By Margaret Knight, PhD, PMHCNS-BC

McLean Hospital Department of Nursing enjoyed outstanding representation at the 25th Annual Conference of the American Psychiatric Nurses Association (APNA), as Paula Bolton, Catherine Coakley, Deborah Mindnich, Peggy Knight, Clare Sellig, and Christine Tebaldi joined other psychiatric nursing leaders, past and present, in Anaheim, CA, October 19-22. The title of this year’s conference was Psychiatric Nursing: Quality and Safety through Connection, Engagement and Partnership. Keynote speakers included Grace Sills and Jean Watson, and multiple daily presentations covered content in Nursing Administration, Recovery, Education, Research, and the Integration of Physical and Mental Health Care.

Paula Bolton and Catherine Coakley presented Risk Factors of Metabolic Syndrome in Patients with Severe Mental Illness (SMI) to an audience of over 150 nurses. The results of their study described the significant risk of developing Metabolic Syndrome for individuals with SMI, due to both treatment and lifestyle factors. Further, they discussed the problems associated with the lack of primary care that many of these individuals experience. Their presentation was outstanding, and

Continued on page 2
Congratulations to Six McLean Psychiatric Nurse Leaders

As you see, this issue of the Nursing Network highlights the work of staff members who presented at the 25th annual conference of the American Psychiatric Nursing Association (APNA), held in Anaheim, CA in October.

The APNA, with over 7,500 members, is the largest professional organization dedicated to the practice of psychiatric nursing. This year, six members of the McLean nursing community participated in the conference, *Psychiatric Nursing: Quality and Safety through Connection, Engagement, and Partnership.*

Paula Bolton, MS, RN/NP, and Catherine Coakley, MS, RN, BC, presented *Risk Factors of Metabolic Syndrome in Patients with Severe Mental Illness.* Christine Tebaldi, NP, addressed the work of the Institute for Mental Health Advocacy. Clare Sellig, MEd, RN/PC, and Margaret Knight, PhD, RN/PC, presented their poster on teaching mindfulness on an inpatient unit. Deborah Mindnich, RN/PC, a recipient of the Career Development Fellowship, presented the findings of her research, *Clinician Versus Self-Report of Suicide Risk: A Chart-Based Correlational Study.*

Please join me in thanking your colleagues for a ‘job well done’!

Other presentations also focused on the physiological health and well being of our patients, a topic that deserves continued focus by all of us over the next several years. This is an area where nurses need to be involved. Nursing-based interventions, such as educating patients and supporting them through their attempts at lifestyle changes, can really make a difference.

Clare Sellig, Peggy Knight, and Deborah Mindnich presented at the Poster Sessions, which bridged two days of the conference. Clare and Peggy’s poster, *Mindfulness and an Intervention for Depression and Anxiety,* received considerable attention and accolades for its creativity. Few hospitals or inpatient treatment facilities had mindfulness meditation programs in place, though many were interested in developing them. Many individuals noted the benefits they personally achieve from meditation and yoga, providing further support for the need to develop such instruction for psychiatric inpatients. Deborah’s poster, *Clinician versus Self Report of Suicidality: A Chart Based Correlational Study,* highlights the disagreement between patient and clinician assessment of both depression and suicidality. Her study determined that the discrepancy was greater when the patient carried an Axis II diagnosis. Many attending the session agreed with her findings, based on experiences in their own practices.

The value of sharing evidence-based research is unquestionable. Disseminating findings through presentations and poster formats at regional and national conferences allows rapid access to the findings for those in practice. The McLean Hospital Nursing Department is certainly contributing to psychiatric nursing by addressing problems through research.

As co-chair for the Institute for Mental Health Advocacy (IMHA), Christine Tebaldi co-led the 3rd Annual Interactive Panel on Friday afternoon. The Institute monitors legislative, regulatory, 

Continued on page 8
The Awards Committee was very pleased to select Sharon Milne, a nurse on the Bipolar and Psychotic Disorders unit, for this year’s Marguerite Conrad Teaching and Mentoring Award, which recognizes a nurse for excellence in mentoring new and fellow staff, informal staff coaching, and formal teaching in the nursing department. Linda Flaherty, Senior Vice President for Patient Care Services, presented the award at a Distinguished Nursing Scholar Seminar this fall.

Sharon taught high school science before she began her psychiatric nursing career on ABII six years ago. She is currently enrolled in a Master of Nursing program at Regis College and hopes to combine nursing and education when she graduates next spring. A new CPR instructor, Sharon has helped introduce the automated external defibrillator. She developed and taught a six-week continuing education seminar to keep nurses on her unit apprised of changes in the treatment of diabetes, and she has also taught about diabetes at McLean Southeast and at Night Staff Meeting.

A natural teacher, Sharon’s confident and supportive manner also makes her a star mentor with new staff. She recently served as a preceptor for a senior nursing student, who had elected an extended practicum in psychiatry before graduation. In addition to nursing, teaching, and attending graduate school, Sharon is a busy homemaker and the mother of four young children! Please join us in thanking this talented nurse for all her contributions to our staff!

Sharon Milne Receives the Marguerite Conrad Teaching and Mentoring Award

by Sheila Evans, RN/PC

Sharon Milne, RN, receives the Marguerite Conrad Teaching and Mentoring Award
New study by Deborah Mindnich re-evaluates patient evaluation

By Jenna Brown

In October, Deborah Mindnich, MS, RN/PC, of the Clinical Evaluation Center (CEC), attended the 25th annual APNA conference to present the findings of a recent study, which she conducted in conjunction with Beth Murphy, MD, PhD, director of the Clinical Evaluation Center. The chart-based research study examined the correlation between patients’ self-reporting of suicidal ideation and clinical assessments of patients’ suicidal thoughts in the admission process.

The focus of Mindnich’s research was guided by her extensive experience in conducting patient assessments in the CEC, where accurately assessing suicidality is a standard step in the intake process, and critical for reducing occurrences of self-injury and death.

“When a patient arrives in the CEC, their suicide risk is determined through a self-report questionnaire called the BASIS-24 and a clinician interview, but I noticed that there seems to be little information out there on how self-report ratings correlate with clinicians’ ratings,” said Mindnich. “I thought that by looking at the factors that contribute to the agreement or disagreement of these ratings we may uncover information that could be useful in improving the assessment process.”

Mindnich and Murphy focused on 100 patients who were admitted to McLean Hospital between March 2010 and September 2010 with a primary diagnosis of anxiety and mood disorder. Patients with psychosis and those who were unable to complete the self-assessment were not included. The study examined factors relating to depression and suicide, and was based upon data collected from patient charts, including clinical admission notes, risk assessment forms completed by clinicians, and the patient-completed BASIS-24 questionnaire.

Mindnich compared patient and clinician scores relating to suicide and divided subjects into high and low depression categories. In evaluating levels of depression, there was found to be patient and clinician agreement in 75 percent of the cases. Of the incidences of disagreement, 21 percent showed a higher clinician rating and just four percent showed a higher patient rating.

This method was repeated for scores relating to suicide risk, but with a more surprising outcome. Patient and clinician agreement was significantly lower in the assessment of levels of suicide risk, with just 42 percent of assessments reflecting agreement. When ratings showed disagreement, it was almost four times more common for the clinician to indicate a greater level of concern than the patient.

“The 58 percent majority of disagreement was significant enough for us to begin to delve into factors that may have contributed to the discrepancy between clinician and self-evaluations,” said Mindnich. “As we researched further it became clear that one of the most significant factors was the diagnosis of a co-morbid personality disorder, which existed in 31 percent of the study population. Of that 31 percent, more than three-quarters were diagnosed with Borderline Personality Disorder (BPD) or traits thereof.”

Armed with the knowledge that patients with personality disorder, and particularly those with BPD, are less likely to express concern about suicide in self-evaluations, clinicians can make more accurate assessments of suicide risk and adjust treatment plans accordingly.

“This study confirms what I have observed as a clinician in the thousands of assessments I have performed over the years,” said Mindnich. “And while the results may not be surprising, I believe that it validates the need for us, as clinicians, to make a push to be more more evidence-based in our assessments and to approach our evaluations with an awareness that we need to assess more than just this one incident, or this one moment in time - we need to assess each patient’s ongoing state of mind.”
Visiting scholar Daryl Sharpe, PhD, R.N, presented "Smoking Cessation Strategies for Patients with Psychiatric Disorders"
Nursing Network

Integrating the Physical and Psychiatric Aspects of Patient Care

By Paula Bolton, MS, RN/NP

Integration. Connection. Partnership. Engagement. These are the themes that engaged us at this year’s American Psychiatric Nurses Association (APNA) convention, where Catherine Coakley and I presented findings from research conducted at McLean by a team of nurses that included Linda Flaherty, Karen Slifka, Lynne Kopeski, Melissa Sutherland (a visiting nursing professor from Boston College), and the two of us. These themes blended perfectly with our project and the plans we have for upcoming study.

One of the unique aspects of nursing is its concern for the integration of care for the whole person. Psychiatric nurses are in an ideal position to address both physical and psychiatric needs of people with serious mental illness. In my role as nurse practitioner in the internal medicine department, I also work to integrate care. Specialists sometimes fail to see the impact of their treatments on other aspects of their patients’ health, and psychiatric specialities are no exception. The literature reveals examples of psychiatric treatments that have impacted physical health status. The reverse is also true; many medical treatments affect a patient’s mental health.

Responding to recent studies and to practice guidelines for patients with psychotic disorders who are prescribed second-generation antipsychotics, our nursing research group decided to see if we could design interventions to reduce risks – especially the risk of metabolic syndrome, which is a group of interrelated conditions resulting from obesity, specifically abdominal obesity and insulin resistance. For a person to be diagnosed with metabolic syndrome, he or she must have at least three of the following risk factors: increased waist circumference, elevated triglyceride level, elevated fasting glucose level, decreased amount of HDL (high density lipoprotein, the “good” cholesterol), and elevated blood pressure. The literature documents increased risk for development of metabolic syndrome among patients with serious mental illness because of genetic and lifestyle factors, and more recently, as a result of being prescribed atypical antipsychotic medications.

As a first step, we looked at patient populations admitted to AB2 and NB2 in May and June 2010 to determine the prevalence of the risk for metabolic syndrome and whether there are demographic or other factors associated with increased risk. We reviewed 125 charts of patients, and reviewed demographic information; lifestyle assessment questions asked on admission; diagnosis; number of hospital admissions; types of medications prescribed; and primary care physician information. We also examined laboratory measures of fasting glucose, lipid measures, including HDL levels and triglycerides, blood pressure measurement, and weight. After gathering the data, we entered it into an SPSS program and did some simple statistical analysis.

We discovered that approximately 17% of the patients met the criteria for diagnosis of metabolic syndrome. Another 21% had at least two risk factors and hovered on the brink of diagnosis. When we looked at the demographics of these groups further, we found that they did not differ significantly from patients with one or no risk factors in any way except for age. The older a patient is, the more likely he or she is to be at risk for this syndrome. Almost 80% of patients studied were prescribed at least one second-generation antipsychotic, but there were no significant differences in prescribing between those with or without risk factors for the syndrome.

A surprising finding, and one that points to the real need for integration of care, is that over 50% of patients reported not having a primary care provider. Thus, referring patients

Continued on page 7
For Nursing Recruitment, 2011 has been a fast-paced, productive year. Our online application system continues to identify numerous well-qualified applicants, and each month we hire a steady stream of nurses, mental health specialists, and community residence counselors to meet the needs of the many programs we serve.

All job openings are listed under Employment Opportunities on our website www.mclean.harvard.edu, and we post every position for at least five days, reviewing applicants on a first-come, first-served basis. Unfortunately, due to the volume, we cannot respond to everyone who applies. It is important to note that applications should be linked to one specific job. If interested in more than one, an applicant needs to apply to each position separately.

McLean employees must also apply to be considered for any new position.

As we look toward 2012, we continue to focus on what we value – hiring those most qualified and best suited for each available position, and keeping the lines of communication open with managers, applicants, candidates, and new hires throughout the whole process. We often reassess our work to improve procedures. Rapidly changing technology affords us many communication options, yet often leaves us longing for a simple phone conversation. Still, we in Nursing Recruitment do our best to stay connected. Whether it is helping someone to navigate the online application system, discussing career and employment options, interviewing potential candidates, or helping new hires move seamlessly through the hiring process, we do our best to be available!

Best wishes to all for a happy, healthful 2012!

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Integrating the Physical and Psychiatric Aspects of Patient Care

continued from page 6

for medical follow-up for metabolic syndrome risk may be difficult. In fact, only five of the 47 patients with two or more risk factors were actually referred for medical follow-up after discharge from their inpatient stay.

When Catherine and I presented this information at the conference, we also discussed implications for practice. Thorough assessment and risk identification is sometimes hindered during an inpatient psychiatric hospitalization. Patients being admitted for acute psychiatric reasons may not be attending to medical issues, and staff need to be sure that a full assessment (including all lab testing and physical measurements) are done to accurately identify risk.

The hard part comes once risk is identified. Collaboration with patients and outside medical providers is important to help patients work on measures to decrease the risk of metabolic syndrome. Thus, follow-up care in the community must be provided for patients with identified risk. Nurses can form the crucial link by making sure that the psychiatric team addresses medical as well as psychiatric follow-up care after discharge. Finally, we need to develop more patient-centered resources that assist people with serious mental illness as they make the necessary lifestyle changes to decrease their risk. This needs to be addressed at all levels of care.

Our discussion resonated with members of the APNA audience, reflecting how nurses across the country struggle with how best to address this important issue. Here at McLean, we are beginning our phase two research in this area – trying to address lifestyle modification issues on the inpatient unit and then providing a seamless transition to outpatient care. Stay tuned!
Christine Emerson, RN/AB2: Christine has recently accepted a per diem position as an Administrative Nursing Supervisor in Nursing Administration. She will continue to work weekends on AB2. Christine has been at McLean for 13 years.

Mary Grace, RN/PH2: Mary recently held a helpful inservice for Nursing Staff on PTSD. Mary graduated from the McLean School of Nursing and has now worked at McLean for 40 years!

Bella Doumbia, MHS/STU: Bella has accepted a weekend position on the STU after formerly working at Gunderson House and the Women’s Treatment Program. Additionally Bella has recently had a children’s book published.

Alicia Allen, RN; Anne Kenney, RN; Paulette Trudeau, RN- Nursing Admin.: We want to congratulate Alicia, Anne, and Paulette on being chosen for a Partners In Excellence Award for their leadership with the Nursing night staff. The award presentation took place on December 15th.

NIGHT OWLS
Night Owls features news of interest about McLean’s Nursing night staff. Send submissions to Pat Brain, MHS, AB2.

Christine Emerson, RN/AB2: Christine has recently accepted a per diem position as an Administrative Nursing Supervisor in Nursing Administration. She will continue to work weekends on AB2. Christine has been at McLean for 13 years.

Martha Fairborther, RN/PH1: Martha did an informative and appreciated inservice for Night Staff in October called, “Working with Addictions”. Martha has been working for 23 years now at McLean.

Mary Grace, RN/PH2: Mary recently held a helpful inservice for Nursing Staff on PTSD. Mary graduated from the McLean School of Nursing and has now worked at McLean for 40 years!

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Psychiatric Nursing: Quality and Safety through Connection, Engagement, and Partnership continued from page 2

and policy matters affecting mental health, and informs psychiatric mental health nurses about these issues while coordinating organizational responses. IMHA’s work this year included facilitating the involvement of psychiatric nurses in the development of the DSM-V, weighing in on documents originating from national organizations such as the Joint Commission, the Mental Health Liaison Group, and the Nursing Community, and continued monitoring of regulatory agencies and professional organizations. This panel presentation explored potential activities for 2012. Christine also co-presented at the pre-conference during the session on Emergency Room Care of the Psychiatric Patient - a collaborative educational project involving APNA and the Emergency Nurses Association (ENA). She wrote the chapter on Innovative Practices.

The APNA is one of the few psychiatric nursing organizations in the country. There are over 7,500 members of the APNA, who are committed to the specialty practice of psychiatric mental health nursing through identification of mental health issues, prevention of mental health problems, and the care and treatment of persons with psychiatric disorders (www.apna.org). The conference provides access to new knowledge in the field, as well as opportunities for networking and getting involved in psychiatric nursing at the regional and national level. Planning is already underway for the 26th Annual conference, Fighting Stigma, to take place in Pittsburgh, PA, November 7-10, 2012. Consider attending!