Influencing Health Care and Policy
A Professional Responsibility

The next edition of the *Diagnostic and Statistical Manual of Mental Disorders* is scheduled to be published by the American Psychiatric Association (APA) in May 2013. In April 2010, a psychiatric nurse noticed that field trials to test draft criteria, scheduled to begin in late 2010, would be conducted by volunteer psychiatrists, psychologists, and social workers; psychiatric nurses were conspicuously absent from the list. She brought her concern to the attention of the American Psychiatric Nurses Association’s (APNA) Executive Director. He, in turn, shared it with APNA’s Board and their Institute for Mental Health Advocacy, of which I am co-chair. Following discussion among members, a query was sent to the APA. The APA responded with this change: “The volunteer sample of clinicians will consist of 3,500 clinicians including 1,000 psychiatrists, 500 psychologists, 500 licensed clinical social workers, 500 licensed counselors, 500 licensed marriage and family therapists, and 500 advanced practice psychiatric-mental health nurses” (APA, 2010, p. 2). One nurse advocated for the profession and achieved change. Bravo!

At the same time, ink of President Obama’s signature was barely dry on the Patient Protection and Affordable Care Act (PPACA, 2010). This historic health reform legislation includes provisions focused on holistic care, wellness, and prevention—foundations of nursing education for generations. Nurse-managed clinics, another provision of PPACA, will enhance the visibility of advanced practice nurses (APNs) as primary care providers. Such changes move nurses to center stage as health care professionals with the potential to make the system more efficient and improve quality of care.

The role of psychiatric nurses will certainly be recast as changes in our health care system emerge. PPACA acknowledges the interplay between mental and overall health and supports funding and treatment for mental illnesses. This provides a critical opportunity for psychiatric nurses to educate health care professionals and the public about their skills. A central role for psychiatric nurses also becomes apparent with developments such as the new Medicaid provisions for “health homes” to care for people with multiple chronic illnesses (including serious mental illness).

More opportunities lie ahead for influencing legislation and regulation. Are psychiatric nurses ready to fully engage and participate in the political climate of health care reform? Recently, I conducted a study about political involvement of APNs. The details await a full article, but here are some
of the findings: According to a 2010 Gallup poll of U.S. citizens, conservative ideology is on the upswing (Saad, 2010). However, of the 332 advanced practice respondents and a subset of 60 psychiatric nurses in my study (Halter, 2010), a majority reported a more progressive ideology (Table).

The survey did not ask for party affiliation, but a liberal ideology tends to be associated with health care reform, and it is likely that psychiatric nurses support the changes that health reform will bring. When asked how interested they were in trying to influence health policy, 68% of the psychiatric APNs indicated that they were interested or very interested in influencing health policy. Also, compared with the entire sample, their reported level of political involvement was slightly higher (2.95 versus 2.89 on a scale of 1 = not involved to 5 = very involved; Halter, 2010).

However, in terms of what they actually have done politically—such as vote, testify, and donate to campaigns—psychiatric nurses scored lower than the sample as a whole. Lack of time was the most common barrier to political involvement reported. Other responses indicated alienation from politics. One person said, “I just don’t feel passionate about political issues.” Another noted, “There is too much apathy and lack of wanting to do anything” (Halter, 2010).

Health care reform will require increased presence, leadership, and advocacy by nurses. The recent Institute of Medicine (IOM) report on the future of nursing adds to this climate of opportunity and support. Among the four major points, one is most relevant: It calls for nurses to be “full partners with physicians...in redesigning health” (IOM, 2010, para. 3). Predictably, some physicians have reacted; the American College of Physicians (2010) expressed concern about scope of practice issues and lack of standardization in education for nurses and opined that APNs cannot substitute for primary care physicians.

How will our profession respond? Beyond direct patient care we have a professional responsibility to influence health care and policy, especially on topics we know more about. One of the respondents in my study felt strongly about the issue: “[The benefit of being politically involved is] mostly to make others’ lives better. We are advocates for those who are less fortunate and more vulnerable. It is an ethical issue for me to be involved” (Halter, 2010). If we allow groups with more political clout, deeper pockets, and motivation to design and own health care, we are only doing part of our jobs. We must continue to rise to the challenges of transforming the system through advocacy and activism.

**REFERENCES**


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**TABLE**

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<th>Group</th>
<th>Conservative</th>
<th>Moderate</th>
<th>Liberal</th>
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<td>General population (N = 8,207)</td>
<td>42%</td>
<td>35%</td>
<td>20%</td>
</tr>
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<td>APNs (N = 332)</td>
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<tr>
<td>Psychiatric APNs (n = 60)</td>
<td>15%</td>
<td>10%</td>
<td>75%</td>
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Note. APN = advanced practice nurse.

a Saad (2010); b Halter (2010).