

NR548 WEEK 2 EXAM

- **Be able to identify and apply the Scope of psychiatric mental health nursing practice advanced practice competencies**

PMHNPs are advanced practice registered nurses who provide mental health care across the lifespan. They assess, diagnose, and treat psychiatric disorders through therapy and medication management. Their competencies include clinical skills in psychotherapy, psychopharmacology, and holistic care.

- **Origins of the PMHNP role- know who developed the first program**

The field of psychiatric-mental health nursing began in the late 19th century when there was a societal shift in the perception of the purpose of mental asylums from custodial care to medical and social treatment for mental illness. In the 1950s, Rutgers University awarded its first graduate degree in psychiatric-mental health nursing. The psychiatric mental health clinical nurse specialist was the first master's prepared advanced practice nursing role. The role of the psychiatric and mental health nurse practitioner (PMHNP) was introduced in the 1990s and has evolved over time to incorporate a person-centered, biopsychosocial model of care.

Psychiatric Mental Health Nursing Practice Advanced Practice Competencies: The role of a Psychiatric Mental Health Nurse Practitioner (PMHNP) involves advanced practice competencies that focus on providing mental health care to individuals. These competencies include assessment, diagnosis, treatment, and management of mental health conditions.

Origins of the PMHNP Role: Linda Richards is recognized as the first psychiatric nurse who advocated for mental health care equality to physical care. Harriet Bailey and Hildegard Peplau were influential figures in the development of psychiatric nursing. The first program for nurse practitioners in psychiatry was developed by Dr. Hildegard Peplau in the 1950s at Rutgers University.

- **know who developed the first program**

In 1954, the first graduate program in psychiatric nursing was established at Rutgers University by DR Hildegard Peplau to prepare nurse therapists. The first advanced practice nursing role was the psychiatric-mental health clinical nurse specialist (PMHCNS) role.

- **History of psychiatric care- shift from hospitals to outpatient care. Why?**

The shift in psychiatric care from hospitals to outpatient treatment, often called "deinstitutionalization," primarily occurred due to growing concerns about poor conditions in mental hospitals, the development of effective psychiatric medications, a desire to reduce costs, and a social movement advocating for

community-based care, which was further spurred by the Civil Rights movement and public awareness of patient neglect within institutions; leading to legislation like the Community Mental Health Act that encouraged the creation of community mental health centers.

Shift from Hospitals to Outpatient Care: The history of psychiatric care has shifted from predominantly hospital-based care to outpatient care due to advancements in treatment, the focus on community-based services, and the aim to reduce stigmatization associated with mental health hospitals

The shift from hospital-based to outpatient care occurred due to deinstitutionalization policies aimed at integrating individuals with mental illness into communities, advancements in psychotropic medications, and a focus on community-based services.

➤ **How mental health diagnoses affect the average life expectancy? What factors are associated with this variation in the average life expectancy?**

Mental health diagnoses can significantly reduce average life expectancy, primarily due to increased rates of physical health problems like cardiovascular disease, often stemming from poor lifestyle choices, limited access to healthcare, and the stigma associated with mental illness, leading to neglect of physical health needs; people with severe mental illness can have a life expectancy 15-20 years shorter than the general population.

Individuals with severe mental illnesses often have a reduced life expectancy due to factors like comorbid physical conditions (e.g., cardiovascular disease), lifestyle factors (e.g., smoking), medication side effects, and inadequate access to healthcare.

The 1950s brought a transition towards deinstitutionalization in care for those with mental illnesses, which led to an increase in the number of psychiatric clients receiving care in the community rather than hospitals. The Community Mental Health Centers Act of 1963 allowed for the expansion of the PMHCNS role into community and ambulatory settings as they helped those who had been deinstitutionalized adapt (ANA et al., 2022).

➤ **ANA definition of PMHNP role**

According to the American Nurses Association (ANA), PMHNPs provide comprehensive mental health services including assessment, diagnosis, treatment planning, psychotherapy, crisis intervention, case management, consultation/liaison services with other professionals/agencies.

The responsibilities of the PMHNP role are founded on the nursing process and therapeutic relationship and include: educating patients and families; diagnosing, treating, and managing acute illness; providing psychotherapy; prescribing medication for acute and chronic illness; diagnosing, treating, and managing acute

➤ **Consensus Model**

The Consensus Model for APRN Regulation has provided recommendations for licensure, accreditation, certification, and education (LACE) pertaining to all APRN practice. PMHNP certification exam criteria is set by the American Nurses Credentialing Center (ANCC).

The Consensus Model for Advanced Practice Registered Nurse (APRN) Regulation—focusing on licensure, accreditation, certification, and education (LACE) was completed in 2008 by the APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee. Broadly, the model identifies four APRN roles for which to be certified: clinical nurse specialist (CNS), certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), and certified nurse midwife (CNM). Each of these roles involves specialized graduate educational preparation that can be applied to a focused population. Finally, a nurse must demonstrate specific competencies as outlined by her or his practice area (NCSBN Joint Dialogue Group Report, 2008).

The Consensus Model sought to improve patient access to APRNs, support nurses to work more easily across different states, and enhance the ANCC certification process by preserving the highest standards of nursing excellence. Through consistency and clarity of APRN Consensus Model criteria, APRNs were empowered to work together to improve health care for all.

- **APRN roles and specialty areas- know the PMHNP scope and roles. You will have questions that include a scope or role description. You will need to select the appropriate role or scope. Have a clear understanding of the unique qualifications of each as some of these are similar.**
- **APRN roles and specialty areas**
Nurse practitioners, certified midwife, clinical nurse specialists, and certified registered nurse anesthetist. [Role] Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS) - Core competencies in population context
- **PMHNP scope and roles**

Education

- A master's degree, post-master's certificate, or doctoral degree is required for PMH APRN practice.

Clinical Practice Settings

- **Crisis intervention and psychiatric emergency services** occur in a hospital, psychiatric facility or community setting. These services focus on psychiatric and substance-related emergencies.
- **Acute inpatient care** is a short-term treatment. It occurs in the inpatient setting providing care for acutely ill clients at risk for harming self or others or unable to meet basic needs due to impairment. The focus is crisis stabilization.

- **Intermediate and long-term care** may admit clients directly or accept transfers from acute inpatient care. They provide intermediate or long-term care for clients at chronic risk to self or others or unable to function without supervision and support due to mental disorders. They include treatment, habilitation and rehabilitation and may be public, private, or state hospitals operated through the criminal justice system.
- **Partial hospitalization and intensive outpatient treatment (IOP)** provide acute symptom management, intensive treatment, and safe housing for clients who do not require 24-hour medical management or nursing care. These programs can be free standing or step-down facilities.
- **Residential services** provide 24-hour care and housing for an extended period. Services include psychoeducation, vocational rehabilitation, and training for activities of daily living.
- **Community-based care** is provided in non-hospital community settings such as mental health clinics, homes, worksites, shelters, crisis centers, senior centers, group homes, or schools. It can also provide care in an integrative primary health care setting.
- **Assertive Community Treatment (ACT)** is a team treatment approach to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with severe mental illness (SMI). It provides individualized service 24 hours a day, 7 days a week.

PMHNP APRN Roles

- **Primary care:** Primary care settings provide healthcare at a basic level rather than a specialized level. Primary care providers address a majority of personal healthcare needs. Healthcare consumers often seek care for mental health concerns at the primary care level for accessibility or to avoid the stigma associated with mental health services. At the primary care level, PMHNPs may work in collaboration or consultation with a primary care provider or independently provide behavioral health care in an integrated setting.
- **Psychotherapy:** Psychotherapy involves a formally structured relationship between the therapist (PMHNP) and the healthcare consumer that applies evidence-based methods to effect negotiated outcomes.
- **Psychopharmacological management:** The PMHNP prescribes or recommends pharmacologic agents and may order and interpret diagnostic and lab tests to assess treatment response or monitor for adverse effects.