Archives of Psychiatric Nursing 30 (2016) 432–438

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Eradicating Barriers to Mental Health Care Through Integrated Service Models: Contemporary Perspectives for Psychiatric-Mental Health Nurses

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A B S T R A C T

There has been renewed, global interest in developing new and transformative models of facilitating access to high-quality, cost-effective, and individually-centered health care for severe mentally-ill (SMI) persons of diverse racial/ethnic, cultural and socioeconomic backgrounds. However, in our present-day health-service delivery systems, scholars have identified layers of barriers to widespread dispersal of well-needed mental health care both nationally and internationally. It is crucial that contemporary models directed at eradicating barriers to mental health services are interdisciplinary in context, design, scope, sequence, and best-practice standards. Contextually, nurses are well-positioned to influence the incorporation and integration of new concepts into operationally interdisciplinary, evidence-based care models with measurable outcomes. The aim of this concept paper is to use the available evidence to contextually explicate how the blended roles of psychiatric mental health (PMH) nursing can be influential in eradicating barriers to care and services for SMI persons through the integrated principles of collaboration, integration and service expansion across health, socioeconomic, and community systems. A large body of literature proposes that any best-practice standards aimed at eliminating barriers to the health care needs of SMI persons require systematic, well-coordinated interdisciplinary partnerships through evidence-based, high-quality, person-centered, and outcome-driven processes. Transforming the conceptual models of collaboration, integration and service expansion could be revolutionary in how care and services are coordinated and dispersed to populations across disadvantaged communities. Building on their longstanding commitment to individual and community care approaches, and their pivotal roles in research, education, leadership, practice, and legislative processes; PMH nurses are well-positioned to be both influential and instrumental in the development of innovative, revolutionary, and transformative paradigmatic models aimed at eradicating treatment barriers, promoting well-being, and reducing preventable mortalities and morbidities among SMI persons.

BACKGROUND

The management of persons with SMI is significantly challenging at many levels of health service worldwide. Despite international efforts to reduce and eradicate barriers to mental health care (Marmot, Allen, Bell, Bloomer, & Goldblatt, 2012); layers of barriers remain, attributing to complex disparities across diverse societies. A plethora of literature concurs that barriers to mental health care impact individuals' well-being, contribute to morbidities and mortalities, and add social, legal, economic, and political burdens on communities (Marmot, Friel, Bell, Houweling, & Taylor, 2008; Marmot et al., 2012), and have reached global crisis proportions (Saraceno et al., 2007). In response to health and policy recommendations for improving mental health and services made by the World Development Report (Mundial, 1993) and the Global Burden of Disease report (Lopez & Murray, 1996), many postindustrial societies are facing accelerated public health and political pressures to eradicate barriers contributing to the fragmentation of services that impede people with SMI from accessing adequate and sustainable health care (Saraceno et al., 2007).

Pedagogically and epistemologically, PMH nursing represents a profession with a long track record of being able to integrate, collaborate, and expand care and services across interdisciplinary scopes for the benefit of individuals, families and communities. Many American nurse pioneers began their clinical and scholarly works providing holistic patient and family-centered care and services in the community. The aim of this concept paper is guided by the existing evidence and is three-fold: to contextually examine and describe some barrier-related issues and challenges that SMI persons frequently encounter; to

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http://dx.doi.org/10.1016/j.apnu.2016.01.004
0883-9417/

heighten the awareness among contemporary mental health service professionals that these barriers are contextual phenomena that exist within the concepts of collaboration, integration and service expansion across socio-demographic communities worldwide; and to illustrate how PMH nurses can collectively use their diverse roles to influence barrier-eradicating models and frameworks aimed at achieving accessible, comprehensive, and sustainable health care for all SMI persons. The authors therefore introduce a revolutionary proposal to merge the conventional models of collaboration, integration and service expansion into a single, *tri-directional* conceptual model of care that could serve to better streamline comprehensive mental health care for SMI individuals. The authors also hope that this paper will contextually illustrate that the research, education, leadership, practice, and legislative leverage of nurses' melded roles can be influential in: (1) changing the culture of stigma surrounding mental illness, (2) identifying and reaching those who need care, and (3) approaching treatment and recovery models that focus on the trajectory of long-term mental and physical health and functioning.

Optimizing these three roles will allow for more informed and efficient interactions between individuals with SMI and their providers (Community Preventive Services Task Force [CPSTF], 2012). Each of the professional practice domains is introduced at different levels of individual-specific needs, bringing unique knowledge and expertise (CPSTF, 2012). The authority and autonomy of each team member would help to reduce unnecessary and redundant interventions, while improving the effectiveness of communication within the team. This approach helps to minimize omissions of care/services and optimize the intended outcome for the person. However, it is important that the unique hierarchy within each professional domain does not interfere with the hierarchical structure of the person's model of care.

A PARADIGM SHIFT

With the increasing number of people being diagnosed with SMI and the increasing complexities of SMI, rapid knowledge growth about these conditions, the types and the costs of treatments have forced health care professionals to share knowledge and skills through collaboration, integration, and service expansion (CPSTF, 2012). According to Dundon, Dollar, Schoyn, and Lantinga (2011), the main rationale for investing in the principles of collaboration, integration, and service expansion is that many patients with mental health issues are being seen in primary care (PC) settings where the illness may go undetected, untreated, or under-treated. McGovern, Urada, Lambert-Harris, Sullivan, and Mazade (2012) observed that individuals with co-occurring SMI and substance abuse have contributed to the increased cost of health care and services in the United States at two to three times the rate of individuals without these problems. This gap in health appraisal is diametrically opposed to the philosophical holistic care model of physical and behavioral health being simultaneously coordinated by interdisciplinary teams. These care approaches are needed to: (a) address the trajectory burden of treatable conditions, (b) develop comprehensive care approaches for individuals, families, and communities, (c) cultivate a shared appreciation for the enormity of the problem, (d) taking the long view approach to addressing multiple co-morbidities and quality of life, (e) using pragmatic organizing and planning indicators, (f) knowing when to take critical actions in response to national and international requests, (g) yield acceptable, effective, and high quality outcomes, and (h) transcend barriers by eliminating the stigma associated with racial/ethnic, socio-cultural, and economic mental health disparities (CPSTF, 2012; Dundon et al., 2011).

The authors herein propose that novel health paradigms, such as the proposed *tri-directional model*, are needed for a more adequate and efficient system of health care delivery. Developing a model where the concepts of collaboration, integration, and service expansion are operationally merged as a multicomponent, targeted core measure might be worth exploring from the standpoint of PMH nursing's research. Although conceptually complex, this proposed *tri-directional* conceptual model could provide a single and simpler demarcation to what have been separate and complex interactional phenomena. The authors therefore hypothesize that, based on its complexity in scope; this proposed concept will require rigorous explorations from the perspectives of mid-range or practice-based theory that might lend relevance to new and transformative nursing paradigms.

Significance of the Issue

The widespread prevalence of SMI and the large disease-burden from these disorders is well-established (CPSTF, 2012): the World Health Organization (WHO) has stated that 450 million people worldwide suffer from various forms of mental disorders (2011). The WHO (2014) and the National Alliance on Mental Illness (NAMI, 2014) illustrated that mental health and mental illness are defined using broad categories to address a wide array of human life experiences. For example, while mental health is "a state of complete physical, mental and social well-being; mental illness is a medical condition characterized by some combination of abnormal thoughts, mood/emotions, feelings and behaviors", rendering the individual's inability to relate to others and/or maintain daily functioning (NAMI, 2014; WHO, 2014). Imbedded in these broad definitions is the idea that everyone is entitled to realize his/her own capabilities in a positive sense, cope with the normal stresses of life, and be able to make a positive contribution to his/her society (Pearson, Hines-Martin, Evans, Kane, & Yearwood, 2014).

Globally, over 50 to 70 percent of individuals with mental illness have no access to receiving adequate mental health care/services with a treatment gap as high as 90 percent compared to treated individuals (Thornicroft, 2011; WHO, 2011), and it is predicted that by 2030 depression will be the third-highest cause of disease burden in middle-income and the second in low-income societies worldwide (WHO, 2011). Many public health experts have agreed that these disturbing morbidity and mortality trends should be of high priority on the global public-health agendas (Gask, 2005; Saraceno et al., 2007). However, researchers found that many of the "innovative" care models aimed at ameliorating these alarming and rapidly growing statistics have largely been criticized as being unparalleled to the lived realities of people with SMI, their families, and their communities (Gask, 2005; Saraceno et al., 2007; Schulze, 2007).

In contextualizing the concept of SMI, experts frequently reference the historical, political, economic, and social challenges associated with the achievement of inter-professional collaborative team-based practice (Jansen, 2008). The *Mental Health Parity and Addiction Equity Act* of 2008, the *Affordable Care Act* (*ACA*) of 2010 (Huntington, Covington, Center, Covington, & Manchikanti, 2011) and the New Freedom Commission on Mental Health (Barry & Huskamp, 2011) have mandated that mental health coverage must be equivalent to that provided for physical diseases/conditions (Roll, Kennedy, Tran, & Howell, 2013). Achieving these goals would require a collaborative partnership between researchers, clinicians, policy makers, and regulators to design an integrated network system and processes that would aid in the expansion of services for the right person, at the right time, and in the right places. Psychiatric nurses have an essential role in the implementation of this type of transformative undertaking directed at eradicating barriers to mental health treatment.

Saraceno et al. (2007) also observed that much of contemporary mental health practices pay little attention to the broad ranges of human circumstances that impact mental health disparities. As a result, legislative public health policies, professional treatment guidelines, and community engagement advocates will need to clarify, collaborate, and integrate their messages if mental health service investments for at-risk groups are to be achieved and maintained on an international scale (Saraceno et al., 2007). Gask (2005) asserts that barriers to mental health care may include professional attitudes of power-relationship identities and ideologies between professionals and disciplines. The Institute of Medicine (US) [IOM] (2001); Winters and Echeverri (2012)