient and family in becoming informed about the options, costs, risks, and benefits of treatment and care.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Nurse

The APRN-PMH:

- Utilizes organizational and community resources to formulate multidisciplinary or interdisciplinary plans of care.
- Develops innovative solutions for patient care problems that address effective resource utilization and maintenance of quality.
- Develops evaluation strategies to demonstrate quality, cost effectiveness, cost–benefit, and efficiency factors associated with nursing practice.

This appendix is not current and is of historical significance only.

STANDARDS OF PROFESSIONAL PERFORMANCE

STANDARD 15. LEADERSHIP

The Psychiatric-Mental Health Registered Nurse provides leadership in the professional practice setting and the profession.

Measurement Criteria

The Psychiatric-Mental Health Registered Nurse (RN-PMH):

- Engages in teamwork as a team player and a team builder.
- Works to create and maintain healthy work environments in local, regional, national, or international communities.
- Displays the ability to define a clear vision with associated goals and a plan to implement and measure progress.
- Demonstrates a commitment to continuous lifelong learning for self and others.
- Teaches others to succeed by mentoring and other strategies.
- Exhibits creativity and flexibility through times of change.
- Demonstrates energy, excitement, and a passion for quality work.
- Uses mistakes by self and others as opportunities for learning so that appropriate risk-taking is encouraged.
- Inspires loyalty by valuing people as the most precious asset in an organization.
- Directs the coordination of care across settings and among caregivers, including oversight of licensed and unlicensed personnel in any assigned or delegated tasks.
- Serves in key roles in the work setting by participating on committees, councils, and administrative teams.
- Promotes advancement of the profession through participation in professional organizations.

Additional Measurement Criteria for the Psychiatric-Mental Health Advanced Practice Nurse

The APRN-PMH:

- Utilizes ethical principles to advocate for access and parity of services for mental health problems, psychiatric disorders, and addiction services.

Index

Note: Entries with [2007] indicate content from *Psychiatric-Mental Health Nursing: Scope and Standards of Practice* (2007), reproduced in Appendix A. That information is not current but included for historical purposes only.

A

Abilities in PMH nursing practice, 25, 28, 41, 131
  See also Knowledge, skills, and abilities
Ability to answer, 121
Accountability in PMH nursing practice, 40–41
Accreditation, 28–30
Achieving the Promise: Transforming Mental Health Care in America, 7
ACT. *See* Assertive community treatment (ACT)
Acute care, models of, 15–16
Acute inpatient care, 23, 139
Administration in PMH nursing practice, 35
Adolescents, psychiatric disorders in, 10, 13
Adults
  psychiatric disorders in, 8–9, 121
  substance abuse disorders in, 9–10
Advanced practice registered nurses (APRNs) in PMH nursing practice, 27–36, 134–135
  accreditation, 28–30
  certification, 28–30
  competencies
    assessment, 45, 145
    collaboration, 78–79, 165
    collegiality, 164
    consultation, 57, 158
    coordination of care, 54, 151
    diagnosis, 46–47, 146
    education, 69–70, 162
    environmental health, 84–85
    ethics, 68, 166
    evaluation, 66, 159
    evidence-based practices and research, 72
    health teaching and health promotion, 56, 152–153
    implementation, 53, 150
    leadership, 76, 169
    outcomes identification, 49, 147, 149
    planning, 51
    prescriptive authority and treatment, 58, 156
    professional practice evaluation, 80–81, 163
    psychotherapy, 63–64, 157
    quality of practice, 74, 161
    research, 167
    resource utilization, 82–83, 168
  Consensus Model for, 28–30
  education, 28–30
  licensure, 28–30
  origins of role, 118–120
  roles and responsibilities, 28–30
    administration, education and research practice, 35
    case management, 31–32
    clinical supervision, 34–35
    primary care, 30–31

APRNs in PMH nursing practice *(continued)*
psychiatric consultation-liaison nursing, 33–34
psychotherapy, 31–32
self-employment, 35–36
Advocacy in PMH nursing, 18, 28, 33, 34, 36, 37, 39–40, 131
Adverse childhood effects (ACE), 13
Age-specific issues in PMH nursing practice. *See* Children; Older adults.
Alzheimer's disease, 10
American Nurses Association (ANA), 5, 27–28
American Nurses Credentialing Center (ANCC), 28, 131
American Psychiatric Nurses Association (APNA), ix, 7, 28
ANA. *See* American Nurses Association (ANA)
Analysis. *See* Critical thinking
ANCC. *See* American Nurses Credentialing Center (ANCC)
Anxiety, 10
APNA. *See* American Psychiatric Nurses Association (APNA)
Assertive community treatment (ACT), 24, 140
Assessment in PMH nursing practice, 14, 16, 19, 20, 25
assessment data, 20, 46, 65
competencies involving, 44–45
defined, 44, 50, 51, 58, 59, 65, 84, 87
Standard of Practice, 44–54 [2007], 144–145
Attitudes in PMH nursing, 17, 39, 41

B

Battle fatigue, 5
Bipolar disorder, 9

C

Care coordination in PMH nursing practice, 11, 15
See also Coordination of care
Care delivery in PMH nursing practice, 12, 13, 27, 54, 73, 75
See also Coordination of care
Care recipients. *See* Healthcare consumers
Caregiver, defined, 87
Case management, 31–32, 136
CBT. *See* Cognitive behavioral therapy (CBT)
Centers for Disease Control and Prevention (CDC), 7
Centers for Medicare and Medicaid Services (CMS), 8
Certification and credentialing in PMH nursing practice, 5, 7, 19, 28–30, 118, 134
Certified nurse midwife (CNM), 28
Certified nurse practitioner (CNP), 28
Certified registered nurse anesthetist (CRNA), 28
Children
psychiatric disorders in, 10, 12, 13, 121–122
serious emotional disorder in, 125
Clients. *See* Healthcare consumers
Clinical nurse specialist (CNS), 7, 28
Clinical practice settings, 138–139
Clinical settings in PMH nursing practice. *See* practice environments and settings
Clinical supervision, 34, 137–138
CMS. *See* Centers for Medicare and Medicaid Services (CMS)
CNM. *See* Certified nurse midwife (CNM)
CNP. *See* Certified nurse practitioner (CNP)
CNS. *See* Clinical nurse specialist (CNS)

Code of ethics, defined, 87
Code of Ethics for Nurses with Interpretive Statements, 38, 67, 138, 166
Cognitive behavioral therapy (CBT), 14
Collaboration in PMH nursing practice, 15, 29, 32, 42
  competencies involving, 52, 53, 65, 69, 78–79
  defined, 78
  Standard of Professional Performance, 78–79
    [2007], 165
  See also Communication
Collegiality in PMH nursing practice, 164
Commitment in PMH nursing practice, 39
Communication in PMH nursing practice, 15, 37, 42, 63
  competencies involving, 52, 54, 59, 75, 76, 85
  defined, 75
  Standard of Professional Performance, 75
  See also Collaboration
Community Mental Health Centers Act of 1963, 5, 118–119
Community-based care, 24, 140
Comorbidity in PMH nursing practice, 36
  defined, 87
  substance abuse and, 9–10
Competencies in PMH nursing practice
  for APRNs, 45, 46–47, 49, 51, 53, 54, 56, 57, 58, 63–64, 66, 68, 69–70, 72, 74, 76, 78–79, 80–81, 82–83, 84–85, 145, 146, 147, 149, 150, 151, 152–153, 156, 157, 158, 159, 161, 162, 163, 164, 165, 166, 167, 168, 169
  assessment, 44–45, 144–145
  collaboration, 78, 165
  collegiality, 164
  communication, 75
  coordination of care, 54, 151
  diagnosis, 46, 146
  education, 69, 162
  environmental health, 84
  ethics, 67–68, 166
  evaluation, 65, 159
  evidence-based practices and research, 71
  health teaching and health promotion, 55, 152
  implementation, 52–53, 150
  leadership, 76, 169
  milieu therapy, 60–61, 154
  outcomes identification, 48–49, 147, 148
  pharmacological, biological, and integrative therapies, 59, 155
  planning, 50–51, 147
  professional practice evaluation, 80, 163
  quality of practice, 73–74, 160–161
  research, 167
  resource utilization, 82, 168
  for RNs, 45, 46–47, 49, 51, 53, 54, 56, 57, 58, 63–64, 66, 68, 69–70, 72, 74, 76, 78–79, 80–81, 82–83, 84–85, 145, 146, 147, 149, 150, 151, 152–153, 156, 157, 158, 159, 161, 162, 163, 164, 165, 166, 167, 168, 169
  therapeutic relationship and counseling, 62
  See also Standards of Practice; Standards of Professional Performance
Consensus Model and APRN roles, 28–30
Confidentiality and privacy in PMH nursing practice, 15, 32, 35, 37, 40, 67, 136, 138, 142, 144, 166
  See also Ethics

Consultation in PMH nursing practice, 22, 33–34, 35–36, 37, 40, 137
competencies involving, 7, 67, 72
defined, 57
Standard of Practice, 57 [2007], 158
See also Psychiatric consultation–liaison nursing.
Continuity of care, defined, 87
Coordination of care in PMH nursing practice, 11, 15
competencies involving, 54
defined, 54
Standard of Practice, 54 [2007], 151
Cost and economic controls in PMH nursing practice, 11, 22, 49, 82, 126–127, 147, 161, 168
Credentialing. *See* Certification and credentialing
Crisis intervention, 22, 139
Criteria in PMH nursing practice assessment, [2007], 144–145
collegiality, 164
consultation, 158
coordination of care, 151
defined, 87
diagnosis, 146
education, 162
ethics, 166
evaluation, 159
health teaching and health promotion, 152–153
implementation, 150
milieu therapy, 154
outcomes, 147
outcomes identification, 148–149
pharmacological, biological, and integrative therapies, 155
prescriptive authority and treatment, 156
psychotherapy, 157
quality of practice, 160–161
Critical thinking in PMH nursing, 25, 174
See also Evidence-based practices and research; Knowledge, skills, and abilities; Nursing process
CRNA. *See* Certified registered nurse anesthetist (CRNA)

D

Data and information in PMH nursing practice, 8, 15, 17, 20, 25, 25–27, 44–45, 46–47, 51, 52, 54, 57, 65, 71, 73, 126–127, 129, 132, 132–133, 144, 146, 151, 158, 159, 160, 167
See also Assessment
Data systems, 126–127
"Decade of the Brain", 4
Delegation in PMH nursing practice, 40, 82
Dementias, 10
Diagnosis in PMH nursing practice, 20, 31, 32, 37
competencies involving, 45, 46–47, 51, 65, 66
defined, 46, 87
Standard of Practice, 45–46 [2007], 146
Diagnostic and Statistical Manual of Mental Disorders (DSM-5), 19, 36
Disaster PMH nursing, 37–38, 143
Documentation in PMH nursing practice
competencies involving, 42, 45, 48, 50, 53, 54, 62, 65, 66, 73, 75
Duties to self and others, 41

E

Early intervention, 13–14
Education in PMH nursing practice, 19, 24–25, 28, 35, 69–70

APRNs, 28–30, 35
competencies involving, 56, 58, 69–70, 76, 78
defined, 69
Standard of Professional Performance, 69–70 [2007], 162
Education of healthcare consumers and others, 56, 58, 76
See also Health teaching and health promotion
Environment, defined, 87
Environmental health in PMH nursing practice
competencies involving, 84–85
defined, 84
Standard of Professional Performance, 84–85
Ethics in PMH nursing practice
competencies involving, 46, 63, 67–68, 763
provisions, 38–42
advancement of nursing profession, 42
advocacy for, 39–40
collaboration to meet health needs, 42
commitment to healthcare consumers, 39
contributions to healthcare environments, 41
duties to self and others, 41
promotion of nursing profession, 42
respect for individuals, 38–39
responsibility and accountability for practice, 40–41
Standard of Professional Performance, 67–68 [2007], 166
Evaluation in PMH nursing practice
competencies involving
defined, 65, 88
Standard of Practice, 65–66 [2007], 159
See also Professional practice evaluation
Evidence-based practices and research in PMH nursing practice, 71–72
competencies involving, 44, 45, 48, 49, 52, 55, 56, 58, 63, 71–72
current issues and trends, 127–128
defined, 71, 88
Standards of Professional Performance, 71–72
Expected outcomes, defined, 88

F

Families in PMH nursing practice, 28, 29, 30, 33, 34, 38, 39, 42, 56, 77, 129, 134, 159
acute care and, 16
alliance with, 18
collaboration with, 165
communication with, 75
community-based care and, 24, 140
current issues and trends, 7
environmental health and, 84
health teaching and health promotion, 152
history, 4
integrative programs and, 141
milieu therapy and, 60, 154
prevalence of mental disorders and, 8
psychotherapy, 63–64
public health care model and, 12
recovery/wellness and, 11
See also Healthcare consumers
Family, defined, 88
Forensic mental health, 37, 142
The Future of Nursing: Leading Change to Advance Health, 4

H

Health, defined, 88
Health information technology (HIT), 15
Health Insurance Portability and Accountability Act of 1996 (HIPAA), 40
Health teaching and health promotion in PMH nursing practice, 44, 45, 48, 49, 52, 55, 56, 58, 63
  competencies involving, 55–56, 59
  defined, 55
  Standard of Practice, 55–56 [2007], 152–153
Healthcare consumers
  acute inpatient care, 23
  advocacy for, 39–40
  clinical supervision, 35
  commitment to, 39
  communication with, 75
  community-based care for, 24
  consultation, 30, 57
  counseling for, 60
  defined, 88
  education of, 56, 58, 76
  early intervention, 13–14
  ethical issues and, 38
  integrated care for, 14, 14–15
  milieu therapy for, 60
  partial hospitalization and intensive outpatient care, 23
  partnership with, 8, 19
  pharmacological, biological, and integrative therapies for, 59
  primary care, 30
  psychotherapy, 63–64
  recovery and wellness of, 11
  responsibility and accountability to, 40–41
  safety for, 128
  screening, 13–14
  See also Families
Healthcare providers, defined, 88
HIPAA. *See* Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Hispanic population, 10
  psychiatric disorders in, 122
HIT. *See* Health information technology (HIT)
Holistic, defined, 89

I

Illness, defined, 89
Implementation in PMH nursing practice, 19, 20, 27, 29
  competencies involving, 52–53
  defined, 50, 52, 54, 57, 73, 74, 84, 85, 89
  Standard of Practice, 52–53 [2007], 150
Institute of Medicine (IOM), 12, 124
Integrative programs and therapies, 32, 36
  interventions, 30
Intensive outpatient treatment, 23, 139–140
Interdisciplinary processes and teams in PMH nursing, 27, 133, 140, 164, 165, 166, 168
  See also Collaboration; Interprofessional
International Society of Psychiatric-Mental Health Nursing, ix
Intermediate and long-term care, 23, 139
Interpersonal Relations in Nursing, 3
Interprofessional, defined, 89
Interprofessional processes and teams in PMH nursing, 54, 57, 68, 69, 70, 74, 75, 77, 78, 79
Interventions in PMH nursing practice, 12–14, 19–20, 38, 40
  competencies involving, 51, 52, 59–60, 62, 63, 65, 66

crisis interventions, 22, 139
defined, 19
psychopharmaceutical interventions, 32
psychotherapy interventions, 31–32

J

Judgment in PMH nursing, 77, 127
See also Knowledge, skills, and abilities

K

Knowledge, defined, 89
Knowledge, skills, and abilities in PMH nursing practice, 25, 28, 41, 131
See also Critical thinking; Education; Evidence-based practices and research

L

LACE (Licensure, Accreditation, Certification and Education), Consensus Model, and APRN roles, 28–30
Latino population, 10
Laws and regulations in PMH nursing practice, 37, 58, 65, 142, 156, 159
Leadership in PMH nursing practice, 18, 27, 35, 41
competencies involving, 54, 76–77
defined, 76
Standard of Professional Performance, 76–77
[2007], 169
Leading Change, 7
Liaison, 137
Licensing and licensure in PMH nursing practice, 28–30
Long-term care, 23, 139

M

Measurement criteria. *See* Criteria
Medicaid, 3, 11
Medicare, 3
Mental disorders
in adolescents, 10
in children, 10
defined, 89
disparities among diverse populations, 122–123
disparities in treatment of, 10–11
mortality rate, 9
in older adults, 10
prevalence of, 8–9
across lifespan, 121–122
Mental health care
disparities in treatment, 10–11
physical health and, 122
public health model
technology of, 15
workforce requirements, 16–18
rural, 17
Mental health, defined, 89
Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), 7
MHPAEA. *See* Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)
Milieu therapy in PMH nursing practice
competencies involving, 60–61
defined, 60, 89
Standard of Practice, 60–61
[2007], 154
Minority populations, 10
psychiatric disorders in, 122
Multidisciplinary, defined, 89
See also Interprofessional

N

National Alliance for the Mentally Ill, 124
National Council on Disabilities, 124

National Institute of Mental Health (NIMH), 5–6, 118
National Mental Health Act (NMHA), 118
National Mental Health Act of 1946 (NMHA), 3, 5
National Organization of Nurse Practitioner Faculty (NONPF), 6
NIMH. *See* National Institute of Mental Health (NIMH)
NMHA. *See* National Mental Health Act of 1946 (NMHA)
NONPF. *See* National Organization of Nurse Practitioner Faculty (NONPF)
Nurse practitioners, 6
Nursing competence. *See* Competencies
Nursing education. *See* Education
Nursing Mental Disease, 2
Nursing process, 25, 131
  defined, 89
  competencies involving, 52, 73
  See also Standards of Practice
Nursing's Social Policy Statement, 18, 128

O

Older adults, psychiatric disorders in, 10, 121–122
Outcomes identification in PMH nursing
  competencies involving, 48–49
  defined, 48
  Standard of Practice, 48–49 [2007], 147
  See also Planning
Outpatient treatment, 139–140

P

Partial hospitalization, 23, 139–140
Patient Protection and Affordable Care Act (PPACA), 8, 11
Patients. *See* Healthcare consumers
PCLN. *See* Psychiatric consultation-liaison nursing (PCLN)
Peer review in PMH nursing practice, 80, 90, 163
Pharmacological, biological, and integrative therapies in PMH nursing practice
  competencies involving, 59
  defined, 59
  intergrative therapies, 30, 32, 36
  psychopharmacological therapies, 5, 22, 27, 30, 32, 38, 38
  Standard of Practice, 59 [2007], 155
  See also Prescriptive authority and treatment
Pharmacological, biological, and integrative therapies, Standard of Practice [2007], 59
Phenomena of concern, 130–131
Plan, defined, 90
Planning in PMH nursing practice
  competencies involving, 46, 48, 50–51, 52, 53, 54, 57, 65, 68, 82
  plan defined, 90
  Standard of Practice, 50–51 [2007], 148–149
  See also Implementation; Outcomes identification
Post-traumatic stress order (PTSD), 10
PPACA. *See* Patient Protection and Affordable Care Act (PPACA)
Practice environments and settings for PMH nursing practice, 22–24
  acute inpatient care, 23
  assertive community treatment, 24
  community-based care, 24
  crisis intervention, 22
  intensive outpatient treatment, 23

intermediate and long-term care, 23
partial hospitalization, 23
psychiatric emergency services, 22
residential services, 23
Prescriptive authority and treatment in PMH nursing, 58
competencies involving, 51, 58, 59
Standard of Practice, 58
[2007], 156
See also Pharacological, biological, and integrative therapies
President's New Freedom Commission, 124–125
Preventing Mental, Emotional and Behavioral Disorders among Young People, 12
Prevention and treatment in PMH nursing practice, 12, 18–19, 126, 163
collaboration, 42
health teaching and health promotion, 152
integrative programs, 141
planning, 148
primary prevention, 126
secondary prevention, 14
Primary care, 30–31, 140–141
Professional practice evaluation in PMH nursing practice
competencies involving, 80–81
defined, 80
Standard of Professional Performance, 80–81
[2007], 163
See also Peer review
Program development and management, 136
PSTD, 10
Psychiatric clinical nurse specialists, 119
Psychiatric consultation-liaison nursing (PCLN), 33–34
Psychiatric disorder, defined, 90
Psychiatric emergency services, 22, 139
Psychiatric-mental health advanced practice registered nurse (PMH-APRN), 7, 27–36, 134–135
accreditation, 28–30
certification, 28–30
competencies
assessment, 45, 145
collaboration, 78–79, 165
collegiality, 164
consultation, 57, 158
coordination of care, 54, 151
diagnosis, 46–47, 146
education, 69–70, 162
environmental health, 84–85
ethics, 68, 166
evaluation, 66, 159
evidence-based practices and research, 72
health teaching and health promotion, 56, 152–153
implementation, 53, 150
leadership, 76, 169
outcomes identification, 49, 147, 149
planning, 51
prescriptive authority and treatment, 58, 156
professional practice evaluation, 80–81, 163
psychotherapy, 63–64, 157
quality of practice, 74, 161
research, 167
resource utilization, 82–83, 168
Consensus Model for, 28–30
education, 28–30
licensure, 28–30
origins of role, 118–120
roles and responsibilities, 28–30
administration, education and research practice, 35
case management, 31–32

Psychiatric-mental health APRN *(continued)*
clinical supervision, 34–35
primary care, 30–31
psychiatric consultation-liaison nursing, 33–34
psychotherapy, 31–32
self-employment, 35–36
Psychiatric-mental health clinical nurse specialist (PMHCHNS), 5
Psychiatric-Mental Health Nurse Practitioner Competencies, 6
Psychiatric-mental health (PMH) nurses
phenomena of concern for, 21, 130–131
roles and responsibilities of, 19
safety for, 128
specialized areas of practice, 36–38
disaster PMH nursing, 37–38
forensic mental health, 37
integrative programs, 36
telehealth, 37
Psychiatric-mental health (PMH) nursing
current issues and trends, 7
defined, 18–21, 90, 128–129
ethical issues in, 38–43, 138
advancement of nursing profession, 42
advocacy for, 39–40
collaboration to meet health needs, 42
commitment to healthcare consumers, 39
contributions to healthcare environments, 41
duties to self and others, 41
promotion of nursing profession, 42
respect for individuals, 38–39
responsibility and accountability for practice, 40–41
history and evolution of, 2–4
in mental health system transformation, 18
opportunities in, 10–11
origins of, 5–7
scope of practice, 116–143
specialized areas of practice, 138–143
acute inpatient care, 139
assertive community treatment, 140
clinical practice settings, 138–139
community-based care, 140
crisis intervention and psychiatric emergency services, 139
disaster mental health, 143
forensic mental health, 142
integrative programs, 140–141
intermediate and long-term care, 139
partial hospitalization and intensive outpatient care, 139–140
primary care, 140–141
residential services, 140
self-employment, 142
telehealth, 141–142
Psychiatric-mental health (PMH) nursing practice
clinical settings, 22–24
acute inpatient care, 23
assertive community treatment, 24
community-based care, 24
crisis intervention, 22
intensive outpatient treatment, 23
intermediate and long-term care, 23
partial hospitalization, 23
psychiatric emergency services, 22

residential services, 23
current issues and trends, 120–128
disparities among diverse populations, 122–123
evidence-based practice and lifelong learning, 127–128
leadership in transforming mental health system, 123–126
prevalence of mental disorders across lifespan, 121–122
prevention, 126
role of national data systems to improve quality, 126–127
safety for patients and for PMH nurses, 128
history and evolution of, 117–118
levels of, 24–35, 131–137
case management, 136
clinical supervision, 137–138
consultation and liaison, 137
PMH advanced practice registered nurse, 134–135
PMH registered nurse, 131–134
program development and management, 136
psychopharmacological interventions, 32, 38, 136
psychotherapy, 31–32, 135–136
scope of, 116–143
Psychiatric-mental health registered nurse (PMH-RN), 131–134
competencies
assessment, 44–45, 144–145
collaboration, 78, 165
collegiality, 164
communication, 75
coordination of care, 54, 151
diagnosis, 46, 146
education, 69, 162
environmental health, 84
ethics, 67–68, 166
evaluation, 65, 159
evidence-based practices and research, 71
health teaching and health promotion, 55, 152
implementation, 52–53, 150
leadership, 76, 169
milieu therapy, 60–61, 154
outcomes identification, 48–49, 147, 148
pharmacological, biological, and integrative therapies, 59, 155
planning, 50, 147
professional practice evaluation, 80, 163
quality of practice, 73–74, 160–161
research, 167
resource utilization, 82, 168
therapeutic relationship and counseling, 62
roles and responsibilities, 25–27
Psychopharmacology in PMH nursing practice, 22, 27, 30, 34
interventions, 32, 38
Psychotherapy in PMH nursing practice, 31–32
competencies involving, 63–64
defined, 63, 90
PHM nursing practice and, 135–136
Standard of Practice, 63–64 [2007], 157
Public health care model, 12–18
early intervention, 13–14
emerging models of acute care, 15–16
integrated care, 14–15
person-centered, recovery-oriented, 12–18
screening, 13–14
Public health model
technology, 15
workforce requirements, 16–18

Q

Quality and Safety Education for Nurses (QSEN) Institute, 17
Quality of care in PMH nursing practice, 7, 42, 76, 90, 127
Quality of practice in PMH nursing practice
  competencies involving, 73–74
  defined, 73
  Standard of Professional Performance, 73–74 [2007], 160–161

R

Recipient of care. *See* Healthcare consumers
Recovery, 11–12
  defined, 90
Recovery to practice (RTP), 17
Recovery-oriented, defined, 91
Registered nurses, (RNs) in PMH nursing practice, 131–134
  competencies
    assessment, 44–45, 144–145
    collaboration, 78, 165
    collegiality, 164
    communication, 75
    coordination of care, 54, 151
    diagnosis, 46, 146
    education, 69, 162
    environmental health, 84
    ethics, 67–68, 166
    evaluation, 65, 159
    evidence-based practices and research, 71
    health teaching and health promotion, 55, 152
    implementation, 52–53, 150
    leadership, 76, 169
    milieu therapy, 60–61, 154
    outcomes identification, 48–49, 147, 148
    pharmacological, biological, and integrative therapies, 59, 155
    planning, 50–51, 147
    professional practice evaluation, 80, 163
    quality of practice, 73–74, 160–161
    research, 167
    resource utilization, 82, 168
    therapeutic relationship and counseling, 62
  roles and responsibilities, 25–27
Regulations. *See* Laws and regulations
Research in PMH nursing practice, 71–72
  competencies involving, 71–72
  current issues and trends, 127–128
  Standard of Professional Performance, 71–72 [2007], 167
  See also Evidence-based practices and research
Residential services, 23, 140
Resource utilization in PMH nursing practice
  competencies involving, 82–83
  defined, 82
  Standard of Professional Performance, 82–83 [2007], 168
Respect for individuals, 38–39
Responsibility in PMH nursing practice, 40–41
Rheumatoid arthritis, 34
Rural mental health care, 17

S

Safety, 18, 39, 40, 41, 46, 50, 60, 74, 82

Quality and Safety Education for Nurses (QSEN), 17
SAMHSA. *See* Substance Abuse and Mental Health Services Administration (SAMHSA)
Schizophrenia, 9
Schizophrenic spectrum disorders, 19
Scope of PMH nursing practice, 116–143
Screening, 13–14, 24, 45
Self-employment, 35–36, 142
Serious emotional disorder (SED), 125
Serious mental illness (SMI), 9
Settings for PMH practice. *See* Practice environments and settings
SMI. *See* Serious mental illness (SMI)
Standard, defined, 91
Standards of Practice for PMH Nursing
  assessment, 44–45, 144–145
  consultation, 57, 158
  coordination of care, 54, 151
  diagnosis, 46–47, 146
  evaluation, 65–66, 159
  health teaching and health promotion, 55–56, 152–153
  implementation, 52–53, 150
  milieu therapy, 60–61, 154
  outcomes identification, 48–49, 147
  pharmacological, biological, and integrative therapies, 59, 155
  planning, 50–51, 148–149
  prescriptive authority and treatment, 58, 156
  psychotherapy, 63–64, 157
  therapeutic relationship and counseling, 62
Standards of Professional Performance for PMH Nursing
  collaboration, 78–79, 165
  collegiality, 164
  communication, 75
  education, 69–70, 162
  environmental health, 84–85
  ethics, 67–68, 166
  evidence-based practice and research, 71–72
  leadership, 76–77, 169
  professional practice evaluation, 80–81, 163
  quality of practice, 73–74, 160–161
  resource utilization, 82–83, 168
Standards of Psychiatric-Mental Health Nursing Practice, 3
Stigma, defined, 91
Substance Abuse and Mental Health Services Administration (SAMHSA), 4, 7, 17, 20, 124
Substance use disorders (SUD), 4, 5, 7, 9. 10, 19, 21, 41
  assessment and treatment of, 19–20
  comorbidities, 9–10
  co-occurring disorders, 21, 25, 33, 36, 38
  interventions, 12
  prevalence of, 9–10
Substance-related and addictive disorders, 19
SUD. *See* Substance use disorders (SUD)

T

Teams and teamwork. *See* Interdisciplinary; Interprofessional
Telehealth, 37, 141–142
Therapeutic relationship and counseling in PMH nursing practice
  competencies involving, 62
  defined, 62
  Standard of Practice, 62

W

Wellness, 11–12
WHO. *See* World Health Organization (WHO)
Work and practice environments for PMH nursing practice. *See* Clinical Settings; Practice environments and settings
Workforce requirements, 16–18
World Health Organization (WHO), 13, 121

NURSING STANDARDS

ANA Standards of Psychiatric–Mental Health Nursing Practice

Standards of Professional Practice for Psychiatric–Mental Health Nursing

Standard 7. Ethics
The PMH registered nurse integrates ethical provisions in all areas of practice.

Standard 8. Education
The PMH registered nurse attains knowledge and competence that reflect current nursing practice.

Standard 9. Evidence-Based Practice and Research
The PMH registered nurse integrates evidence and research findings into practice.

Standard 10. Quality of Practice
The PMH registered nurse systematically enhances the quality and effectiveness of nursing practice.

Standard 11. Communication
The PMH registered nurse communicates effectively in a variety of formats in all areas of practice.

Standard 12. Leadership
The PMH registered nurse demonstrates leadership in the professional practice setting and the profession.

Standard 13. Collaboration
The PMH registered nurse collaborates with the healthcare consumer, family, interprofessional health team, and others in the conduct of nursing practice.

Standard 14. Professional Practice Evaluation
The PMH registered nurse evaluates one's own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, and regulations.

Standard 15. Resource Utilization
The PMH registered nurse considers factors related to safety, effectiveness, cost, and impact on practice in the planning and delivery of nursing services.

Standard 16. Environmental Health
The PMH registered nurse practices in an environmentally safe and healthy manner.

SOURCE: American Nurses Association, American Psychiatric Nurses Association & International Society of Psychiatric–Mental Health Nurses (2013). *Psychiatric–Mental Health Nursing: Scope and Standards of Practice, 2nd Edition*. Silver Spring, MD: Nursesbooks.org.

The Standards of Professional Performance for Psychiatric–Mental Health Nursing describe a competent level of behavior in the professional role, including activities related to ethics, education, evidence-based practice and research, quality of practice, communication, leadership, collaboration, professional practice evaluation, resource utilization, and environmental health. All psychiatric–mental health (PMH) registered nurses and APRNs are expected to engage in professional role activities, including leadership, appropriate to their education and position. PMH registered nurses and APRNs are accountable for their professional actions to themselves, their patients, their peers, and ultimately to society.

American Psychiatric Nurses Association

http://www.apna.org/

Visionary Leadership for Psychiatric-Mental Health Nurses Around the World

ISPN

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Psychiatric-Mental Health Nursing

SCOPE AND STANDARDS OF PRACTICE 2ND EDITION

Psychiatric-mental health (PMH) nursing is the nursing practice specialty committed to promoting mental health through the assessment, diagnosis, and treatment of behavioral problems, mental disorders, and comorbid conditions across the lifespan. PMH nursing intervention employs a purposeful use of self and a wide range of nursing, psychosocial, and neurobiological evidence to produce effective outcomes.

The American Psychiatric Nurses Association and the International Society of Psychiatric Mental-Health Nurses convened a task force of nurse experts from across their practice to review and revise *Psychiatric-Mental Health Nursing: Scope and Standards of Practice,* published in 2007. With input from across the nursing profession that was facilitated by ANA, the task force developed this all-new edition. It is the definitive and up-to-date delineation of psychiatric-mental health nursing, articulating the competent level of nursing practice and professional performance of all PMH registered nurses, whatever their practice level or setting.

The publication's scope of practice addresses what is expected of all psychiatric-mental health nurses, specifying the who, what, where, when, why, and how of their practice. The detailed discussion of that scope of practice provides the context needed to understand and use the standards, presenting the underlying assumptions, characteristics, environments and settings, education and training requirements, key issues and trends, and ethical and conceptual bases of the specialty.

The standards themselves are authoritative statements that describe the responsibilities by which psychiatric-mental health nurses are held accountable in their practice. Each standard is measurable by a set of specific competencies that serve as evidence of minimal compliance with that standard.

While this foundational volume is primarily for those directly involved with psychiatric-mental health nursing practice, education, and research, other nursing and allied healthcare providers, researchers, and scholars will find value in this content. In addition, it is a resource for employers, insurers, lawyers, policy makers, regulators, and stakeholders.

About ANA's Specialty Nursing Standards

Since the late 1990s, ANA has partnered with other nursing organizations to establish a formal process for recognition of specialty areas of nursing practice. This includes the criteria for approving the specialty itself and the scope statement, and an acknowledgment by ANA of the standards of practice for that specialty. Because of the significant changes in the evolving nursing and healthcare environments, ANA's approval of specialty nursing scope statements and its acknowledgment of specialty standards of practice remain valid for five years, starting from the publication date of the documents.

The standards in this publication are based on language from *ANA's Nursing: Scope and Standards of Practice, Second Edition*, a helpful supplement to this specialty text, which in turn is of optimal use with two complementary ANA texts: *Nursing's Social Policy Statement: The Essence of the Profession* and *Guide to the Code of Ethics for Nurses: Interpretation and Application*. These three books are also available as a set, ANA's Foundation of Nursing Package, to guide nursing practice, thinking, and decision-making. The set is proving useful as a professional reference, classroom textbook, in-service training guide, and credentialing exam resource. For more on these publications, go to www.Nursesbooks.org.

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Voicing Leadership for Psychiatric-Mental Health Nurses Around the World
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