Our profession exists at the intersection of access to needed care and person-centered care delivery. Patients, families, and communities entrust their mental health and substance use concerns to us, and we carefully ensure their access to individualized care that meets their needs, often initiating new treatment structures and creating novel approaches, tools, & resources along the way. Nurses’ resourcefulness and initiative are recognized in the National Academies 2021 report, “The Future of Nursing 2020-2030”, which notes the essential nature of nursing roles in creating “equitable health and health care systems that are designed to work for everyone” (p. 1).

For illustrations of how we’re doing just that, look no further than the APNA Annual Conference program! The hundreds of sessions and poster presentations provide a comprehensive picture of how psychiatric-mental health nurses are revolutionizing care and systems to ensure that they work for everyone.

Why the urgency to bring student nurses up to speed on telehealth? There is a shortage of Advanced Practice Psychiatric Mental Health Practitioners. The COVID-19 pandemic has resulted in an expansion of telehealth services while also intensifying the mental health care crisis and need for trained providers.

I’ve personally trained over 18 Nurse Practitioner (NP) student learners through a successful NP residency program at my Community Mental Health Clinic. The expansion of telehealth services has warranted a shift in approach to teaching and providing care in a virtual world.

What are some applications for telehealth? Telehealth is used for all service lines at our Community Mental Health Clinic: for training, medication management, family systems therapy, and group therapy.

What are some factors to consider when starting to use telehealth? I think it’s important to build a trusting relationship in a telehealth environment with preceptors, students, and clients. There are best practices for engaging in telehealth supervision and observation of clinical virtual encounters and essential telehealth guidelines to follow.

Learn more in Abelard’s APNA Annual Conference session “Tips for Preceptor Success in a Virtual World: Preceptor and Student Pearls”.

Matthew Tierney, MS, CNS, ANP, PMHNP, CARN-AP, FAAN
APNA President
The Impact of Workplace Violence Toward Psychiatric Mental Health Nurses: Identifying the Facilitators and Barriers to Supportive Resources

This qualitative study’s primary aim was to improve understanding of the impact of workplace violence through a survey of psychiatric-mental health nurses who provide direct patient care at a nonprofit Midwestern PMH facility. The study revealed that 100% of the respondents had experienced workplace violence, with the majority having experienced an episode within the past 30 days. While supportive resources were available at the facility, only 36.4% had utilized them. From semi-structured interviews, several themes were identified, including:

1. PMH Nurses strive to maintain their personal wellness by understanding the workplace violence. This is accomplished through a reframing of their experience and self-reflection.

2. PMH nurses need increased support from administration. This includes increasing staff ratios, conveying support, and demonstrating a desire to change the environment.

3. Participants’ perspectives on their need for means of support included meeting with a facility resiliency coach, breaks after a traumatic event, and having supportive coworkers and supervisors with a common ideology and framework for what is acceptable when working with patients who act violently.

“I think it is important for administration to be supportive of staff and not lay blame on the staff member that was assaulted.”

“I see supportive coworkers and supervisors who recognize and appreciate the risks the nursing staff are exposed to being very helpful. Knowing that your coworkers and supervisors always have your back would greatly decrease the anxiety and stress that comes with workplace violence.”
Physical Health Problems Among People With Severe Mental Illnesses: Race, Gender, and Implications for Practice

With integrated health and mental health interventions important for all individuals living with severe mental illnesses, this study set out to fill important knowledge gaps through the research question: “How does risk for physical health problems (i.e., high BP, diabetes, and high body mass index [BMI]) vary by race and gender among individuals with severe mental illnesses?”

Using agency data from 603 participating individuals with serious mental illness at a community health center, the study found that black men were more likely to experience high blood pressure, black women more likely to experience high BMI, and white men more likely to have high HbA1c levels.

These results may point to a need for nuanced assessment and monitoring of health concerns, including a consideration of the impact of social determinants of health and the variation in health problems demonstrated by the study. Further, research into tailored education efforts and interventions to address physical health concerns by race and gender is a vital area to ensure culturally competent practices.

The article highlights nurses working on assertive community treatment teams who are informed of the cultural practices of different demographic groups as an important point of contact to helping to bring individuals with serious mental illness and significant physical health problems into physical health care services.

Learn and Earn – Contact hours, that is!

APNA Members can earn NCPD contact hours at no cost from select articles in JAPNA, including the two above! Visit www.apna.org/publications/JAPNA to find out about this feature of your membership, view these full articles, and more.

When Psychotherapy Meets Psychedelics
Using Psychedelic Assisted Therapies

APNA Annual Conference Presenter Andrew Penn, MS, CNS, PMHNP, shares his thoughts on this topic.

How are psychedelic therapies currently being used? Psychedelic assisted therapies include currently available ketamine for depression and PTSD, clinical trials into psilocybin for major depression, and MDMA for the treatment of PTSD. Right now, MDMA and psilocybin remain investigational drugs, and are not yet FDA approved. Additionally, they are currently schedule I substances, so it is illegal to use them with a patient outside of a clinical trial. However, more and more nurses are involved in the provision of ketamine for depression and other related mental health problems, so that is a place where nurses can provide this treatment.

What do nurses need to know about these therapies? In all of these modalities, a nurse or therapist would work with a patient to create a space in which healing can occur, supported by the medicine. Nurses use their expertise in creating safe spaces for patients that allow the natural capacity of the body (or in this case, the psyche) to heal and are well suited to this kind of therapeutic work.

What is surprising about the role of nurses and psychedelic therapies? While psychedelic therapies are being touted as miracle cures by the popular press, a result of the very promising findings that have come out of clinical research, it is important to understand that the improvement that occurs is not just the result of a drug experience, but rather because of the healing relationship between patient and therapist that is catalyzed by the drug. Any nurse who has spent time at the bedside knows about holding a space that is healing, working with patients who may be in a non-ordinary state of consciousness, and facilitating a patient’s own healing process. These same skills can be applied to psychedelic assisted therapy.

Learn more in Penn’s APNA Annual Conference session, “What Can Nursing Teach Us About How to Be a Psychedelic Therapist?”
Don’t Be Fooled
A Closer Look at Medical Mimics

APNA Annual Conference Presenter Caroline Onischak, MSN, APRN, PMHNP-BC, shares her thoughts on this topic.

What do nurses need to know about medical mimics? Nurses should be aware of medical mimics (medical conditions that may be mistaken for psychiatric illness) because mistaking a medical condition for a psychiatric one can delay treatment and even be life threatening. And, of course, if you are not treating the root of a problem, you will not be able to help the patient overcome it. Mental health disorders may not have a psychiatric cause, so we need to look beyond the surface when presented with a patient with mental health symptoms.

What prompted you to take a closer look? While working as an inpatient psychiatric-mental health nurse, I was concerned that some of the patients might have had medical conditions that were contributing to their mental health symptoms. During clinical training for my PMHNP degree, I worked with a psychiatric consultation liaison team. We provided care for patients who are in the hospital for medical conditions, which means it was crucial for us to understand which medical conditions had impact on a patient’s cognition and mood.

Can you share any tips for spotting medical mimics? I’ll be sharing a diagnostic and information gathering rubric in my session. This is a helpful tool to keep in mind when working with patients. I work with young adults now who are basically healthy, but I always want to think critically and be mindful of medical conditions that might be contributing to my patients’ mental health symptoms. I look at their medical histories carefully, consider what conditions they might be at risk for, and always order an EKG and routine labs (CBC, CMP, TSH, lipids, HgA1C, B12, folate and Vitamin D). If a head injury or seizure activity is suspected, the patients are sent for further testing.

Learn more in Onischak’s APNA Annual Conference session “Medical Mimics: Medical Conditions That Masquerade As Psychiatric Disorders”.