



Blueprint for development of the advanced practice psychiatric nurse workforce

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ABSTRACT

The mental health system is inefficient and ineffective in providing behavioral health care services to the 1 in 4 Americans who have a mental illness or a substance abuse problem. Current health care reform initiatives present a significant opportunity for advanced practice psychiatric nurses—psychiatric mental health (APRN-PMH) to develop action-oriented recommendations for developing their workforce and thereby increasing access to high-quality and full-spectrum behavioral health care services. If endorsed by the professional nursing associations and the APRN-PMH workforce, the strategies presented in this paper provide a blueprint for developing the APRN-PMH workforce. Achieving these goals will significantly reform the APRN-PMH workforce, thereby contributing to the overall goal of supporting an integrated model of behavioral health care. No change has as much potential to influence the APRN-PMH workforce as the uniting of all APRN-PMHs in a “Blueprint for APRN-PMH Workforce Development.”

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National leaders have accumulated compelling evidence that the fragmented delivery of mental health services in this country is a major source of costly inefficiencies in the health care system. Mental illnesses and substance abuse disorders cause more disability than any other chronic illness, are prevalent among 1 in 4 Americans, and are second only to cardiovascular conditions as the leading burden of disease in the United States.¹ Owing to extraordinary advancements in the social sciences and neurosciences, effective treatments are

available, making recovery from a mental illness or an addiction a reality that is within grasp. Yet, it is striking that half the people with these conditions never receive treatment.² This gap in health care service delivery causes unnecessary and unacceptable suffering and represents a pervasive inefficiency throughout the health care system.

The signing of the “Patient Protection and Affordable Care Act (PPACA)” by President Obama in March 2010 launched an unprecedented opportunity for change in the delivery of health care. This time holds

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POLICY IMPLICATIONS

- With 1 in 4 Americans experiencing a mental illness and insufficient numbers of mental health and addiction providers, access to providers such as Advanced Practice Nurses with specialty psychiatric mental health education, is critical to healthy outcomes across the lifespan.
- The IOM Report *The Future of Nursing Leading Change, Advancing Health*² aligned with the *Patient Protection and Affordable Care Act*³ create an unprecedented opportunity for this health policy issue to be addressed.
- Discussions around expanding scope of practice for advanced practice nurses at the national, state and local levels must include the role of mental health practitioners.
- Advanced practice psychiatric nurses should be front and central in the policy and development of the future mental health and addiction workforce. HRSA nursing funds should expressly target this workforce shortage.
- The Annapolis Coalition presents an innovative workforce development blueprint for AP Psychiatric Mental Health nurses that is critical toward developing national policy to improve mental health care.

the pivotal moment for psychiatric mental health nurses to develop action-oriented recommendations for meaningful health care reform.^{3,4} Psychiatric mental health and addictions nurses must lead change toward a health care model that integrates physical and mental health care—because this is one of our unique strengths. Our agenda is clear: improve access to state of the science integrated mental, addiction, and physical health care that is efficient, effective, just, safe, timely, and patient-centered.⁵ To put this vision into action, we need an adequate number of advanced practice psychiatric mental health nurses to provide a full spectrum of psychiatric mental health and addiction services in all states. In this paper, we propose a blueprint for national workforce development of the advanced practice registered nurse—psychiatric mental health (APRN-PMH) workforce.

Beginning with the 1999 Surgeon General's Report on Mental Health,⁶ key federal initiatives converged to form a new direction for mental health and addiction services (henceforth in this paper referred to as *behavioral health*). In addition, calls to action came from the President's New Freedom Commission,⁷ and the Institute of Medicine's reports "Health Professions Education: A Bridge to Quality"⁸ and "Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series."⁵ Recently, the Whole Health Campaign Coalition, comprising 107

organizations dedicated to behavioral health reform, summarized principles for transforming the mental health care delivery system—it is to be consumer-driven, recovery-oriented, geared toward coordinated systems of care, and delivered by a workforce educated to deliver effective, evidence-based services.⁹ Each of these seminal reports emphasized the fundamental importance of a behavioral health workforce—its size and its quality—as a pivotal lever for improving access to behavioral care in all health delivery settings across all age groups.

In 2007, identifying specific feasible and sustainable goals, the Annapolis Coalition on the Behavioral Health Workforce published a national workforce development strategy.¹⁰ The Behavioral Health Workforce (BHW) plan received wide public and private endorsement. The strategy provided guidance for each behavioral health discipline and specifications on developing their workforce to keep in sync with transforming behavioral health care in this country. In this paper, we use the Annapolis Coalition BHW strategy to design a blueprint for developing the APRN-PMN workforce. We propose strategic workforce goals, strategies, and performance measures for expanding the role and availability of APRN-PMHs and supporting an infrastructure that coordinates the workforce development. In addition, we propose a national research and evaluation agenda to promote APRN-PMH workforce development. Achieving these goals will significantly reform the APRN-PMH workforce, thereby contributing to the overall goal of supporting an integrated model of behavioral health care.

Background on the Behavioral Health Professional Workforce

Although there are many valuable and needed workers who fill the ranks of the BHW, the Behavioral Health Professional (BHP) workforce is the focus of this paper. The BHP workforce has 5 core disciplines recognized by public and private authorities: psychiatry, psychology, social work, psychiatric nursing, and marriage and family therapy. These providers have a minimum of a master's degree specializing in behavioral health care and many are educated at the doctoral level.

Challenging all disciplines of the BHPs workforce is the aging of the workforce over the next decade.¹¹ For example, 62% of APRN-PMHs, 65% of psychiatrists, 66% of psychologists, and 58% of social workers are age 50 years or older.¹² Also, few new BHPs are entering the pipeline. In addition, the number of these disciplines providing a full spectrum of behavioral health services is limited to psychiatrists, APRN-PMHs, and psychologists (in 2 states). They are the only BHPs who prescribe psychotropic medication. A recent study tallied the availability of prescribing BHPs and showed a striking shortage.¹³ Nearly 96% of US counties had an unmet

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