

# Essential Psychiatric, Mental Health and Substance Use Competencies for the Registered Nurse

Developed by the Psychiatric Mental Health Substance Abuse  
Essential Competencies Taskforce of the

American Academy of Nursing Psychiatric Mental Health  
Substance Abuse Expert Panel

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The original concept for this document was conceived at the meeting of the Psychiatric Mental Health Expert Panel during the Academy of Nursing 33rd Annual Meeting and Conference, Integrating Physical and Mental Health Care, held in Miami, Florida, November 9-11, 2006. Judith Haber and June Horowitz co-chaired the Expert Panel meeting at the time discussion took place regarding the need for a document centralizing recognized competencies and curricula associated with psychiatric mental health nursing practice. The Expert Panel also recognized the need for a document that identified psychiatric mental health competencies for generalist nursing practice. Catherine Kane and Margaret Brackley agreed to Co-Chair a taskforce to write these competencies. They were joined by Madeline Naegle, Sandra Talley, Marian Newton, Jeanne Clement, Patricia D'Antonio, and Elizabeth Poster. This initial group was charged with using "a model similar to the Hartford Foundation model for building capacity in geriatric nursing to develop PMH/Behavioral Health Competencies for non-PMH RNs and APRNs." Other contributing members of the Taskforce were Edna Hamera, Elizabeth LeCuyer, Mona Shattell, Geri Pearson, Rebecca Harmon and Theodora Sirota. The Taskforce convened by teleconference on April 13, 2007, and met monthly by teleconference through Fall 2008. A full draft of the document was completed and sent for editing to Geraldine Pearson and Beth Vaughn Cole. On March 24, 2009, the Taskforce convened by teleconference and agreed to distribute the draft to the membership of the International Society of Psychiatric Nursing (ISPN), the American Psychiatric Nurses Association (APNA), and the International Nurses Society on Addictions. The draft was displayed on the websites of ISPN and APNA through 2009. Comments, suggestions, edits and revisions were welcomed and the feedback was incorporated into this document. The appendices to this document include materials that informed the content of these Essentials and websites for resources.

### ACKNOWLEDGEMENTS

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## ESSENTIAL PSYCHIATRIC, MENTAL HEALTH AND SUBSTANCE USE COMPETENCIES FOR THE REGISTERED NURSE

The Essential Psychiatric, Mental Health and Substance Use Competencies for the Registered Nurse provides the framework for educational preparation of generalist professional nurses to provide appropriate and effective care for persons with mental illness, substance use disorders, and persons at risk for these conditions and who can promote the mental health of all persons in their care. The format of these Competencies draws from the American Association of Colleges of Nursing's (2008) document, *The Essentials of Baccalaureate Nursing Education* and from the American Association of Colleges of Nursing's *Recommended Baccalaureate Competencies and Curricular Guidelines for Geriatric Nursing Care* (2010). However, the competencies presented here apply to the preparation of professional nurses in all types of nurse education programs that prepare students to practice within the licensed parameters of the Registered Nurse. Throughout this document, the term "Psychiatric Mental Health Nursing" includes nursing care of persons with substance use disorders as well as those who have medical or surgical conditions that are accompanied by psychosocial stressors. Curricula should be designed to prepare students to demonstrate these competencies. Diploma, Associate Degree and Baccalaureate programs should seek to assure the inclusion of the described content areas and skill sets.

### INTRODUCTION

Psychiatric disorders, including substance use disorders, affect a majority of people receiving nursing care in the United States. They afflict all age groups, with an estimated 20 % of children and adolescents age 9 to 17, and as many as 25 % of those 65 and older suffer from these disorders each year. Of those who experience psychiatric disorders only a small percent actually receive treat-

ment (Gamm, Stone, Pittman, 2003). According to the landmark "Global Burden of Disease" study, 4 of the 10 leading causes of disability for persons ages 5 and older are mental health disorders. In the United States, psychiatric disorders collectively account for more than 15 % of the overall burden of disease from all causes and slightly more than the burden associated with all forms of cancer (Murray & Lopez, 1996). Major depression is the leading cause of disability in the United States and addiction, bipolar illness, schizophrenia, and obsessive-compulsive disorder rank close behind. Major psychiatric disorders are associated with considerable morbidity and mortality, and suicide represents one of the leading preventable causes of death worldwide. In addition, estimates of the total overall costs of substance abuse in the United States—including health- and crime-related and loss of productivity—exceed half a trillion dollars annually (NIDA, 2008). A growing number of Americans, 20 million (8.3%) 12 years and older are current users of illicit drugs and roughly 7 million abuse prescription drugs. Nicotine dependence and alcohol related disorders each afflict approximately 20% of the US population. There is a growing appreciation that mental health, and the brain and behavioral disorders that affect it, are dynamic, ever-changing phenomena that, at any given moment, reflect the sum total of every person's genetic inheritance and life experiences.

The majority of individuals who are diagnosed with mental illnesses and substance use disorders seek help outside of specialty behavioral health systems (Hoge et al., 2005). Nurses are likely to encounter persons with these disorders and those at risk in a variety of settings, especially primary care. Therefore, it is essential for registered nurses to be prepared to recognize symptoms of psychiatric disorders and to intervene appropriately. Further, nurses in primary care are also likely to encounter persons with mental health needs related to stresses that accompany medical and surgical

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