Essentials of Psychiatric Mental Health Nursing In the BSN Curriculum

A Joint Project of the ISPN Education Council and SERPN Division
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During the period from 1998 to 2004, the significance of mental health issues in contributing to the mortality and morbidity of populations world-wide has been increasingly documented. It has been identified that approximately 450 million people suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse (World Health Organization, 2001). The World Health Organization (WHO) has also identified that "understanding how inseparable mental and physical health really are, and how their influence on each other is complex and profound… WHO (also states that) mental health – neglected for far too long – is crucial to the overall well-being of individuals, societies and countries and must be universally regarded in a new light (WHO, 2001, p ix). "

Mental health has also been identified as a national health priority by Healthy People 2010 (http://www.healthypeople.gov) and the US Surgeon General (http://www.surgeongeneral.gov). This report, developed by a consortium of 400 national membership organizations, state and territorial health departments, and key national associations of State health officials, identified nine priority health indicators related to mental health/substance abuse concerns. The priorities include: tobacco use, substance abuse, responsible sexual behavior, mental health, injury and violence, and access to health care.

Furthermore, in 1999, the first ever White House Conference on Mental Health was convened. The U.S. Surgeon General presented the first report (DHHS, 1999) on the mental health of the nation in which the inextricably intertwined relationship between mental health, physical health and well-being were noted. The report presented a challenge to the nation, communities, health care providers, and policy makers to take action as mental health issues are important health concerns for all ages. This landmark report was an undeniable call to make the mental health needs of the nation imperative.

Although the opportunities for mental health care world-wide vary according to each setting's resources and priorities, the avenues through which mental health needs must be addressed are at the primary, secondary and

tertiary levels. Even as the United States has been identified as a nation with a high level of mental health resources (WHO, 2001; The President's New Commission on Mental Health [President's Commission], 2003), it is still plagued by a "lack of national priority for mental health and suicide prevention, and fragmentation and gaps in care (across the life span) (President's Commission, 2003 p 3)".

The International Society of Psychiatric Mental Health Nurses (ISPN) recognizes and supports the importance of mental health to the overall well-being of each individual. As part of this understanding, our international organization identifies that the task of promoting mental health is multifaceted. In addition to providing direct care, professional education, consultation, combating stigmatization, improving access, furthering research, advocacy and policy development are each facets for improving mental health care.

Because a comprehensive approach to mental health care is multidisciplinary and collaborative, Nursing has an integral role in affecting the mental health of millions of people through the use of unique skills, and by nature of the numbers of nurses who interact with clients in a variety of settings. *The President's Commission Report* (2003), *The World Health Report 2001* (2001) and the most recent *Mental Health, United States, 2002* (Department of Health and Human Services [DHHS], 2004) identify that nurses play a key role in the delivery of mental health care at all levels of intervention and that there is a need to improve and expand this workforce providing evidence – based mental health services and supports.

As part of their leadership role, ISPN has identified that the educational preparation for the practice of psychiatric nursing begins at the pre-baccalaureate level (DHHS, 2004). Communication and therapeutic interpersonal relationships are critical components that must underlie all nursing skills. Given the critical role of nurses in all areas of health care, their ability to affect the emotional wellbeing of clients regardless of the setting and the need for exemplary mental health service delivery (informed by effectively prepared nursing professionals) the following curriculum is recommended for implementation.

Table 1.
Guidelines for Undergraduate Education in Psychiatric Mental Health Nursing (PMHN) **see definitions below

	CORE NURSING CONTENT	ESSENTIAL PMHN CONTENT	LEARNING OUTCOMES DEFINED AS CLINICAL COMPETENCIES
1.	Growth & Development	a. Normative principles of emotional and psychological growth, and development milestones b. Recognition of major disorders occurring in childhood/adolescency 1. Mood disorders 2. Conduct disorders 3. ADHD 4. Pervasive developmental disorders c. Recognition of major disorders occurring in adulthood 1. Mood disorders 2. Psychotic disorders 3. Personality disorders 4. Substance abuse/dependency disorders 5. Anxiety disorders d. Recognition of major disorders occurring in older age 1. Depression 2. Dementia 3. Delirium	a. Demonstrate competent generalist assessment of the developmental needs of patients experiencing psychiatric disorders b. Recognize normative versus non-normative behavioral patterns manifesting development milestones c. Plan, and implement and evaluate age appropriate care for patients with psychiatric disorder across the life-span
2.	Neurobiological basis of care practices	a. Neuro psychopathology and its relationship to observable patient behavior and symptoms of psychiatric disorders b. Neurobiological theories of suspected etiology of common psychiatric health disorders c. Genetics and psychiatric disorders	a. Demonstrate competent generalist assessment skills, with emphasis on complete mental status exam and neurological assessment b. Apply psychopathological knowledge to care practices and to patient teaching

3.	Pharmacotherapuetics and basic principles of pharmacology	a. Major psychotropic agents for identified psychiatric disorders that include: 1. Classification 2. Action and expected effect 3. Side effects and toxicity 4. Potential interactions with other medications and diet b. Common alternative medicine approaches used in the treatment of psychiatric disorders 5. Herbal, mineral, and vitamin 6. Other alternative treatments	a. Evaluate effects of medications on patient, including symptom abatement, side effects, toxicity, and potential interactions with other medications/ substances b. Teach patients to manage their own medications c. Evaluate outcomes of medications d. Apply pharmacotherapeutic principles to the safe administration of psychotropic medications
4.	Communication theory and interpersonal relational skills	a. Therapeutic interventions for patients, dyads, and families experiencing, or at risk for, psychiatric disorders b. Therapeutic use of self with patients, dyads, families and groups experiencing, or at risk for, psychiatric disorders 1. Appropriate affective and cognitive response with intervention 2. Concept of professional boundaries with psychiatric patients 3. Communicating with patients experiencing common psychiatric symptoms such as hallucinations, delusions, and decreased production of speech 4. De-escalation, suicidality assessment techniques	a. Demonstrate therapeutic use of self with patients, dyads, families and groups experiencing, or at risk, for psychiatric disorders b. Apply therapeutic communication techniques in care practices with patients experiencing common psychiatric symptoms such as hallucinations, delusions, and decreased production of speech c. Demonstrate competent generalist group participation/ leadership skills working with patients experiencing, or at risk for, psychiatric illness d. Develop professional boundaries necessary for professional care giving relationships e. Develop strategies for management of crisis behaviors that incorporate strong ethical principles

5.	Clinical decision making	a. Taxonomy systems commonly used in care of psychiatric disorders 1. NANDA 2. DSM-IVTR 3. ICD-10 b. Evidence-based care principles for psychiatric disorders c. Appropriate levels of self-disclosure d. Principles of evaluating interventions with psychiatric patients including outcome measurements e. Concepts of psychiatric crisis and common intervention practices with patients experiencing psychiatric crisis f. Violence 1. Anger and aggression 2. Levels and types of violence expression such as suicide, homicide, domestic violence, child and elder abuse g. Standard care practices of common psychiatric disorders including: 1. Psychotic disorders 2. Mood disorders 3. Anxiety disorders 4. Personality disorders 5. Substance abuse/dependency disorders 6. Cognitive disorders 7. Eating disorders 8. Somatoform disorders 9. Family & community violence	a. Apply taxonomy structures to patient specific situations including the development of nursing diagnosis b. Evaluate the degree of evidence-base available to support common psychiatric nursing actions c. Implement evidenced-base care for patient with psychiatric disorders d. Identify signs and symptoms characteristic of each major disorder e. Plan and implement nursing interventions appropriate to patients needs that reflect etiologic principles and standards of nursing care f. Prioritize crisis intervention care practices with patients with psychiatric disorder a. Assess community potential for violence g. Intervene in acute agitation using de-escalation techniques h. Assess patient potential for violence including suicide and homicide i. Develop and implement suicide prevention strategies

6.	Patient care roles	a. Principles of education, teaching/learning theories as they relate to patients with psychiatric disorders including psychoeducational approaches b. Principles of clinical care manager with psychiatric patients c. Principles of case manager with psychiatric patients d. Principles of patient advocacy with psychiatric patients e. Consumer advocacy groups 1. NAMI 2. NMHA 3. Local resource identification f. Overlap of nursing roles with self-help models of care including 12 step models g. Principles of collaborative relationships with individuals, families, consumers and advocacy groups	a. Demonstrate ability to effectively teach patients and their families experiencing psychiatric disorders b. Participate in care management and case management of psychiatric care c. Plan for a continuum of care that provides safety, structure, and support for patients with psychiatric disorders d. Evaluate a continuum of care for a patient experiencing a psychiatric disorder e. Refer patients, dyads and families to advocacy organizations f. Assist patients to access self-help groups
7.	Settings of health care	a. Principles of inpatient care. b. Principles of emergency room psychiatric care c. Principles of community mental health d. Principles of psychiatric home care e. Relationship of acuity of care and patient need to the setting of care f. Evolving care settings (e.g. primary care)	a. Describe psychiatric home case management b. Participate in management of individuals and families in the home or "aftercare" setting c. Plan and implement care in diverse settings including acuity inpatient and community based settings of care d. Analyze congruency of acuity of psychiatric patients needs to their settings of care

8.	Cultural, ethnic, and spiritual concepts	a. Diversity b. Cultural, religious, and spiritual beliefs regarding mental health and illness c. Issues of cultural and spiritual self expression as they relate to psychiatric symptom expression d. Cultural/racial/ethnic diversity and impact on mental health care delivery e. Resources for culturally/linguistically sensitive PMH care	a. Demonstrate competent generalist cultural and spiritual assessment b. Provide culturally and spiritually competent care within the scope of nursing that meets needs of patients from diverse cultural, racial and ethic backgrounds
9.	Health promotion and prevention	a. Concepts of mental health b. Known risk factors of common psychiatric disorders c. Screening and referral for common psychiatric disorders d. International and national indicators on mental health (e.g. World Health Report and Surgeon General's Report on Mental Illness) e. Healthy People goals and objectives f. Standardized screening and symptom rating instruments	a. Develop plans of care to enhance mental health of individuals and communities b. Describe populations at risk for psychiatric disorder c. Create interventions related to mental health promotion and illness prevention specific to the needs of diverse communities d. Utilize standardized screening tools to identify at risk groups e. Identify the health of a community using national and global indicators such as Healthy People and WHO reports as benchmarks f. Plan, implement, and evaluate preventive care practices for patients at risk for, or experiencing, psychiatric disorders
10.	Concepts of chronic illness	a. Common adaptation and coping to persistent psychiatric disorders b. Symptom management with those who have serious and persistent psychiatric disorder c. Concepts of co-morbidities d. Symptom management with those who have co-occurring chronic conditions (e.g. medical conditions and psychiatric disorders, and substance abuse and psychiatric disorders). e. Concept of relapse and relapse prevention	a. Maintain therapeutic relationships with those who have a serious and persistent psychiatric disorder b. Assess common mechanisms of adaptation and coping used by patients experiencing a chronic psychiatric disorder c. Plan, implement, and evaluate a relapse prevention plan for patients experiencing a chronic psychiatric disorder d. Prioritize care strategies for patients experiencing co-morbid health states

11.	Ethical and legal principles	a. ANA Code of ethics and patient rights legislation b. Standards of practice for PMHN c. Least restrictive treatment approaches d. Legal rights of psychiatric patients based on voluntary versus involuntary treatment status	a. Clarify personal values concerning working with patients experiencing psychiatric disorders b. Assist patients and families with legal and ethical issues related to psychiatric disorder c. Develop plan of care to address ethical and or legal concerns in order to preserve individual integrity
12.	Vulnerable populations	a. Concepts of vulnerable populations b. Principles of working with vulnerable populations including: 1. Duty to protect 2. Access to care 3. Confidentiality c. Vulnerable populations 1. Mentally ill 2. Old and young populations 3. Minority populations 4. Marginalized populations such as homeless and jailed 5. Health disparities in mental health care and outcomes	a. Recognize the multiple care needs of vulnerable populations b. Plan, implement, and evaluate care strategies that protect the rights and dignity of vulnerable populations
12.	Nursing research	a. Research related to psychiatric health nursing and care delivery	a. Critically analyze research reports as a research consumer b. Utilize research findings in planning and evaluating care practices

**DEFINITIONS OF COLUMN HEADINGS

1. **CORE NURSING CONTENT –** This column identifies universal professional nurse content areas that are included in the education of all nurses. It should NOT be specific to PMHN – ex: pharmacology, growth & development.

2. **ESSENTIAL MHPN CONTENT –** This column contains the specific elements of the above generic content that are the specific to PMHN. For example, under pharmacology; it is assumed that the psychotropic medications are essential core content for PMHN. This column should, in essence, represent knowledge base considered to represent psychiatric nursing. It was developed to be written in as clear and concrete a way as possible so that individuals using this guide can clearly see what should be taught or should not be taught as psych nursing content.

3. **LEARNING OUTCOMES DEFINED AS CLINICAL COMPETENCIES –** This column illustrates the measurable behaviors that a student should be able to do and would reflect their mastery of the essential content. These reflect the PMHN skills that are expected of a newly graduated professional nurse.

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