**Institute for Mental Health Advocacy**

![Institute for Mental Health Advocacy Logo]

American Psychiatric Nurses Association
Annual Conference 2012

**APNA Vision**

Facilitate professional advancement by providing:
- Quality psychiatric-mental health nursing continuing education
- A wealth of resources for established, emerging, and prospective PMH nurses
- A community of dynamic collaboration

Advocate for mental health care through:
- Development of positions on key issues
- Widespread dissemination of current knowledge and developments in PMH nursing
- Collaboration with consumer groups
- Promotion of evidence based advances in recovery-focused assessment, diagnosis, treatment, and evaluation of persons with mental illness and substance use disorders.

**Disclosure Statement**

Interactive panel presenters have no conflicts of interest or commercial support related to the content of this presentation, nor will there be any presentation of off-label medication use.

**Institute Vision/Mission**

The Institute for Mental Health Advocacy is the conduit for monitoring legislative, regulatory, and policy matters affecting mental health. The Institute works to inform PMH nurses about these issues and helps coordinate organizational responses.

Providing a voice for psychiatric-mental health nurses

**Objectives**

- Define the mission and structure of the Institute
- Identify a strategy to address a psychiatric mental health advocacy issue
- List three successful examples of grassroots initiatives

**Mental Health Advocacy: Promoting Science and Education**

- **Legislation**
  Proposal and enactment of laws that affect directly impact health care, healthcare financing, reimbursement, and systems of health care which impact nursing practice
- **Policy**
  Issues that affect the practice of psychiatric nursing
- **Regulation**
  Governmental oversight of mental health care
Institute Structure

- **Co-chairs** report to the president
- Steering Committee reports to the office of the president regarding specific organizations and activities being monitored
- **Expert Panel** provides input on special projects and advocacy efforts

Issue Statements

- Appropriations
- Nursing
- Parity
- Integrated Care
- Mental Health Care Reform
- General Health Care Reform

(In Links to letters available @ apna.org)

Institute Members

- **Co-Chairs**
  - Margaret Halter, PhD, APRN
  - Christine Tebaldi, MS, PMHNP-BC
- **Steering Committee**
  - Diane Allen, MN, RN-BC, NEA-BC
  - Carolyn Braud, DNP, MBA, RN-BC, CAN-AP, ICCDPD
  - Pamela Bajari, MN, BSN, RN
  - Kathryn Bridgwe, APNP
  - Janenne Clement, EdD, APN, BC, FAAN
  - E. Calleen Conklin, MS, RN
  - Emily Donelson, RN, APNP, PMHNP-BC
  - Matthew Jindal, MSK, RN, PMHNP, BC
  - Justin McClain, BSN, RN
  - Kathy McClelland, RN, MBA, DHA
- **Expert Panel**
  - Pamela Bajari, MNA, BSN, RN
  - Kathryn Brotzge, ARNP
  - Jeanne Clement, EdD, APRN, BC, FAAN
  - E. Colleen Conklin, MS, RN
  - Emily Donelson, RN, APNP, PMHNP-BC
  - Matthew Jindal, MSK, RN, PMHNP, BC
  - Justin McClain, BSN, RN
  - Kathy McClelland, RN, MBA, DHA

Rapid Response Model

- Rapid Connection to membership, Expert Panel and Steering Committee via Member Bridge
- Review of:
  - documents
  - letters of support

APNA Publications and Resource Center

- Position papers
- Scope and Standards
- Links
  - Advocacy Tools
  - Health Care Reform Involvement
- Reports and Surveys
  - Nursing Information from the Health Resources & Services Administration (HRSA)
  - Behavioral Health Care: 2012 National Patient Safety Goals
  - Title VII Nursing Workforce Development Programs

Monitoring and Surveillance

- Identify the area of advocacy
  - Legislation, policy, or regulatory
- Highlight the issue
- Offer reference or resource
- Review in Steering Committee and Expert Panel
- Identify action items
- Provide feedback to the Office of the President / Board
Mobile Advocacy

▶ Networking
▶ Social Media
▶ Elevator Speech
▶ “Bumper Sticker”
▶ Electronic signature

The Joint Commission

2012 National Patient Safety Goals

NPSG.15.01.01 – Identify patients at risk for suicide
▶ Conduct risk assessment
▶ Address immediate safety needs
▶ Provide suicide prevention resources

National Scene

SAMHSA and Recovery

▶ Hope
▶ Person-driven
▶ Many pathways
▶ Holistic
▶ Peer support
▶ Relational
▶ Culture
▶ Addresses trauma
▶ Strengths/responsibility
▶ Respect

Presidential election two days ago: Implications for mental health care

▶ Mental Health Parity and Addiction Equity Act of 2008
  ▶ Applied only to large employers (50 or more)
▶ Affordable Care Act
  ▶ 75% of people with MI are diagnosed before age 25
  ▶ Pre-existing conditions may not be denied insurance
  ▶ Young adults can stay on their parents’ insurance until age 26
  ▶ Medicare Part D’s “doughnut hole” will be reduced by requiring drug companies to provide a 50% discount

Centers for Medicare & Medicaid Services

▶ Emergency Psychiatric Demonstration Study
▶ $75 Million over 3 years
▶ Created by the Affordable Care Act
▶ Expansion of Medicaid coverage to include emergency services provided in non-government inpatient psychiatric hospitals
▶ Reduce “boarding” of patients with acute psychiatric issues in EDs

11 Participating States + DC:

Alabama
California
Connecticut
District of Columbia
Illinois
Maine
Maryland
Missouri
North Carolina
Rhode Island
Washington
West Virginia

External Association: The American Psychiatric Association

DSM-5 (not DSM-V) 2013
- Sweeping changes from the DSM-IV-TR
- Huge impact on psychiatric nurse generalists
- Huge impact on psychiatric nurse specialists
- Overall increase in disorders

Timeline
- 1999–2007: Development of DSM-5 Pre-Planning white papers
- 2004–2007: APA/NIH/WHO global research planning conferences
- 2006–2008: Chairs, work group chairs, and members are appointed and announced
- April 2010 – February 2012: Field trial testing
- October 2011–April 2012: Data analysis of field trials
- Spring 2012: Revisions posted and open to a third public feedback for two months; further edits
- December 31, 2012: Manual goes into publication.
- May 18–22, 2013: Released during the APA’s 2013 Annual Meeting in San Francisco, CA

Localized Strategies
- Write a letter
- Know your legislator
- Keep informed about the issues
- Alert the membership
- Use the resources available
- Find partners for change

Axis I, II, III, IV, V
“No Scientific Basis”

Axis I: Major mental disorders
Axis II: Personality disorders and intellectual disabilities
Axis III: Acute medical conditions
Axis IV: Environmental factors contributing to the disorder
Axis V: Global Assessment of Functioning Scale

DSM-IV-TR
- Simpler: Collapse I, II, and III and put together to align with ICD codes
- More Complex: Change IV to match ICD codes – a 15 p. checklist
- Functioning: World Health Organization’s Disability Assessment Schedule (WHODAS)?

DSM-5
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NAMI’s State Legislation for Children
- Washington State Anti-bullying Legislation
  Provides anti-harassment strategies in public schools.
- Arkansas Systems of Care Legislation
  Streamlines health services
- Illinois Children’s Mental Health Legislation
  Mental health prevention, early intervention, and treatment services
- Massachusetts Children’s Mental Health Legislation
  Expands mental health check-ups for child and adolescents
- Minnesota Comprehensive Children’s Mental Health Legislation
  Expands services for emotionally disturbed children and their families
- Nebraska Children’s Mental Health Legislation
  Increases access to mental health services and earlier diagnosis.
- New York Children’s Mental Health Legislation
  Establishes a children’s mental health plan.
- Washington State Children’s Mental Health Services Legislation
  Improves evidence-based care for children’s mental health services.
**APNA  26th Annual Conference**  
Session 2035: November 8, 2012

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**Prescription Monitoring Programs**

[Map showing the status of Prescription Drug Monitoring Programs (PDMPs) across the United States, with New Hampshire indicated by a white square.

*NH is 49th State to enact PMP – June 2012  

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**NH: Redefining the number of days for involuntary hospitalization**

*Diane E. Allen, MN, RN-BC, NEA-BC  
Assistant Director of Nursing  
New Hampshire Hospital  

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**Massachusetts Health Reform**

 Signed into Law on August 6, 2012 

*An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency & Innovation*

- Effective November 5, 2012
- 3rd in a series of health care legislative efforts in Massachusetts beginning in 2006
- Measures to lower costs and make quality, affordable care a reality
- Projected to result in savings of nearly $200 billion over 15 years

[Image of a group of people signing legislation,

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**TN: Increasing the punishment for assault against health care providers**

*Dr. Kathleen McCoy PMHNP/CNS/FNP-BC FAANP  
Director PMHNP-DNP Program  
Brandman University, Irvine, CA*

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**Massachusetts Health Reform**

[Image of the state of Massachusetts,

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**Workplace violence legislation by state**

[Map showing the status of workplace violence legislation across the United States.

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*Photo Courtesy of McLean Hospital

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**Diane E. Allen, MN, RN-BC, NEA-BC  
Assistant Director of Nursing  
New Hampshire Hospital

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**Dr. Kathleen McCoy PMHNP/CNS/FNP-BC FAANP  
Director PMHNP-DNP Program  
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Tebaldi, Halter
Schedule II prescriptive authority to APNs was passed into law in 2012:
• APNs can treat pain in either episodically or periodically.
• Primary care APNs will now be able to treat patients with ADHD in a more timely manner.
• APNs are restricted to certain cites.

Get Involved
Shape the future of psychiatric nursing! By banding together and being involved, we can provide a voice for psychiatric nurses. Together we are stronger!

References
- American Psychiatric Nurses Association www.apna.org