Challenges and Opportunities Facing the Psychiatric Mental Health Nursing Workforce

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Thank You!
Topics We Will Cover Today

• **Overview** of the Psychiatric Mental Health (PMH) Advanced Practice Registered Nurse (APRN) workforce: its size, characteristics, distribution, educational preparation and potential for growth.

• **Challenges** the workforce faces including: clarifying misconceptions around the capacity of PMH APRNs to alleviate mental health workforce shortages and addressing an evolving, narrow definition of our discipline as alternative prescribers.

• **Opportunities** for PMH RNs and APRNs including using their capabilities to address access to care, to build effective and efficient interprofessional teams and to address issues around service engagement.
Overview of the PMH APRN Workforce
PMH Advanced Practice Registered Nurses (APRNs): Basic Descriptors

- Psychiatric Mental Health (PMH) APRNs hold an RN and a PMH graduate nursing degree
- Nationally certified as either PMH Clinical Nurse Specialists (CNS) or PMH Nurse Practitioner (NP)
- There are 15,046 certified PMH APRNs
  - 4,768 PMH CNSs and 10,278 PMH NPs (duplicate certifications removed)
- 63% of all PMH CNSs work in direct care roles and prescribe (American Psychiatric Nursing Association (APNA), 2016 National Survey)
Who are PMH-APRNs: Demographics

From the APNA 2016 PMH APEN Survey:

- PMH APRN workforce is largely female (90.1%); male (9.9%)
- Largely white
- Average age of 54
- The CNS group is slightly older (x=61) versus NP (x=48.9)
- Preparation at MSN level (82%), Post masters level (25%)
- 32% of respondents completed their education more than 20 years ago (from 1970-1994)
PMH NP Educational Training is Consistent across Programs: Directed by National Competencies

- PMH NP programs follow National Organization of Nurse Practitioner Faculties (NONPF) competencies
- 118 PMH NP graduate programs- both Masters and Doctor of Nursing Practice (DNP) level *
- PMH NP graduate programs educate students in
  - Conducting comprehensive psychiatric assessments
  - Diagnosis, treatment planning, evaluation
  - Delivery of a wide range of evidence-based therapy interventions, including prescribing psychotropic medications
  - Patient education, particularly within a recovery-oriented frame

*Note: In line with APRN Consensus Model: since 2014 all APRNs now graduate from PMH NP programs

- PMH NPs are educated across the lifespan
Given the PMH NP Educational Pipeline the Specialty Anticipates Considerable Growth

- Currently 6377 students enrolled in a PMH NP program at the masters or doctoral level:
  - 43% increase in enrolled students from 2012-2013
  - 24% increase in enrolled students from 2013-2014
  - 63% increase in enrolled students from 2015-2016

- This enrollment rate puts the specialty on target to reach the HRSA (2015) estimate that by 2025 the PMH NP workforce will be 17,900.
Availability of PMH NP Programs and State Practice Regulations Impacts APRN Distribution
Details about PMH-APRN workforce: Upcoming *Psychiatric Services* Publication

**Psychiatric Mental Health Nursing Advanced Practice Workforce: Capacity to Address Shortages of Mental Health Professionals**

Kathleen R. Delaney, Ph.D., P.M.H.N.P.

There is a recognized shortage of mental health professionals licensed to provide the full scope of mental health services, including assessment, diagnosis, and prescribing. Psychiatric mental health advanced practice nurses (PMH APNs) have the education and licensure to provide these services, address provider shortages and increase access to services. Unfortunately, federal reports and mental health workforce studies inaccurately depict important characteristics of PMH APNs, particularly their scope of practice, a situation that creates misunderstanding and impedes workforce planning. This Open Forum provides an accurate depiction of the PMH APN workforce, its size, scope of practice, and its capacity to increase access to mental health services. Also considered are the implications of using integrated care to increase access to mental health treatment. PMH APNs could increase the reach of these collaborative care models, which require constructing interprofessional teams in which each provider practices to the top of his or her license.

*Psychiatric Services* 2017; 00(1-3): doi: 10.1176/appi.ps.201600405

Throughout the United States, there is a significant need for behavioral health providers who are educated, certified, and licensed to provide the full scope of mental health services, including evaluation, diagnosis, and prescription of psychotropic medications. Some 4,000 whole or partial U.S. counties have been identified as areas where shortages of mental health professionals exist—regions with less than one psychiatrist per 30,000 people. Because psychiatric mental health advanced practice nurses (PMH APNs) are educated, credentialled, and licensed to provide the full range of mental health services (assessment, diagnosis, treatment, and prescribing), they are recognized as providers who effectively fill these gaps.

Description of the PMH APN Workforce

PMH APNs hold an RN degree and have completed a graduate nursing degree focused on psychiatric nursing, a degree that encompasses education in multiple sciences (pathophysiology, pharmacology, psychiatry, neuroscience, and psychotherapeutic techniques). For 60 years, PMH APNs were licensed and certified as PMH clinical nurse specialists (CNSs). Because PMH CNS graduate coursework was similar to the emerging PMH nurse practitioner (NP) curriculum, and because NPs had wider recognition as direct care providers, PMH CNS programs began in 2001 to align their curricula to a more advanced level. This transition is consistent with one goal of the PMH Workforce Planning Group.
Challenges Facing the PMH APRN Workforce
Challenges: Increasing Workforce Diversity and Distribution of PMH APRNs

Racial demographics PMH APRNs
From 2016 APNA survey

- Hispanic/Latino: 1%
- American Indian/Alaska Native: 2%
- Asian: 4%
- Black/African American: 1%
- Native Hawaiian/Other Pacific Islander: 10%
- White: 78%

Community size where principal APN practice is located

- 1,000 - 9,999: 6%
- 10,000 - 24,999: 8%
- 25,000 - 49,999: 10%
- 50,000 - 99,999: 12%
- 100,000 - 249,999: 14%
- 250,000 - 499,999: 16%
- 500,000 - 999,999: 18%
- 1,000,000 or more: 20%
Challenge: Disseminating Information about the Capabilities of the PMH APRN Workforce

PMH APRNs capabilities have little visibility in Workforce Reports/Research on workforce planning. Information about the specialty is often incorrect; this impedes effective workforce planning and addressing MHPSA.
Challenge: Building an Understanding of State Laws Which Determine PMH APRNs Practice Parameters and Regulations

Full Practice Authority to Restricted

Retrieved From https://www.ncsbn.org/5407.htm
### Challenge: Building an Accurate Picture and Understanding of PMH APRN Scope of Practice

<table>
<thead>
<tr>
<th>Most Patients</th>
<th>Some Patients</th>
<th>Few Patients</th>
<th>No Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnosis, treatment, and management of acute illnesses</strong></td>
<td>55.2%</td>
<td>13.5%</td>
<td>8.2%</td>
</tr>
<tr>
<td></td>
<td>866</td>
<td>404</td>
<td>122</td>
</tr>
<tr>
<td><strong>Diagnosis, treatment, and management of chronic illnesses</strong></td>
<td>69.1%</td>
<td>3.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td></td>
<td>1086</td>
<td>269</td>
<td>65</td>
</tr>
<tr>
<td><strong>Conduct physical examinations</strong></td>
<td>14.4%</td>
<td>2.2%</td>
<td>3.9%</td>
</tr>
<tr>
<td></td>
<td>223</td>
<td>159</td>
<td>276</td>
</tr>
<tr>
<td><strong>Order, perform, and interpret lab tests, x-rays, EKGs, and other diagnostic studies</strong></td>
<td>42.0%</td>
<td>6.1%</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>655</td>
<td>440</td>
<td>163</td>
</tr>
<tr>
<td><strong>Prescribe drugs for acute and chronic illnesses</strong></td>
<td>71.4%</td>
<td>1.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td>1119</td>
<td>100</td>
<td>43</td>
</tr>
<tr>
<td><strong>Provide preventative care, including screening and immunizations</strong></td>
<td>21.3%</td>
<td>3.8%</td>
<td>4.0%</td>
</tr>
<tr>
<td></td>
<td>331</td>
<td>271</td>
<td>288</td>
</tr>
<tr>
<td><strong>Perform procedures</strong></td>
<td>6.3%</td>
<td>1.9%</td>
<td>2.7%</td>
</tr>
<tr>
<td></td>
<td>98</td>
<td>133</td>
<td>195</td>
</tr>
<tr>
<td><strong>Educate patients and families</strong></td>
<td>83.0%</td>
<td>2.2%</td>
<td>0.5%</td>
</tr>
<tr>
<td></td>
<td>1303</td>
<td>159</td>
<td>34</td>
</tr>
<tr>
<td><strong>Provide care coordination</strong></td>
<td>52.3%</td>
<td>6.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td>819</td>
<td>461</td>
<td>137</td>
</tr>
<tr>
<td><strong>Make referrals</strong></td>
<td>42.6%</td>
<td>8.2%</td>
<td>2.3%</td>
</tr>
<tr>
<td></td>
<td>667</td>
<td>591</td>
<td>164</td>
</tr>
</tbody>
</table>

PMH-APRNs are Educated Certified and Licensed to Provide the full range of Mental Health Services

This skill set is foundational to integrated models of care and providing services to complex, often underserved populations.

Data from 2016 APNA survey of PMH APRNs
PMH APRNs Provide a Range of Services Beyond Prescribing: Skills that can be overlooked in the Rush to fill Prescribing Roles

<table>
<thead>
<tr>
<th></th>
<th>Most Patients</th>
<th>Some Patients</th>
<th>Few Patients</th>
<th>No Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis intervention</td>
<td>15.0%</td>
<td>47.9%</td>
<td>28.0%</td>
<td>9.1%</td>
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<tr>
<td></td>
<td>217</td>
<td>690</td>
<td>404</td>
<td>131</td>
</tr>
<tr>
<td>Individual psychotherapy, alone</td>
<td>15.6%</td>
<td>17.7%</td>
<td>27.2%</td>
<td>39.4%</td>
</tr>
<tr>
<td></td>
<td>222</td>
<td>252</td>
<td>387</td>
<td>560</td>
</tr>
<tr>
<td>Prescribing/medication management, alone</td>
<td>54.2%</td>
<td>20.3%</td>
<td>7.3%</td>
<td>18.2%</td>
</tr>
<tr>
<td></td>
<td>777</td>
<td>291</td>
<td>104</td>
<td>261</td>
</tr>
<tr>
<td>Psychotherapy and prescribing/medication management, combined</td>
<td>38.2%</td>
<td>25.2%</td>
<td>12.4%</td>
<td>24.2%</td>
</tr>
<tr>
<td></td>
<td>543</td>
<td>358</td>
<td>176</td>
<td>343</td>
</tr>
<tr>
<td>Diagnostic evaluation</td>
<td>70.0%</td>
<td>16.6%</td>
<td>4.7%</td>
<td>8.8%</td>
</tr>
<tr>
<td></td>
<td>1013</td>
<td>240</td>
<td>68</td>
<td>127</td>
</tr>
<tr>
<td>Psychoeducation</td>
<td>76.5%</td>
<td>12.8%</td>
<td>3.2%</td>
<td>7.4%</td>
</tr>
<tr>
<td></td>
<td>1109</td>
<td>186</td>
<td>47</td>
<td>107</td>
</tr>
<tr>
<td>Case management</td>
<td>17.0%</td>
<td>21.5%</td>
<td>24.6%</td>
<td>36.9%</td>
</tr>
<tr>
<td></td>
<td>238</td>
<td>300</td>
<td>344</td>
<td>515</td>
</tr>
<tr>
<td>Consultation or liaison</td>
<td>18.9%</td>
<td>27.6%</td>
<td>30.9%</td>
<td>22.6%</td>
</tr>
<tr>
<td></td>
<td>266</td>
<td>389</td>
<td>436</td>
<td>319</td>
</tr>
</tbody>
</table>
Opportunities to Improve Access and Quality via the Effective use of the PMH APRN Workforce
PMH APRNs Practice in Virtually Every Settings Where Health Care is Delivered

Transportability of skills brings opportunity to improve access to care and also bring care to where Prevention should occur (e.g. schools) and where Behavioral Health care needs emerge (e.g. corrections)
Opportunity for Increasing Effectiveness: Building Teams Where Members Work to the Top of their Education and Scope of Practice

Of the approximately 3.3 million professionally Active RNs, 4% practice in PMH RN roles

Optimizing use of PMH RNs
- Screening for mental health/substance use conditions
- Care Management
- Use of triage skills
- Oversight of Prevention
- Proficiency in stepped care intervention model
- Deliver basic behavioral health interventions (IOM)
- Wellness Initiatives
- Building Service Engagement

Optimizing use of PMH APRNs
- Developing algorithms to level care
- Monitoring measurement-based care metrics
- Designing population health initiatives
- Quality improvement particularly around attrition
- Direct care delivery of complex patients
- Leading collaborative care teams
Opportunity to Improve Service Engagement owing to PMH APRN/RN Disciplinary Foundation in Interpersonal Engagement

A complex mix of perceived need for treatment and barriers which limit access to services results in poor service engagement or premature withdrawal from mental health services.

Competencies to achieve engagement go beyond relationship skills

From: Russinova, Rogers, & Ellison, 2006
Recovery oriented care demands attention to the individual’s narrative.

For people with psychiatric disabilities, the act of telling one’s narrative can facilitate a healing process that increases coping ability as one integrates the trauma experienced in conjunction with symptoms and stigmatization into a sense of self broadened rather than limited by experience.

*Onken, Craig, Ridgway, Ralph & Cook, 2007*

In a PMH nursing frame, to apprehend the narrative demands a capacity to be present, assume a compassionate stance to the individual’s concerns, attune with one’s own ongoing response, forge a common understanding of the individual’s definition of health and recovery.

**Narrative Attunement Empathy Presence**

**Interpersonal Process**
Details on these Issues in Upcoming Journal of Behavioral Health Care Research and Practice

The Effective Use of Psychiatric Mental Health Nurses in Integrated Care: Policy Implications for Increasing Quality and Access to Care

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Carla J. Groh, PhD, PMHNP-BC, FAAN
Laurah Brenneman, PhD, RN, CEN

Abstract

In the last ten years primary care providers have been encouraged to implement integrated models of care where individuals’ medical and mental health needs are addressed holistically. Many integrated models use Psychiatric Mental Health (PMH) nurses as case managers and select
Effective use of PMH APRNs and RN in Behavioral Health Care: Policy Implications

• From these Challenges and Opportunities several Policy implications emerge:
  – Support research on RN and APRN roles in effective integrated team models of care
  – Collect data on state level adequacy of mental health providers, consider PMH APRNs as providers to mitigate Mental Health Care HPSAs (currently 4,627)
  – Eliminate billing policies that contribute to the invisibility of PMH RNs and APRNs (incident to billing)
  – Advocate for all APRNs to practice to the full extent of their license
Questions or Comments
References

• Staff Care (2015). Behavioral health: The silent shortage. Retrieved from http://www.staffcare.com/uploadedFiles/StaffCare/Content/Resources/Blogs/white-
• Xue Y & Intrator, O. (2016) Cultivating the role of Nurse Practitioners in providing primary care to vulnerable populations in an era of health-care reform. Policy Politics Nursing Practice , 17, 24-31