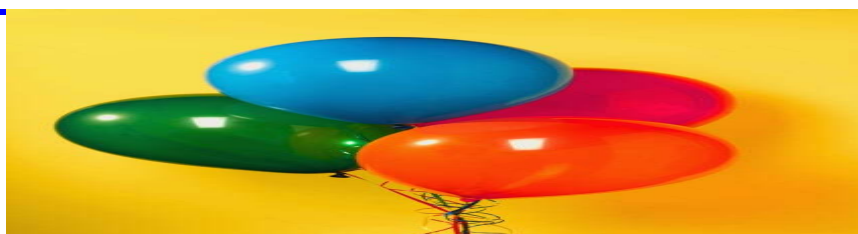




APNA, CALIFORNIA CHAPTER ONLINE NETLETTER

APNA, California Chapter NetLetter

President's Message



Happy Nurses Week!

by Kathy Johnson PMHNP BC
 President, APNA California Chapter

Recently, I had the occasion to spend some time in a local hospital, sitting at the bedside of a family member. Including myself, there are 3 medical professionals in my family. Yet, despite our collective expertise, it was an entirely different experience to let go of our professional roles and be “the family.” At any given time we felt sad, exhausted and vulnerable. Somehow, the nurses knew exactly what to do. They not only took care of my loved one, but of each and every member of my family. They anticipated our needs before we could articulate what we felt. Our loved one received excellent medical care, but it was the nursing care that got us through. As I watched these nurses, day in and day out, I felt proud to be a nurse.

As I write this, I realize that this is exactly what we as psychiatric nurses endeavor to do for our patients and their families. Regardless of the setting, we reach out to our patients who are suffering and try to connect with them, offer them comfort and help them articulate what they need. Although competent medical care is crucial, it is often the nursing care that makes a difference in a patient’s outcome.

In this edition of our NetLetter, we would like to focus on what it means to be a Psychiatric Nurse. We have published 2 examples of how psychiatric nurses can make a difference. Nancy Earl, BSW, RN, MSNc, a Lead RN of a 28 bed open unit at Sharp Mesa Vista Hospital in San Diego has written a lovely essay about her transition from working in med surge, and coronary ICUs to working in inpatient psychiatry. Judy Ward, RN,MSN, a nursing educator at several San Francisco Bay Area School’s of Nursing shares the words she uses to inspire students getting ready to do their first psychiatric nursing rotation. We hope you will enjoy their articles as much as we did.

Our annual State Chapter Conference is fast approaching. We will open the call for nominations for new APNA CA Board Members. This year, we will be electing a President Elect, Secretary and Member-at-Large. Our Board is comprised of dedicated volunteers who feel passionate about psychiatric nursing and who want to make a difference for both patients and other psychiatric nurses. If you feel likewise, I encourage you to consider running for one of these positions. We work as a team, and there is no experience necessary. This is your professional organization. We need each and every one of you to take an active role.

This June will mark my 33rd year as a psychiatric nurse. People often ask me, “if you had it to do over again, would you still go into psychiatric nursing?” My answer is always a resounding “yes!” I am so proud to be counted among you! We on the Board of APNA California Chapter applaud the work you do as psychiatric nurses. Happy Nurses Week!

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WHAT IS A PSYCHIATRIC NURSE?



by Judy Ward RN

A psychiatric nurse is a highly skilled mental health professional whose work is based on the premise that knowing and experiencing other people's realities is the first step to start helping them.

As nurses, we are motivated and committed to help, and heal, and mitigate suffering. We ask, "What can we do?" Psychiatry is the "talking cure", so we ask, "What can we say?" Good nursing requires the art of a bedside manner together with theoretical knowledge and technical skill.

This art is magnified immeasurably in psychiatry where making contact with the personality of the patient is not ancillary to treating a physical malady, but is the very reason for our being there. Functioning as a healer in the world of psychiatric patients is as much an art as a science, maybe more art than science. We learn best medical practice, including medication to stabilize the patient, but the goal is to establish a healing contact with a very damaged, suffering human being. The way we do this is to allow our own healthy qualities of thought (including theoretical knowledge) and feeling (including our own emotional makeup) to meet the thought (as deranged as it may be) and the feeling (as inappropriate as it may be) of the patient.

A psychiatric nurse holds a two-sided mirror. One side faces the patient allowing him to see and understand and accept himself to live in a healthier way. This is possible because we look around the mirror to the symptoms and suffering of the patient, and based on what we see, we apply our knowledge of psychopathology, pharmacology and treatment modalities to the individual. But the mirror has another side which faces us. And in that mirror, we see ourselves engaged in a struggle to determine and do what is best for the patient and we discover things about ourselves: feelings, resources, strengths, weaknesses and qualities of character that let us know that we, too, are works in progress. The patient, even though he may seem to want to, doesn't get to look around the mirror at us the way we look at him. His time and energy must be focused on getting better. The professional psychiatric nurse maintains that focus.

Judy Ward has been a practicing psychiatric nurse for more than forty years. She is a lecturer and clinical instructor of psychiatric nursing for several nursing schools in the San Francisco Bay Area.



TRANSITIONS

by Nancy A. Earl BSW RN MA MSNc

We all go through a variety of transitions during our lifetimes. It is this state of movement or change from one stage to another which allows us to progress and grow. A few examples of the types of transitions that we may commonly experience include those of a personal, professional, intellectual, or spiritual nature. A fairly recent professional transition has prompted me to share some thoughts on the subject.

After 23 years in medical, surgical, trauma, and coronary Intensive Care I transitioned to the specialty area of psychiatric nursing. To say that this change has been a bit of a culture shock and challenge is an understatement. Moving from a nursing culture which embraces a fairly concrete process in order to achieve wellness, to one which demands a more abstract approach, has required me to draw extensively on both personal and professional resources in order to achieve success. Psychiatric nursing has proved to be challenging not only because a new skill set is required, but also because self-awareness is a prerequisite to empathic care particularly with this type of patient. It is not always easy to look inward with honesty, but the ability to do so allows me to interact more sensitively and in a more caring manner with my patients.

A negative cultural bias in relation to this underserved patient population remains firmly in place despite the high incidence of mental illness in American society. According to World Health Organization (WHO) data, the United States at 26% has the highest annual prevalence rate for mental illness in comparison to 14 other countries (Mark, Shern, & Bagalman et al, 2007). Astonishingly, the average mentally ill person does not access healthcare until approximately 10 years after the onset of their illness, and less than one-third receive minimally adequate care once they do (Mark, Shern, & Bagalman et al, 2007). The time has come for our society to transition beyond its archaic perspective in relation to mental illness so that we can assist those affected to reach a state of optimal function.

I have found that since entering psychiatric nursing my critical decisions are no longer primarily based on information provided by hard data, but by information related to perceptions and feelings. It has truly been a transition from “high tech” to “high touch” and one that provides a feeling of satisfaction at the end of the day. Our patients very much need the compassion, patience, comfort, and hope that we as psychiatric nurses can provide. Something that Mother Teresa once said rings very true with our patient population, “The biggest disease today is not leprosy or tuberculosis, but rather the feeling of being unwanted” (Zadra, 2005). Perhaps it was the challenge of exploring the complicated territory of the mind which attracted me to psychiatric nursing, but it has been the wisdom and kindness of those that I work with, and the look of pure gratitude in the eyes of the patients that I have encountered that keeps me here.



Mark, T., Shern, D., Bagalman, J., & Cao, Z. (2007, November 29th). *Ranking America's Mental Health: An Analysis of Depression Across the States*. Retrieved December 12, 2007, from www.mentalhealthamerica.net

Zadra, D. (2005). *Because You Care* (1st ed.). Washington: Compendium Publishing.

Advanced Practice Update



THE EFFORT FOR PSYCHIATRIC CLINICAL NURSE SPECIALIST FURNISHING MEETS A ROAD BLOCK.

by Kevin McGirr, RN,MS,MPH

Efforts surrounding legislative advocacy for psychiatric CNS furnishing have met with some new obstacles. In our last report we indicated that recent efforts were looking very promising. We had filed a bill with legislative counsel and we had indications of support for authorship from one legislator.

Our efforts, thanks to numerous stakeholders, e.g., APNA/ California chapter members and various nursing colleagues have emerged over the last three years. We began this mission through casual conversations. Many of those conversations were characterized as wishes that “they” should grant us furnishing authority. After reconciling that the “they” was us, we began our journey. We talked it up with members, we joined with other clinical nurse specialists, we wrote position papers and fact sheets, we researched other State laws, we completed literature reviews, we contacted legislative offices and legislative staffers, we held informational meetings, we lobbied other nursing organizations.

Over this last year, we carefully weighed the wisdom of moving forward as a Clinical Nurse Specialist class versus moving ahead as a psychiatric specialty. In our learning, and probably no surprise to most, it was very clear that we needed physician support. We gained that support. The California Psychiatric Association (CPA) joined our effort; were very supportive and provided a great deal of access and technical expertise. For better or worse, psychiatric disorders and mental health care are somewhat segmented from other health care problems. Due to targeted advocacy efforts, increasing public attention and the recent passage of the Mental Health Services Act, the issues of needed mental health services and psychiatrist shortage issue obtained greater traction in the health care arena and more importantly with some legislators. This latter attention occurred in 2007 when the Senate Health Committee heard and rejected a bill by psychologists to obtain independent prescribing authority. Although the bill was rejected, legislators maintained and were very concerned about access to mental health services. We saw this as a specific opportunity for psychiatric CNS. Our hope was that acquisition of furnishing authority by psychiatric CNS would pave the path for all CNS. The momentum picked up. We did get a “placeholder” bill filed with legislative counsel and interest by a legislator. As we proceeded in the very necessary courtship with the California Medical Association (CMA); we hit a brick wall. A number of health professional groups have of recent been advocating for expanded professional practice. In the final analysis the CMA was not amenable to our efforts at this time.

Following this recent development, the Advanced Practice Committee has begun a process of reflection. Shall we attempt to re-ignite this effort in a year? We have considered our relationship with other nursing groups. We are considering the need to go back and consider a broader nursing alliance. We have also questioned the strength of psychiatric nursing support for CNS furnishing. In the wake of the growth of the psychiatric nurse practitioner role, we question the strength of the interest in furnishing by psychiatric CNS. And finally, we have begun to consider whether other paths to professional expansion, e.g., a single advanced practice title is the way to go.

The Advanced Practice Committee will schedule a meeting to discuss this and other advanced practice issues in a future. If you are interested in this discussion, please let us know by contacting, ptownn@sbcglobal.net. And finally, we sincerely thank all of you who have devoted time, effort and resources to this effort.

SAVE THE DATE !!

SAFETY ROUNDTABLES - A MEMBERSHIP BENEFIT **APNA CALIFORNIA CHAPTER**

Announcing **Safety Roundtables** for local venues around the state. In alignment with APNA's new Institute for Safe Environments, we will focus on:

- ** **RESTRAINT AND SECLUSION REDUCTION**: challenges and successes
- ** **WORKPLACE VIOLENCE**: keeping the unit safe for yourself, clients and others
- ** **SAFE STAFFING**: complex issues regarding ratios and regulations

We envision our point-of-care nurses at the forefront engaging with one another for a lively event.

These forums are planned for local areas in California, to bring networking opportunities and specific topics to help you enrich your practice. This effort will be a two-way street, as we need YOU to attend these sessions and let us know what you need to continue working in psychiatric nursing most safely and effectively.

The first event will be held in **the SF Bay Area Saturday on August 23, 2008 from 10 am to 12 noon**; watch for details at www.calapna.org . Hear about evidenced based practices that are working now in facilities around the country. Join **Marlene Nadler-Moodie, APNA Board Member and Past President of California Chapter**, along with your area colleagues. Bear in mind that we are planning to move beyond the usual locations and get to many venues around the state. BUT, we do need your help... start thinking of other nurses you know who would appreciate this opportunity to share safety concerns with colleagues. And get the word out. There is no fee.

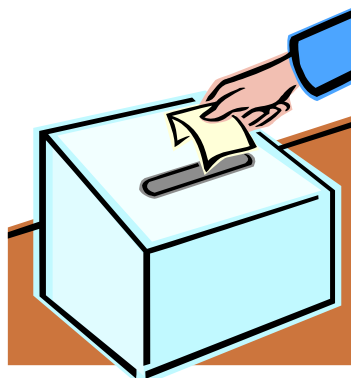
Attend a Roundtable. Bring a colleague! Watch for more information, coming soon, online. **SAVE THE DATE**. Any questions? Contact Kathy Johnson, President, APNA CA Chapter at: kathy@ebold.com



Special Announcement

We are delighted to announce that two of our California Chapter members have been nominated to run for positions on the national APNA Board of Directors.

Our very own California Chapter Past President **Marlene Nadler-Moodie** is running for **President-Elect** and **Michael Brakel** is running for the **Nominating Committee** for APNA. Watch for further details.



Letters to the Editor...



Our new column, “Letters to the Editor” will feature responses from nurses like you. We want to share your stories and perspectives with other Netletter readers.

A question will be posted in every Netletter asking readers to submit their responses to the editor by e-mailing loraliew@sbcglobal.net.

Reponses should not be longer than 50-100 words.

Several of you will have your responses published, and all responses will have the author’s name entered into a drawing.

For the next issue we are looking for responses to the following question:

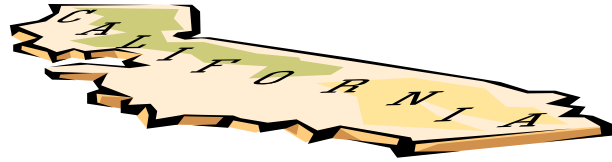
“What “best practice” are you implementing to prevent violence in the workplace?”

Congratulations to Judy Ward and Nancy Earl for having their responses to, “What is a Psychiatric Nurse” published.

All responses will have their name entered into a drawing to receive a \$25 Borders Books gift card.



Area Rep Update



APNA President and Area Rep Kathy Johnson held a meeting for Monterey Bay/Santa Cruz area members on Tuesday, March 4 at Dominican Hospital of Santa Cruz. Ann Lowery, spokesperson for NAMI Monterey spoke about the local NAMI Chapter. Ms. Lowery informed the group of the many services available to NAMI members, including the popular Family-to-Family and Peer-to-Peer classes. Although this was a small meeting, with only 5 members in attendance, plans were made for continued interaction with NAMI in the future. Dinner was provided by Astra Zeneca.

Additionally, last quarter a “Roundtable” discussion was held at San Jose State for APRNs. During the meeting APNA member Beth Gray informed the group that together with Area Rep Kevin McGirr, she was starting a Peer Supervision Group in San Francisco.

The first peer supervision group meeting will be held on Friday, May 16th from 6-8 pm at the home of Kevin McGirr.

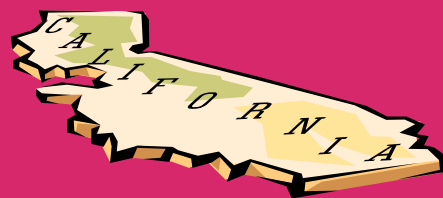
Kevin's address is:
1456 Hayes Street (between Broderick and Baker)
San Francisco, CA 94117
Phone: (415) 922-9538
E-mail:ptownn@sbcglobal.net

This first meeting will be an introductory meeting to get to know one another and make plans for future meetings. Please bring your ideas and some food to share.

Please contact BethGray2@comcast.net for further information.



Los Angeles Area Rep Meetings



Wednesday, May 28th

Cheryl Puntil, Los Angeles Area Rep has arranged for Dr. James Patty to present on the topic of “Agitation”. Meeting will take place at:

**Lawry's the Prime Rib
100 N. La Cienega Boulevard
Beverly Hills, CA 90211
(310) 652-2827**

Wednesday June 25

The second Area Rep meeting will take place at Shutters on the Beach in Santa Monica at One Pico Blvd., Santa Monica, CA 90405. Dr. John M. Deirmenjian, a Forensic Psychiatrist will be discussing topics of depression & suicidality. Meeting will take place at:

**Shutters on the Beach
One Pico Blvd.
Santa Monica, CA 90405
(310) 587-1708**

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Contact your
Representative
today!

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