

Addressing Mental Health Challenges

RENALINK PROFESSIONAL COUNCIL NEWSLETTER

Spring 2018

[CNSW LEAD STORY: Addressing Mental Health Challenges in a Dialysis Setting?](#)

Felicia Speed, LMSW

Communication and compassion: Felicia Speed's two essential tools in helping patients with mental health challenges. Read her insights and learn more about being a better practitioner to your patients.

[CRN CASE REVIEW: Renal Diet Adherence and Challenges Faced by Patients Suffering from Mental Illness](#)

Lynne Wodrich, RDN, LD, and Roberta Losure, LICSW, MSW

Getting patients to comply with diet can be hard. It can be especially difficult when that patient is managing multiple health issues, including mental health challenges. Wodrich and Losure offer specific advice on helping patients stick to their health goals. Learn more here.

[CNNT FRONT LINE: Understanding the Enhanced Nurse Licensure Compact](#)

Melinda Martin-Lester, RN, BA, CNN, CHC

The Enhanced Nurse Licensure Compact (eNLC) allows nurses to work across state lines. This is especially important in times of emergency or disaster. Melinda Martin-Lester outlines the eNLC, and why it's important to join here.

[CNNT SPECIAL ARTICLE: Encompassing the Care Partner: Limiting Care Partner Burn Out](#)

Dawn Brim, RN

Dawn Brim shares the importance of protecting the primary care partner from burnout and depression. Read her essay on ways practitioners can support the care partner along with the patient.

[MESSAGES FROM THE CHAIRS](#)

The Chairs of CNNT, CNSW, CRN, and AND-RPG share their perspectives on mental health, and some say farewell.

[MEMBERSHIP UPDATES](#)

Updates include:

- CNSW Membership News
- CRN Membership News

[IN OTHER NEWS:](#)

- [SCM18 Council Award Winners](#)
- SCM18 Educational Stipend Recipients
- CRN 2018 Recipe Winner

RENALINK: A PUBLICATION OF THE NKF

Council of NEPHROLOGY NURSES & TECHNICIANS

Council of NEPHROLOGY SOCIAL WORKERS

Council on RENAL NUTRITION

•

CNNT Editor: Amy Proctor, RN

CNSW Editor: Lisa Hall, MSSW, LICSW

CRN Editor: Kristen Nonahal, RD

CRN Editor: Haewook Han, PHD, RD, CSR, LDN

•

Editorial Manager: Kiley Thornton, MPA

Having trouble viewing the newsletter on your electronic device? Download the PDF.

CNSW LEAD STORY

Addressing Mental Health Challenges in a Dialysis Setting?

Felicia Speed, LMSW

I remember my first month in a dialysis facility after I graduated in 1999. Although I completed my internship in a dialysis setting, it did not prepare me for the events I would experience for almost 20 years. There are patient faces who still resonate with me today, who taught me the true experience of being a dialysis patient. Although I never walked in their shoes, I was given the privilege to walk beside them in their journey.

Despite our preconceived notions, we must accept that many patients' challenges do not begin with kidney failure. Instead, end-stage renal disease is an addition to other physical conditions and psychosocial issues. Mental illness is one condition that continues to be present among dialysis patients. Bohra and Novak (2015) stated "psychological health is an integral part of well-being and quality of life of individuals suffering from a chronic potentially life-threatening illness, including chronic kidney disease" (p. 34). As a result, we must increase our awareness and develop best practices with a holistic approach from the interdisciplinary team. Below are some recommendations:

Communication

Communication is one of the simplest gateways to understanding, but can also be the greatest barrier to being understood. When caring for dialysis patients with mental health issues, it is helpful to begin with listening. Stephen Covey noted that "most people do not listen with the intent to understand, they listen with the intent to reply." In the dialysis setting, we have a tendency to teach and direct more than listen. I have found when working with patients who are having some sort of altered mental episode, it is helpful when you show that you are genuinely trying to understand with active listening. Therefore, I recommend taking opportunities to train direct patient care staff on basic components of active listening.

In addition to listening, it is important that staff is aware of their tone and physical disposition when talking to patients. In order to determine the best way to talk with a patient, such as eye contact, tone, and posture, the team should gain knowledge from the social worker, family and other professional caregivers. The intentional approach to individualized care will minimize possible patient provider conflict and/or disruptive behavioral episodes. For example, some patients with paranoid schizophrenia do not respond well to direct eye contact and can become more skeptical of the team. Therefore, it is important the team educates every new staff member on how to communicate with the mentally ill patient.

Compassion

Compassion comes naturally for some and for others is a skill that must be developed. I believe empathy is at the core of compassion. It goes beyond just putting yourself in the dialysis patient's shoes, but be willing to start in walking in them. Compassion also comes from not seeing mental illness as a caregiver's inconvenience, but a patient's suffering. It has to be viewed like any other medical condition that has symptoms and possible treatment. I learned that when I took the time to acknowledge the suffering, I was able to able to experience and express the compassion.

However, I am not remiss to recognize the challenge with compassion. In a chronic outpatient dialysis setting, we care for patients three times a week continuously for months. As a result, compassion fatigue can definitely occur when caring for patients, who demonstrate frequent disruptive and combative behavior leading to tension, stress and burnout. As a result, direct patient care staff can

become apathetic and cold with preoccupation in the behavior more than the suffering. Therefore, I recommend rotating staff or changing clinics when possible for respite. I also have found it helpful for staff to have a safe space to discuss their concerns and receive support on how to best care for their patient.

In summary, as I reflect on the lessons my patients taught me, it can be summed into one thought...we are all human with different paths. The more we seek to understand those paths, the more we can appreciate the person. I encourage each professional caregiver of dialysis patients with mental health illness to explore more ways to understand your own journey and find ways to collaborate to improve their quality of life.

Reference

Bohra, M. & Novak, M. (2015). Depression in patients with chronic kidney disease. Canadian Association of Nephrology Nurses and Technologists, 24(3), 34-38.

CRN CASE REVIEW

Renal Diet Adherence and Challenges Faced by Patients Suffering from Mental Illness

Lynne Wodrich, RDN, LD, and Roberta Losure, LICSW, MSW

One of the greatest challenges faced by chronic dialysis patients is adherence to their renal diet and fluid restrictions. In order to develop interventions, which will assist patients in increasing their dietary adherence, we consider the multitude of mental illness faced by patients with end-stage renal disease (ESRD).

It is reported that depression is the most common psychological problem among ESRD patients (Finkelstein & Finkelstein, 2000). Depressive symptoms among patients suffering from ESRD have been researched to be as high as 45% among dialysis patients (Lopes et al., 2004). In the dialysis unit where we are employed, 44% of the patients suffer from a mental illness. Of the 44% suffering from a mental illness, 24% of these patients have a diagnosis of depression. Depression is often underdiagnosed and left untreated in many ESRD patients (Kimmel & Peterson, 2005).

Under the best of circumstances, dietary needs for ESRD patients can be quite difficult and overwhelming. When a patient is suffering from depression, they often experience increased difficulty in adhering to prescribed treatments. The effect of depressive symptoms often has a negative impact on adherence to a patient's dietary regimen. Depressive symptoms may include poor sleep hygiene, appetite changes, anhedonia, and trouble concentrating. Kalendar et al. (2007) report that depressive symptoms contribute to malnutrition or under-nourishment due to a reduction in patient's appetite and oral intake. Non-adherence to dialysis treatments is prevalent among patients suffering from depression due to loss of hope and appetite changes. Dietary non-adherence has been reported to be doubled in depressed ESRD patients when compared to patients not suffering from depression (Akman et al., 2007).

Poor adherence to diet, medications, and dialysis treatments has been reported as high as 70% among ESRD patients (Kahneman et al., 2011). In consideration of the association between depressive symptoms and dietary adherence in patients with ESRD, we consider the interventions of the multidisciplinary dialysis team, understanding the patient's goal, and focusing on a single dietary goal.

The multidisciplinary dialysis team is a critical component of the dialysis patient. The interactions and education provided by the dialysis team is instrumental in the management of the patient's healthcare. Swartz et al. (2008) report the patients' perception of their ability to interact openly with the team as having a substantial impact on the patients' well-being. In the unit where we are employed, we have learned that in order to communicate effectively with the dialysis patient, the dialysis team should set expectations for success, stay positive, individualize patient care, and avoid labeling the patient.

The interactions of the subsystems in the dialysis unit aid in a successful treatment plan for persons with ESRD. Systems theory is based upon the belief that all parts of a structure are interconnected and considers how the subsystems function together. In order to provide quality care to patients, the subsystems must work efficiently.

Quality care includes increased support from the dialysis team. This support includes identifying patient goals to assist with non-adherence issues. The team's goals may not match the goals of the patient. Due to this disconnect, it is crucial for each team member to understand the patient's goals, as well as understand whether the patient is suffering from a mental illness. Through regular communication among the dialysis team, there is greater understanding of the patient's specific needs

and goals, and continued education and awareness with patients. Research has shown that the ability of staff to discuss and relate to ESRD patients may assist in increasing the adherence among patients (Yokoyama et al., 2009).

Goal collaboration may be difficult for the dialysis team and the patient. When working with patients who suffer from mental illness, we consider the abilities of each patient, as well as considering the value of the uniqueness of each patient. To empower the ESRD patient in goal-setting, allows for greater self-efficacy and success in reaching the patient's goals. Increased self-efficacy is associated with an increase in patient adherence (Tsay and Healstead, 2002).

Empowering the patients in goal setting is a critical role for dietitians. When identifying laboratory values that are out of normal range, dietitians consider patients' goals. In order to meet the needs of the patient, especially those suffering from mental health illness, it is important not to overwhelm the patient with multiple goals. Addressing multiple goals or concerns at once may cause greater anxiety, stress, and may overwhelm patients which may hinder the patients' ability to make positive changes.

According to Beto, et al. (2016), focusing on a single goal and individualizing diet education efforts is when highest adherence rates are met. Focusing on a single goal, which is agreed upon by patient and the dietitian, will provide the patient with greater self-efficacy and patient outcomes. Often patients will show greater motivation when working toward one goal at a time.

Table 1 below outlines the SMART process which is utilized in the unit where we are employed. Column three provides an example of a SMART goal.

Table 1. SMART Goal Process Outline

Specific	Write a specific goal. What to achieve, when to achieve it and how to do it.	Take phosphorus binders. Start today. Put phosphorus binders on my table where I eat.
Measureable	Focus on clear measurable outcomes.	I want to improve my phosphorus next month.
Attainable	Must be a reasonable goal. Goals that may be achieved in a month.	Improved lab levels of phosphorus.
Realistic	Each goal should be realistic.	When a patient is not taking their binders or not adhering to their diet, a goal may be to work on improving compliance with phosphorus binders. A slight improvement in labs levels would be a goal rather than a goal of a normal level.
Trackable	Tracking progress	Able to show via record of lab values.

Highest adherence rates have been observed when both diet and education efforts are individualized to each patient (Webb & Byrd-Bredbenner, 2015). When considering the needs of dialysis patients, it is critical to ensure the psychological needs of the patients are considered. The burden of chronic dialysis and dietary restrictions may be quite challenging for patients, especially patients with mental illness such as depression. It is crucial for the dialysis team to recognize the challenges endured by patients suffering from mental illness and develop individualized plans which aid in improvement of patient adherence.

References

- Akman, B., Uyar, M., Afsar, B., Sezer, S., & Ozdemir, F. (2007). Adherence, depression and quality of life in patients on a renal transplantation waiting list. *Transplant International*, 5 (48), 1-6.
- Beto, J., Schury K., Bansal V. (2016). Strategies to promote adherence to nutritional advice in patients with chronic kidney disease: a narrative review and commentary. *Int J Nephrol Renovasc Dis.*, 9, 21-33.
- Finkelstein, F. O., & Finkelstein, S.H. (2000). Treating depression among end-stage renal disease patients: Lessons learned from cognitive behavioral therapy classes. *The Journal of Nephrology Social Work*, 35, 17-20.
- Kahnemann, D. (2011). Thinking fast and slow. *London, UK: Penguin Books*.
- Kalender, B., Ozdemir, C., Dervisoglu, E., & Ozdemir, O. (2007). Quality of life in chronic kidney disease: Effects of treatment modality, depression, malnutrition and inflammation. *International Journal of Clinical Practice*, 61 (4), 569-576.
- Kimmel & Peterson (2005). Treating depression among end-stage renal disease patients: Lessons learned from cognitive behavioral therapy classes. *The Journal of Nephrology Social Work*, 35, 17-20.
- Lopes, A., Albert, J., Young, E., Sayayathum, S., Pisoni, R., Andreucci, V. et al. (2004). Screening for depression in hemodialysis patients: Associations with diagnosis, treatment, and outcomes in the DOPPS. *Kidney International*, 66, 2047-2053.
- Swartz, R.D., Perry, E., Brown, S., Swartz, J., & Vinokur, A. (2008). Patient-staff interactions and mental health in chronic dialysis patients. *Health & Social Work*, 33(2), 87-91.
- Tsay, S.L., Healstead, M., (2002). Self-care self-efficacy, depression, and quality of life among patients receiving hemodialysis in Taiwan. *International Journal of Nursing Studies* 39, 245-251.
- Webb D., Byrd-Bredbenner C. (2015). Overcoming consumer inertia to dietary guidance. *Advanced Nutrition*, 6 (4), 391-396.
- Yokoyama, Y., Suzukamo, Y., Hotta, O., Yamazaki, S., Kawaguchi, T., Hasegawa, T., Fukuhara, S. (2009). Dialysis staff encouragement and fluid control adherence in patients on hemodialysis. *Nephrology Nursing Journal*, 36 (3) 289-296.

CNNT FRONT LINE

Understanding the Enhanced Nurse Licensure Compact

Melinda Martin-Lester, RN, BA, CNN, CHC

Incoming Chair CNNT

Team Leader KCER Clinical Practice Committee

The Nurse Licensure Compact, which has been operational and successful for more than 15 years, has allowed nurses the flexibility to practice across state boundaries in an effort to provide patients a more fluid access to care. The enhanced Nurse Licensure Compact (eNLC) increases access to care while maintaining public protection at the state level. The eNLC was implemented January 19, 2017, and now includes 29 states. In those states, RN's and LPN/LVN's have one multistate license with the privilege to practice in their home state and 28 others. Nurses in states that were part of the original NLC were grandfathered into the eNLC and are able to practice in all eNLC states effective Jan 19, 2018. Nurses that are active in states that have recently joined the eNLC (Wyoming, Oklahoma, West Virginia, Florida and Georgia) must have a new multistate license issued before they can cross state lines to work. Those states will be notifying nurses of the changes that may be required to receive the multistate license. Those nurses will need to meet the 11 Uniform Licensure Requirement to be issued the multistate license. Those that do not meet the requirements will maintain the single state license.

As team leader of the Kidney Community Emergency Response (KCER) Clinical Practice Committee, I have been working with a group of volunteers to educate and encourage states to become part of the eNLC. Our group, with support from CMS, ANNA, NRAA, NKF and AAKP, has corresponded with the individual state Boards of Nursing and Governors, on a periodic basis to enlist support for the eNLC.

In addition to the 29 active eNLC, there are eight additional states with pending legislation. Those states with pending legislation are Kansas, Illinois, Indiana, Michigan, New York, New Jersey, Massachusetts and Vermont. Our KCER Team and our supporting organizations are asking that if you live in one of these states you contact your legislature/governor and offer your support for the eNLC. The ability to cross state lines and work freely is especially important during a national disaster, as having a pool of medical personnel that can work in another state on short notice could be vital to the operation of local dialysis facilities and to the care of our patients.

As a nurse, it is important to understand any changes to your state practice act and how the changes may affect your practice. For more information on the eNLC, visit ncsbn.org/eNLC. If you are interested in becoming involved with KCER, please contact me at melindalester@aol.com

CNNT SPECIAL ARTICLE

Encompassing the Care Partner: Limiting Care Partner Burn Out

Dawn Brim, RN

When a patient starts home dialysis it impacts their entire living situation. It isn't just their health that can be affected but also their relationships as well as their financial and spiritual wellbeing. Many times, we focus on making sure the patient's home dialysis fits into their life and we try to make sure they can continue to work, go to school, or spend time with extended family. But have we really looked at what affect it has on their primary relationship with their care giver?

We talk to many patients when they are getting ready to start dialysis, but studies show that including and ensuring the care partner is "educated regarding all aspects of home hemodialysis" (Bennett, Schattel, & Shah, 2015) will better prepare the care partner for what to expect. "Intermittent respite care by dialysis professionals can relieve care partner burden and may make the difference between a patient's remaining in-home HD or withdrawing from this modality entirely" (Bennett, Schattel, & Shah, 2015).

Respite care is something we have started to look at in our practice. It should be included in all conversations with the care partner. It is also important to let them know that it is okay to feel stressed or depressed. After all, their life has changed as well. Speaking to them alone may give them an opportunity to vocalize what they are feeling or what they are going through. They may feel like they have let their patient partner down or that they are not doing a good job. It is also important to support the care partner if the patient partner falls ill or ultimately passes away. There can be a tremendous amount of guilt related to the death of the person they were partnering with for care.

"Notice that we said *care partner*, NOT *caregiver*. There's a reason for this. Studies show that home treatment works best when *the person on dialysis* does as much of the work as possible" (Atcherson, 1981). Encouraging the patient to participate as much as possible can alleviate some of the stress on the care partner. Keep in mind that the care partner may now also be doing the job of two at home i.e. covering finances, housekeeping etc." Nephrologists, nurses, social workers, and especially home HD training staff who encourage the maximal degree of patient independence for self-care may help minimize dialysis care partner burnout" (Bennett, Schattel, & Shah, 2015).

It is important to include the care partner in making the schedule, not only for training, but also for the treatments once at home. They need to know they are an important part of the team. You may also need to be an advocate for the care partner. When a patient is not feeling well or frustrated it is very easy to take it on those closest to them. The social worker can be instrumental in developing a solid patient/care partner relationship. "This will help the partner to know their role as a caregiver and to maintain a sense of resilience and adaptation as the demands and needs of the patient change" (Patients, 2017).

A care partner stated that "The point that really needs to be made, over and over again, is that it is not just up to the doctor to make the patient feel better again, it is up to the patient and the care partner as well" (Emeny, 2017). This can definitely make it stressful for the care partner.

As healthcare professionals, do we take for granted what we do every day when we are teaching a patients loved one to be their care partner? Something else that can be frustrating for the care partner is getting the patient to eat and also to take their medications. I think we have all had the care partner that was gung ho about eating and the medications and the patient not so much. "Planning and fixing a meal for a person on dialysis is an exercise in hopelessness" (Emeny, 2017).

Hopelessness is the key here. Offering respite care can give them a breath of fresh air to re-group. Engagement and communication is key. Letting them know it is okay to need a break is essential in their success as a care partner.

It is a good idea to discuss the care partner burn out during training. This allows for the patient and the care partner to know that it is stressful for both of them and not just one of them. And the care partner will be less hesitant to ask for a break when needed because it was previously discussed.

Another way to limit care partner burn out is to have the patient cannulate themselves whenever possible. Cannulation can be painful at times and the last thing a care partner wants to do is cause more pain or discomfort to their patient partner.

Finally, "Home HD success may improve if dialysis patients and partners offer social and emotional support to each other and clearly define their health care roles". (Adult Health Division, 2000). The health care team can assist this process by encouraging the patient to be as independent as possible.

Communicating with the care partner regarding burn out and assessing their need for respite. Encouraging them to ask questions and to validate whatever feelings they may be having. Training the patient to self-cannulate when possible. And lastly, reinforcing that to the care partner and the patient partner that this is a collaborative effort, and everyone has a task to do in regards to the overall health of the patient.

References

Adult Health Division, S. O. (2000, May). Psychosocial adjustment of patients on home hemodialysis and their dialysis partners. *Clinical Nurse Research*, 9, 177-190. doi:10.1177/105477380000900206

Atcherson, E. (1981). Home Hemodialysis and the spouse assistant. *American Association of Nephrology Nurse Tech*, 8, 29-34.

American Association of Kidney Patients, (2017). *Surviving caregiving helpful hints*. Retrieved from <https://aakp.org/dialysis/surviving-caregiving-helpful-hints/>

Bennett, P. N., Schattel, D., & Shah, K. D. (2015, April). Psychosocial aspects in home hemodialysis: A review. *Hemodialysis International*, 19, 128-134. doi:10.1111/hdi.12258

Emeny, B. (2017, March 16). Help for the Care Partner. *Home Dialysis Central*. USA. Retrieved from <https://homedialysis.org/news-and-research/blog/194-help-for-the-care-partner>

CHAIR MESSAGE

CNNT Chair Message

Kim Deaver, MSN, RN, CNN, FNKF

I would like to first take a moment to say thank you for allowing me to serve as your Chair this year. It is a pleasure working with so many compassionate, caring individuals who truly have a calling for improving healthcare in the nephrology field. Through organizations like NKF, the CNNT Executive Committee, members, and patients have engaged in many volunteer activities like kidney walks, preventive health screenings, helping in disaster relief efforts, and so much more. A huge thank you.

This year, the CNNT Executive Committee was involved with local and national legislation through responses and active participation on healthcare initiatives that could affect the patients and care in the nephrology field. Comments for the ESRD PPS AKI and QIP were submitted for review that supported our patient population. The NKF-CNNT was very excited to present four individuals with a \$1,000 educational stipend this spring to continue their professional growth. Additionally, in the coming year, CNNT will offer more opportunities for scholarships to registered nurses pursuing education for their professional growth, in partnership with Nephrology Nurses Certification Commission (NNCC).

The CNNT membership continues to grow, allowing for diverse perspectives along with engaged communication and suggestions for improvement. As a member, opportunity for involvement gives value to your voice on committees supporting our professional field. The 2018 Spring Clinical Meetings (SCM18) is again working with the National Association for Nephrology Technicians/Technologists (NANT) to increase educational opportunities aligned with the technician role for continued education. SCM18 offers many opportunities for attendees to grow professionally. The CNNT Executive Committee looks forward to meeting many of the attendees during the Networking luncheon on Thursday, April 12.

CNNT welcomes our members to engage with our website resources, committee opportunities, and attend SCM18. The NKF-CNNT membership is represented by 335 nurses and 468 technicians. As a member, don't forget the awesome free online continuing educational opportunities through the PERC. Several of this year's SCM sessions will also be offered if you are unable to attend the conference. All great reasons for joining or renewing your membership.

I would like to thank my Immediate Past Chair, Mary Lincoln, and upcoming Chair, Melinda Martin-Lester, along with all the CNNT Executive Committee members for all the guidance and support given throughout this year.

There are a lot of exciting opportunities happening and up-to-date information that you'll want to take advantage of. Review our website or contact us for more information. Again, I want to personally thank each of you for all your hard work and dedication, and the opportunity to serve as your chair.

CNSW Chair Report

Andrea DeKam, LMSW, NSW-C, FNKF

Greetings CNSW members! It's a new year and once again I look forward to seeing how 2018 continues to shape the future of nephrology social work. In 2018, CNSW celebrates its 45th anniversary! CNSW has such a strong history which thousands of members over the years contributing to its continued growth. Where did it all begin? In 1973, a group of social workers came together to

form the Association of Nephrology Social Workers. Later that year, the group was approached by the NKF and asked to join as a professional council. In November 1973, CNSW was established and Judith Kari served as our first CNSW Chair. Judith retired in 2017 but has left such a lasting impact on the field of nephrology social work. Many others have and will follow in her footsteps to continue the pathway for further development and recognition of our specialty.

CNSW provides a wealth of membership benefits that positively contribute to our individual, professional development. We thank our past leaders for their ongoing contributions. Thanks to Beth Witten who shares her wealth of knowledge and resources with us on the listserv. The listserv allows members to connect with each other to gather resources, discuss difficult cases, or elicit support. Thanks to Teri Browne for furthering our love for research by reading the *Journal of Nephrology Social Work*. JNSW now allows online access to all colleagues so please share. Thanks to Stephanie Johnstone and Mary Beth Callahan for developing the *Outcomes Modules* in 1999 and highlighting the importance of the social work role as it relates to interdisciplinary care and positive patient outcomes. We continue the tradition of ongoing education to further our skills. The education CNSW members can access via their local chapters, online PERC CEUs, or at the Spring Clinical Meetings, showcases the clinical interventions we can provide to our patient population. CNSW membership remains instrumental in areas of professional advocacy, research, legislative advocacy, and continuing education.

Thanks to all our leaders and members that have been a part of CNSW and its history. Cheers to 2018 and CNSW! Join us for the celebration of CNSW in Austin at the NKF Spring Clinical Meetings. Again, thanks for all you do for CNSW, your team, and most importantly your patients!

CRN Chair Message

Laura J. Holden, MBA, RD, CSR, FNKF

This issue of the *Renalink* addresses the mental health challenges facing health care workers today. I have worked in many different dialysis units over the course of my career, and in every unit there has been at least one patient, who has had obvious mental health challenges, as well as many with less obvious mental health issues. Over the course of the past 30 years, I have found that my response to these challenges has changed and my interactions with these patients has improved. Previously, I took things more to heart and everything seemed far more urgent. As I have matured, I find myself more often than not, taking a deep breath, listening more closely, responding more slowly and calmly, restating the patients concern, and reminding myself, this too shall pass. As renal dietitians, I am sure we have all felt the stress of increased regulatory burdens, high patient loads, staff shortages, and short deadlines which provide us with our own mental health challenges. Recently many of us have felt the stress of addressing the addition of Sensipar® to the dialysis bundle and how this will affect our patients. It is my hope this issue of the *Renalink* will give you some guidance in dealing with these challenges.

This is my last message to *Renalink* as Chairperson of CRN. It seems to me that the year has just flown by. Christine Benedetti, RS, RD, SCR, LD, FNKF, will assume the duties of CRN Chairperson at the end of February. Christine's specializes in pediatric renal nutrition, and she works for Children's Healthcare of Atlanta. In this role, she has worked with NKF's new Kid Ambassador, Angelica Hale, who has been seen on *America's Got Talent*. Christine is a busy mother, as well as an active volunteer with her local CRN chapter. I have worked with Christine for the past several years as part of the CRN Executive Committee. She is energetic and enthusiastic, and I know she will do an outstanding job as your Chairperson. I am looking forward to work with her in my new role as Immediate Past Chair.

It has been an honor to serve as your Chairperson and I wish you and CRN all the best in the future.

RPG Chair Message: Emergency Preparedness and Response

Annamarie Rodriguez, RDN, LD

There are several industry trends that are transforming the provision of our healthcare and we can anticipate seeing continued change and growth with these trends. These trends in healthcare represent \$3 trillion in the US alone; the future of healthcare faces change from various political, cost and care delivery pressures.

The trends include increasing focus on the social determinants of health, the health trend of personalized care and the continued rise in digital transformation in healthcare. In focusing on the social determinants of health, healthcare organizations are finally looking beyond clinical care to dramatically enhance health outcomes. Embracing the mental and behavioral health and extending care teams to include friends, families, and communities to help providers improve patient wellness. An example: setting up a food pharmacy! Ever hear of fresh food as medicine? A trip to the pharmacy could include fresh wholesome food, recipes, and dietary counseling from a registered dietitian! After all, the Greek doctor Hippocrates, ~400 B.C., had this missive: *Let food be thy medicine.*

In addition, there continues to be an increased focus on mental health, well-being, and mental health "challenges." There are many challenges faced with mental health ranging from anxiety to PTSD (post-traumatic stress disorder) and these affect the healthcare setting on both ends of the spectrum: the healthcare providers providing care and the recipients of the healthcare. What are the causes of emotional or mental well-being? What is well-being? What is a mental health challenge?

A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune.

Well-being, wellbeing, or wellness is a general term for the condition of an individual or group. A high level of well-being means in some sense the individual or group's condition is positive.

A mental challenge is any disease/condition affecting the brain that influences the way a person thinks, feels, behaves and/or relates to others and to their surroundings.

As stated by World Health Organization, 2010, "Mental health is an integral part of health; indeed, there is no health without mental health." It is increasingly imperative for us to recognize mental wellness and speak up. All individuals have a good day/bad day. But if one is suspected to have a mental health challenge, we need to speak up and guide them towards a trusted source who can assist them in providing guidance towards a professional mental health resource. Often, individuals are resistant to seeking help! Many see this as a weakness, personal failure or may associate it with a stigma. Stigmas associated with mental health challenges are based on stereotypes, not facts. It is time to push past stigmas and produce results with both a healthy body and mind. All individuals have the right to health services that promote a healthy mind, body and spirit. Dietitians play an integral role in the juncture of nutrition with mental health, from the promotion to nutrition and care and therapeutic approaches and ranging from trauma to food insecurity.

As I began prowling around the internet to find helpful tips and tools, and perhaps education links to pass along, the fact became glaringly obvious that there is not an abundance of data that is compelling in promoting and improving mental health in dialysis (or overall actually). The World Health Organization predicts that depression will be the second most common health condition worldwide by 2020. One in five has a mental health condition at any one time, and information from the National Institute of Mental Health suggests only half of people with (diagnosed) mental illness receives treatment (updated January 2018). This is suggestive that we have a long road ahead of us.

But on the National Institute of Mental Health website there is an article titled "Grand Challenges in Global Mental Health" that provides a list of 40 Grand Challenges, of which I will highlight several. It is worth noting that these particular challenges are necessary in the commitment to prevent and treat mental health disorders:

Taken in part from the List of 40 Grand Challenges in Global Mental Health

- Integrate core packages of mental health services into routine primary health care.
- Reduce the cost and improve the supply of effective psychotropic drugs for mental, neurological and substance use disorders.
- Provide adequate community-based care and rehabilitation for people with chronic mental illness.
- Strengthen the mental health component in the training of all health care personnel to create an equitable distribution of mental health providers.
- Develop an evidence-based set of primary prevention interventions for a wide range of mental, neurological and substance use disorders.
- Integrate mental, neurological and substance use disorders into the chronic disease agenda at all levels of government.
- Reduce the duration of untreated illness by developing culturally-sensitive early interventions for mental, neurological and substance use disorders across settings.
- Create parity between mental and physical illness in investment in research, training, treatment, and prevention
- Conduct screening for mental, neurological and substance use disorders during routine primary health care visits.
- Develop culturally-informed methods to eliminate the stigma, discrimination, and social exclusion of people with mental illness and their families across cultural settings.
- Develop mobile and IT technologies (e.g. telemedicine) to increase access to evidence-based care for mental, neurological and substance use disorders.
- Redesign health systems to integrate mental, neurological and substance use disorders with other chronic diseases.
- Support community environments that promote physical and mental wellbeing across the life course.
- Involve people living with or affected by mental, neurological and substance use disorders in policy and practice development.
- Enable family environments that promote physical and mental wellbeing across the life course.
- Foster resilience and enhance protective factors for mental, neurological and substance use disorders across developmental and life course stage.
- Identify modifiable social and biological risk factors across the life course.
- Understand adaptive, normative, and resilient responses to daily life stress.

For the full article and more resources, please see the following link:

<https://www.nimh.nih.gov/about/organization/gmh/grandchallenges/index.shtml>

Reverting across the spectrum from the patient to the healthcare provider, I wanted to also focus on wellness in the workplace. In my search for wellness for healthcare providers, I found an article on the Mental Health America website which states that half of the workforce is "checked-out." 70% of those employed are searching for other jobs, and less than a third of Americans are happy with their work. Stress from work affects life overall! How then are we to effectively help improve our patients if we may be in unhealthy work environments? Mental Health America published results of a Work Health Survey in 2017, launched from 2015 (2017 Workplace Wellness Report: Mind the Workplace); this two-year research project on workplace mental health analyzed over 17,000 employee surveys across 19 industries in the United States.

A review of the Workplace survey is highly recommended in its entirety to gain insights on the data, statistics, and solutions, but I'd like to share a few highlights that may provide personal impact in your own review of your "employment culture."

First: the elusive work-life balance. The key to managing stress is balance. Thus, it is essential that we strive to reach the balance between work and life. Several approaches include setting manageable daily goals, seek efficiency and alert management of what is and is not working effectively. Prioritize, be realistic and unplug (Personally, I add unplug without guilt). Treat your entire body kindly. The survey provides the top five reasons for leaving a job and the five reasons for happy employees. The top five reasons for leaving a job were related to wage, lack of advancement, excess overtime, lack of teamwork, and a lack of flexibility. The top five reasons for a happy employee involved relationships with co-workers, contributions to goals, meaningfulness of the job, opportunities to use skills, and relationships with immediate supervisors.

There are ten ways an organization can create a healthier workplace according to this survey: a productive atmosphere, a livable wage, a reasonable accommodation, health & wellness, open communication, employee AND management accountability, work/life balance, clear & positive values, and fitness! The article focuses also on workplace culture and bullying. Surprisingly, two out of every five people have been bullied at work. This article offers good strategies on how to deal with these behaviors. For the full survey, please visit: <http://www.mentalhealthamerica.net/workplace-wellness>

Above all, as mentioned, one in five adults have a mental health condition. Most companies offer access to employee assistance programs (EAPs) that assists employees in dealing with emotional, stress-related or psychiatric pressures that may be impacting their life. Many people prefer not to utilize this program due to a fear of a lack of confidentiality, and because of a perceived stigma placed on mental health. Again, these barriers must be removed if we are to move forward and to treat the body holistically and be optimum healthcare providers to enable our patients to do the same.

Last, but not least, I did locate a continuing education opportunity to share; sadly, there is just not much for us to pull! PERC, NKF's Professional Education Resource Center, offers several accredited courses on mental health, including "Strategies For Managing Persons With Dementia During Treatment." Check it out here: <http://education.kidney.org/content/strategies-managing-persons-dementia-during-treatment>

For dietitians who are members of the Academy or considering membership, the Behavioral Health Nutrition DPG offers continuing education with provision of CPE articles and webinars. In addition, this DPG offers an expansive list of resources on behavioral health: <http://www.bhndpg.org/about/membership-benefits/resources-2/>

As we move into 2018, I hope to hear some of your comments and suggestions on your best practices for work-life balance, and how this makes you a better healthcare provider in the renal community. Like and follow our Facebook (Renal Dietitians-RPG) page and Twitter account (@RenalRDNs), and SHARE with your colleagues! Until next time #keepinitrenal

MEMBERSHIP UPDATES

CNSW Membership Report

Melissa Fry, MSW, CAPSW, NSW-C

I hope everyone is having a great start to 2018. I want to begin by thanking everyone for your continued support of the National Kidney Foundation and CNSW. I would like to see CNSW membership continue to grow with advocacy for our patients, education for our members, improved patient care and appropriate reimbursement for those living with kidney disease. Please encourage all of your colleagues to join CNSW in 2018.

Make sure you take advantage of all of the benefits provided to our members (listed below).

- Free online CE through NKF's [Professional Education Resource Center](#)
- A subscription to the *Journal of Nephrology Social Work*
- Discount registration to the [NKF Spring Clinical Meetings](#), NKF's premier educational event
- Subscription to *RenalLink*, NKF's interdisciplinary renal health information and industry news e-magazine
- Eligibility to apply for the [Nephrology Social Work-Certified](#) program
- Receive access to the member directory and CNSW listserv

Please share this list with a colleague or friend and encourage them to [become a member](#)!

[Read Local Chapter News here](#)

CRN Membership Report

Meredith Larsen, MS, RDN, LD

Don't Miss Out on all the Great Benefits of NKF-CRN Membership!

Did you know about the many FREE Online CE Offerings available to NKF-CRN Members?

NKF-CRN membership allows you access to the free online CE programs available through NKF's Professional Education Resources Center (PERC). Another invaluable benefit and resource is *the Pocket Guide to Nutrition Assessment of the Patient with Kidney Disease, 5th ED* (2015).

A yearly subscription to the *Journal of Renal Nutrition* also includes full online journal access as well as the monthly CE offerings. Another yearly subscription included is for the *Renalink*, which is the NKF interdisciplinary renal health information e-magazine.

Members are also able to apply for NKF-CRN stipend funds to attend the NKF Spring Clinical Meeting. Becoming an NKF-CRN member also includes a discounted registration fee to the NKF's Spring Clinical Meetings. Don't wait and sign up now to attend this year's meeting!

NKF 2018 Spring Clinical Meetings

April 10 - 14, 2018

Austin Convention Center

Austin, TX

Members have the opportunity to attend informational clinical sessions that are pertinent to their area of practice, as well as network with members of the Council of Renal Nutrition (CRN) from their state and the entire country.

Some additional perks include discounted subscription rates to two of the leading nephrology peer-reviewed journals: the *American Journal of Kidney Diseases* and *Advances in Chronic Kidney Diseases*. All of these benefits are valued at so much more compared to your annual membership dues.

Join online at membership@kidney.org or call NKF Membership Services at 1-888-JOIN-NKF. We are looking forward to welcoming you to CRN as a new member!

CRN Award Nomination

Do you also know an outstanding nephrology dietitian that makes a significant impact in the community and with chronic kidney disease patients? Please take a moment and recognize her/him. This dietitian in mind could be a perfect candidate for the Regional Recognized Renal Dietitian (RRRD) Award. The application opens in April 2018, and are due on June 30, 2018.

Dietitians deserve to be recognized for the tremendous work done, which improves quality of life and makes a difference in the lives of many. You can start by sending a recommendation letter to your Region Representative. Find a list of the [Regional Reps online](#). Your Region Rep can reach out to the nominee, notifying them of nomination and explain what to do next.

The Regional Recognized Renal Dietitian (RRRD) Award honors a dietitian who has demonstrated exceptional abilities within their community or region. These dietitians excel in leadership, creativity and public involvement, and are trailblazers in renal nutrition. The RRRD Award will be offered to a dietitian in all 5 regions to CRN members. Each nominee will need to gather the information needed for their application: two recommendation letters, a current CV and a brief statement about their contributions to the renal nutrition field and the purpose of these efforts (400 words or less). Once all the application information is together, nominees can submit their application packets starting in April 2018

Let's congratulate the following CRN award recipients for 2018!

Joel D. Kopple Award: Dr. Angela Yee-Moon Wang, University of Hong Kong- Queen Mary Hospital, Hong Kong

Outstanding Service Award: Beth Shanaman, RD, FNKF, Northwest Kidney Centers, Seattle, WA

Recognized Renal Dietitian Award: Brenda Murphy, RD, Med, US Renal Care, Avondale, AZ

Regional Recognized Renal Dietitian Award:

Region 1 – Judy Kirk, MS, RDN, CDN, CSR, FNKF, Rochester Regional Health, Rochester, NY

Region 2 – Wai Yin Ho, MEd, MS, RDN, Pentec Health Inc., Summerville, SC

Region 3 – Cynthia Clancy, MS, RD, LD, Fresenius Medical Care, Saint Ann, MO

Region 4 – Maria Veronica Prado, RD, LD, Pentec Health, San Antonio, TX

Region 5 – Belinda Sanchez, RD, ARA Madera Kidney Center, Fresno, CA

Susan C. Knapp Award: Kathy Harvey, MS, RDN, CSR, Puget Sound Kidney Centers, Mountlake Terrace, WA

[Read Local Chapter News here](#)

IN OTHER NEWS

Congratulations to the SCM18 Educational Stipend Recipients

We look forward to seeing you in Austin!

Council of Advanced Practitioners

Courtney Beaudette, APNP, Greenville, WI
Charlene Borne, FNP-C, Madisonville, LA
Julianna Candela, FNP, Valley Cottage, NY
Cristy Goodall, MSN, APRN, FNP-BC, Cincinnati, OH
Jennifer Killen, PA-C, San Diego, CA
Toddra Liddell, FNP-C, Murfreesboro, TN
Marlene Shaw-Gallagher, PA-C, Farmington Hills, MI
Patricia Sheetz, CRNP, Cumberland, MD

Council of Nephrology Nurses & Technicians

Glenna Frey, RN, MSN, CNS, Whitehouse, OH
Natalie Gil, RN, Pembroke Pines, FL
Mary Greensides, CCHT-A, Roscoe, IL
Martha Hitt-Buettner, CCHT-A, Madison, WI

Council of Nephrology Social Workers

Holly Barnett, MSW, CSW, Frankfort, KY
Samicca Berry, LISW-CP, Spartanburg, SC
Hannah Graves, LMSW, Marietta, GA
Molly Keane, LCSW, MPH, PPSC, San Francisco, CA
Lisa Petgrave-Nelson, LMSW, Roslyn, NY
Christina Smith, MSSW, CSW, Richmond, KY

Council on Renal Nutrition

Maithili Bhagat, RD, CNSC, Morgan Hill, CA
Alexis Briley, MS, RDN, Greenville, NC
Janet Diaz Martinez, MS, RD, LDN, Boca Raton, FL
Therese Franzese, MS, RDN, CDN, CDE, Smith Point, NY
Haewook Han, PhD, RD, CSR, LDN, FNKF, North Quincy, MA
Shann Knight, RD, LD, Katy, TX
Laura Larcom, MS, RD, CSR, Gig Harbor, WA
Ann Lipowski, RD, Troy, MI
Christina Miller, MS, RDN, CD, Rushville, IN
Belinda Shanley, MS, RD, CDN, Branford, CT

2018 CRN Recipe Contest Winner

Congratulations to Brittany Sparks, RDN, CSR, for her winning submission for Pesto Chicken, Veggies, & Rice. We'll be featuring this recipe online

[Note: insert attached photo]

Pesto Chicken, Veggies, & Rice

Author: Brittany Sparks, RDN, CSR

Makes 8 (1 cup) Servings

Prep: 15 min

Cook: 15 min

Total: 30 min

Ingredients

- 2 Chicken Breasts (Boneless/Skinless), cut into 1-inch pieces
- 2 Cups Cooked White Rice (~1 cup raw)
- 1 Medium Orange Bell Pepper, Diced
- 1 Cup Sliced Zucchini, (~1 small zucchini)
- 1 Cup Broccoli Florets
- 2 Whole Cloves of Garlic + 6 Cloves Minced
- 1/3 Cup Olive Oil + 1 Tbsp
- 1/3 Cup Walnuts, *Toasted (see note below)
- 2 Cups Fresh Basil Leaves (42 grams)
- 1/4 Cup Parmesan Cheese
- 1 Tsp Salt
- 1/2 Tsp Pepper

Notes

- To toast the walnuts place in a pan over medium heat stirring occasionally for about 2 minutes, or until they start to release their oils.

Directions

1. Cook the rice according to package directions.
2. To make the pesto place the basil, 2 cloves of garlic, parmesan cheese and toasted walnuts in a food processor and process until the mixture is coarsely chopped. With the machine running slowly add in 1/3 cup of olive oil and process until smooth. Set aside.
3. In a large skillet heat one tablespoon of olive oil over medium heat. Add the chicken and cook for 5 minutes stirring occasionally. Add the diced bell pepper and broccoli florets to the pan and cook for an additional 5 minutes.
4. Next add the zucchini and minced garlic to the skillet and cook for an additional 3 minutes or until the zucchini begins to soften.
5. Add in the 2 cups of cooked rice, pesto sauce and salt and pepper. Stir to combine. Serve and enjoy!

Nutrition Facts Serving Size (1 Cup):

Calories 290, Total Fat 16.5 g, Saturated Fat 2.7 g, Monounsaturated Fat 9 g, Polyunsaturated Fat 3.8 g, Sodium 385 mg, Total Carbohydrate 15.7 g, Dietary Fiber 1.5 g, Protein 19 g, Potassium 410 mg, Phosphorous 224 mg

This recipe is CKD/Dialysis and Diabetic Friendly.

This is meant to be an entrée item.

The USDA Nutrient Database was used in calculating the nutrient analysis. Food scales were used to measure ingredients for analysis.

<https://ndb.nal.usda.gov/ndb/search/list>