

Military Panel: Navy, Air Force, and Army Behavioral Health Nursing

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Behavioral Health in the Military

- Credibility with Commands
 - Communication, keep information flowing
 - Be visible and patient
 - Be familiar and confident in your abilities as expert in BH
 - Become familiar with the type and mission of unit and key personnel
 - Coach and mentor during crises situations
- Establish relationships with medical personnel
- Readiness

Disclaimer and Disclosure

- The opinions or assertions contained in this presentation are the private views of the authors and are not to be construed as official or as reflecting the views or policies of the United States Military Health System or any of its institutions.
- The speakers have nothing to disclose.

Behavioral Health in the Military

- Utilization of behavioral health care has continued to increase
- Use of inpatient services has decreased as service members are receiving care earlier, before crisis occurs and in places outside of the typical behavioral health clinic
- Administrative behavioral health important BH evaluation
- Within the DoD, the primary purpose of these evaluations is to assist command/organization in determining the suitability of service members to safely and effectively meet mission assignments and requirements
- Service Specific Regulations (Standards of Medical Fitness)
 - AR 40-501 (Chap 3-31 thru 3-36)
 - NAVMED P-117 (Article 15-58)
 - AFI 48-123 (Chap 5.3.12)

Learning Objectives

- Articulate challenges inherent in identifying and treating Service Members and need to standardize BH practices.
- Review the initiatives to standardize behavioral health care across the Military Health System
- Understand current state of behavioral health nursing in the Navy, Air Force and Army respectively along with current initiatives and behavioral health nursing role in the behavioral health system of care throughout the services.

Deployment Behavioral Health

- Combat multiplier
 - Providing behavioral health prevention
 - BH treatment
 - Reconstitution services
 - Support all US and coalition forces
 - Minimize combat/operational stress casualties
 - Maximize return to duty
 - Contribute to overall mission readiness.

Behavioral Health Services in the Military Health System

- Unit Level Services
 - Education
 - Unit Behavioral Needs Assessment Surveys
 - Command Consultation
 - Traumatic Event Management
- Individual Services
 - Individual Counseling
 - Medication Management
 - Classes

PMDB-M

- PMDB-M is evidenced-based with the therapeutic containment techniques tested in an ergonomic laboratory to ensure maximum safety for both patient and staff. PMDB is recognized as a "Best Practice" program by TJC.
- Safe restraint practices are mandated by TJC. Every command is required to provide training and proper documentation on both non-behavioral and behavioral restraints.
- Inconsistent restraint practices reduces staff competency that may lead to a high potential for injury for both patient and staff.
- Military Medicine had inconsistent practices for restraints. Constant "re-invention" of local SOP and restraint practice poses a safety risk and failure to comply with TJC standards.

Joint Initiative: PMDB-M

PMDB-M Update

- Held tri-service master trainer training in September in San Diego, CA
- Trained 43 people to be PMDB-M Master Trainers so they can continue the training across the military health system
- Attendees came from CONUS, Hawaii, Korea, and Japan
- Standardized enterprise documentation and training materials
- Standardizing equipment across the enterprise
- Submitting joint funding to continue program at the military education and training center

Standardizing Crisis Intervention and Restraint

- PMDB-M Training includes
 - Behavioral de-escalation
 - Safe behavioral therapeutic containment
 - Non-behavioral techniques and documentation
- Objectives
 - To work towards one standardized program in Military Medicine
 - Promote staff competency
- Goals To promote patient and staff safety
 - Reduce training cost and maintain sustainability
 - Promote intra-operability
 - Reduce the number of restraint occurrences through PMDB-M training

Community Strength

- Inpatient units
 - Two AF: Travis AFB, CA;
Joint Base Elmendorf-Richardson, AK
 - One joint with the US Army: SAMMC, TX
- Outpatient Clinics: 37/75 Clinics
- Integral member of treatment team (Culture Change)
- Authorizations/Assigned
 - PMHRNs: 138 Authorizations and 123 Assigned
 - PMHNP: 40 Authorizations and 32 Assigned

Community Strength Active Duty

- All billets currently filled
- No PhD in Inventory
- 5 MH DNP in inventory with 3 in training
- Operational

AF MH Nursing Initiatives

- Residency/mentorship-Initial and ongoing training/indoctrination of military and civilian MH nurses and nurse practitioners
- PMHRN (Transition) Course at Travis AFB
- PMHRN run med refill clinic/care coordination
- Transition to DNP for PMHNPs
- New Unit Type Code (UTC) specific for PMHNPs
- Substitute for short manned psychiatrist


Community Strength

Active Duty

- Signature authority for Medical Boards
- Graduate Residency Program
- Deployment

Reserve Component

- Well manned for generalist; 82%, manned for PMHNP
- No current Reserve members mobilized



Community Strength



Active Duty

- Joint and VA PMDB Initiative
- Psychiatric Needs Assessment Survey
- Navy Preparedness Alliance Mental Health Working Group
- Fleet Embedded Mental Health Steering Committee

Reserve Component

- Holding leadership roles in detachments and while mobilized
- Periodic Health Assessments
- New DNP graduates

Community Challenges/ Opportunities






Active Duty

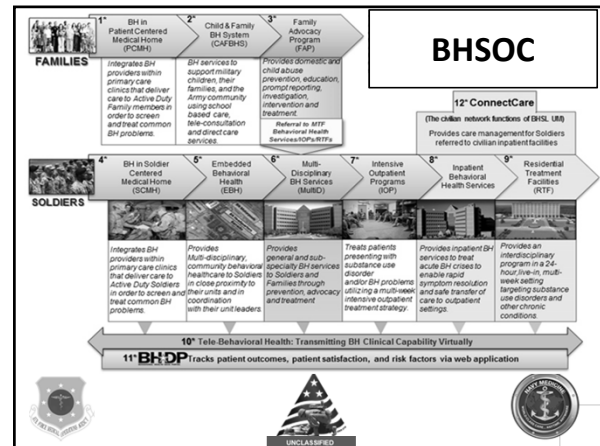
- Declining CNS Role
- Signature authority-MEB
- NP's at small/remote commands
- Operational billets
- USU billet unfilled
- Family DNP (pediatric/adolescent competencies/FPPE)

Reserve Component



- Continue to work toward maximizing utilization while on AT
- Desire for mobilizations and other opportunities



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Way Ahead in Army Nursing






- o Readiness: Operational Support and Global Threats
- o Patients: unique population and patient centered
- o People:
 - Grow leaders and care for ourselves and one another
 - Counsel, teach, and career mentor
 - Set expectations and track progress
 - Understand what motivates and challenges people
- o Communication: Clear, precise and timely






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Community Strength






- PMH RNs and NPs work anywhere in the behavioral health system of care
- Army Medicine has 13 current inpatient BH units (plus staff at two DHA facility units), 2 units pending opening, 3 residential treatment units (and one additional one at DHA facility). Pending opening one child/adolescent inpatient
- NPs filling in for psychiatrist shortages
- Limited operational assignments in garrison, use of PROFIS (professional filler system) instead






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Inpatient BH Operations Order


- Published in August 2016
- Standardized
 - Workload management entry
 - Position descriptions
 - Nomenclature and leadership on the units
- Capacity
- IBH Metrics
- Working with HRO to standardize BH codes across the enterprise
- Standardizing components of programming



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PMHNPs

- Increased demand for PMHNP's in deployment settings
- Standardized position descriptions for PMHNPs at GS-13
- Transition to practice improvements for new NPs
- Significant expansion of roles along the entire BH system of care including BH NPs as:
- Have also served as COSC Commanders




Known as the "Golden Team" in Afghanistan. MAJ Margo Jenkins (66R) and SGT Matthew Bisceglia (68X) cover the entire country of Afghanistan for all psychotropic medication prescribing and travel up to 3 days a week to cover a variety of locations. Additionally, they provide services via webcam conducting Tele-Behavioral health in their roles with the 212th COSC Team. SGT Bisceglia and MAJ Jenkins treat all Coalition Forces which consist of 72 different nations, all US Forces which include the US Army, USAF, USN, and US Marines along with Contractors. Their travels consist of fixed wing, rotary wing, and convoy travel adding to their daily adventures. Most recently the team has completed "Guardian Angel Training" with the USAF where the operational effect is to quickly return friendly forces to duty while denying adversaries a source of intelligence and political exploitation.


PMHRNs

- Continue to make more opportunities
- Work now includes
 - Inpatient BH, residential treatment programs, day treatment programs, outpatient work, and child/adolescent care.
 - Case management
 - Deployment
 - Instructor
 - Policy
- BH nurses bring unique skillset to the BH mission
- BH Prevention





Army Nurses as Leaders


- Interpersonal and technical competence
- Engagement best measure of organizational health
- Leadership is everyone's responsibility.
- The best things you can do as a leader:
 - Model the way
 - Inspire a shared vision
 - Challenge the process
 - Enable others to act
 - Encourage the heart.



BH Nursing Opportunities

- BH NPs considered BH provider for policy
- BH NPs write profiles and have admitting privileges
- BH NPs get certified in EBPs
- BH RNs teach, implement safety across theater
- Nurses in other areas consult to BH RNs to provide help with challenging patient situations, education, and care giver stress response support










Thank You!

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Key References

- Current DHA, DoD, AF, Navy, Army BH Practice. DHA, DoD, AF, Navy, Army Policy references and High Reliability Organization policies utilized.
- American Psychiatric Nurses Association (APNA) (2012). APNA Position Statement: Staffing Inpatient Psychiatric Units. *Journal of the American Psychiatric Nurses Association*, 18, 16-22.
- American Psychiatric Nurses Association Standards of Practice: Seclusion and Restraint. (Revised, April 2014).
- Comprehensive Accreditation Manual for Hospitals (CAMH), The Joint Commission, current edition
- Department of Defense Instruction: DoDI 6490.04. Mental Health Evaluations of Members of the Military Services. 4 March 2013.
- PMDB Curriculum Overview, VHA Central Office, PMDB Program
- Standards Booster Pak for Use of Restraint and Seclusion for Organizations Using Joint Commission Accreditation for Deemed Status. (Updated: July 2014)
- U.S. Department of Veterans Affairs (2014). Environmental Programs Service Mental Health Guide. Environmental Programs Service, Washington, D.C.

