No MD But Care Is Still Essential
Psychiatric Nurse Practitioners Improve Access to Mental Health Services

You never know where and when you will meet someone who you can inform about the merits, skills, and abilities of psychiatric–mental health nurse practitioners (PMHNPs), advanced practice RNs (APRNs), and psychiatric–mental health nurse generalists. Last month when I was at O’Hare International Airport waiting for my flight, a man sat next to me and we began to chat. We started with something banal like, “Are you traveling for business or pleasure?” or “To or from home?” or “What do you do?” I may have been wearing my Rush University College of Nursing fleece jacket, and I think I was talking about Rush to the man sitting on the other side of me. Regardless, I found out that the man who just sat down was an executive of a large health care organization who had just attended a conference for hospital/health system executives. I told him that I was a department chairperson at Rush University in the Department of Community, Systems, and Mental Health Nursing and that psychiatric–mental health nursing was my clinical specialty.

With this brief background knowledge, we talked about how each of our hospital systems was integrating behavioral health/mental health care in nonpsychiatric settings, including screening and early intervention for mental health and substance use disorders. He told me that in his system, integrated care would be nearly impossible because “there are not enough psychiatrists.”

“Psychiatric nurse practitioners,” I said. “That’s your answer.” It turns out that psychiatric advanced practice nurses (APNs) were also part of a broad range of recommendations in a recently released report, The Psychiatric Shortage: Causes and Solutions, from the National Council for Behavioral Health (2017).

It’s not just that we need more PMHNPs/APNs. What we need are more APNs who practice at the top of their license and education. It should be no surprise then that in states (N = 28 as well as the District of Columbia) that allow APNs to screen, diagnose, and treat mental illness, and therefore practice at the top of their license and education, there are greater numbers and densities of APNs and APN programs (Delaney, in press).

There will probably never be enough psychiatrists to implement integrated care models in health systems such as the one whose chief executive officer I talked to at O’Hare that day. Most psychiatrists do not take insurance and most do not work in rural areas (Delaney, in press). Psychiatric APNs do both. Psychiatric APNs could be the answer to fully integrated team-based care (Delaney, in press; Delaney et al., in press). Team-based care should also include other professionals, such as psychiatric social workers, psychologists, and psychiatrists.

Not only is my message that we need more psychiatric APNs to practice at the top of their license in team-based integrated care models but, and perhaps more importantly, I hope that you never pass up the opportunity to inform others about nursing roles and their effect on health care delivery. It makes a difference.

REFERENCES

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