

**CLINICAL PRACTICE**

# Psychiatric mental health nursing: why 2011 brings a pivotal moment

**Kathleen R. Delaney**

Department of Community, Mental Health and Systems, Chicago, Illinois, United States of America

**Correspondence:** Doctor Kathleen R Delaney, Address: 600 S Paulina St Chicago, Illinois 60612 Phone: 312-942-6208 Fax: 312-942-6226. Email: Kathleen\_R\_Delaney@rush.edu

**Received:** September 23, 2011

**Accepted:** October 18, 2011

**Published:** December 1, 2011

**DOI:** 10.5430/jnep.v1n1p42

**URL:** <http://dx.doi.org/10.5430/jnep.v1n1p42>

## Abstract

Psychiatric nurses in the United States (US) stand at the edge of a changing mental health care landscape. Federal initiatives are moving into place; ones that aim to increase access to care, place a greater emphasis on prevention and wellness, and position recovery as the focus of mental health treatment. The Psychiatric Mental Health (PMH) specialty is at a pivotal moment of choice: it can organize around a future vision of PMH nursing or can silently acquiesce to a marginalized position. At this pivotal time, PMH nurses must build a greater presence in national workforce dialogue and convey the need for nursing in mental health care service delivery; a policy message build on the PMH nurses ability to provide access to safe and quality mental health care and substance use services. This paper discusses how to put these strategies into place via workforce development, strategic alliances, and critical conceptual shifts.

## Key words

Psychiatric nurses, Psychiatric mental health, Pivotal moment

Psychiatric mental health nurses in the United States (US) stand at the edge of a changing mental health care landscape. The key drivers of change are US health care reform with its emphasis on access, prevention and wellness; an explosion of neurobiological research laying down seeds for future innovation, and recovery as the focus of mental health treatment. Specific to psychiatric mental health (PMH) nursing, a major change is occurring in the certification and licensure of advanced practice nurses (APNs) that moves PMH APNs to a life-span nurse practitioner (NP) role. The specialty is at a pivotal moment of choice: it can organize around a future vision of PMH nursing or we can silently acquiesce to a marginalized position. Indeed PMH nurses can either sort out how our core values fit with health care innovation and move our vision into action or we can remain locked in a titling controversy, tied to traditional models of education, fail to align with recovery, and fall short in gaining a stronger foothold in new health services models. The key drivers of change set the context of PMH nurses' decision since it is these dynamics that are shaping the service delivery landscape.

## 1 Key drivers of change

Health care policy analysts are clear that the US health care system pays far too much for too little results [1]. Their argument rests with data demonstrating the high cost per capita of health care in the US compared to other industrialized nations [2]. The cost/benefit of this spending falls short when US outcomes are balanced against the health metrics of other industrialized countries [3]. Particularly concerning for projections of US health care costs and outcomes is the increase of

chronic conditions [4] and the growth of major health risk factors such as obesity [5]. The US health reform movement, while often locked in political tug of war, aims to change the payment structure for health care to increase access, reward prevention, assure continuity of care, and promote effective chronic disease management [6]. Another key reform is the plan to incentivize clinicians to create service sites that assume the care of defined populations, such as in Accountable Care Organizations [7].

The federal government also realized that the outcomes of these proposed innovations in the care coordination, payment structure and disease management must be systematically tracked. Thus in the last three years federal grant monies have been made available to service sites for development of electronic information systems. In the future, clinicians in health care practices (large and small) will need electronic information systems for several core functions, such as tracking outcomes and submitting claim forms for payment. Payors, particularly federal programs such as Medicare and Medicaid, are already requiring electronic billing for reimbursement but claim forms may soon become the platform for tracking performance, costs and outcomes [8]. With the increasing sophistication of data reporting, federal programs also expect to rigorously pursue a pay for performance system where for full payment clinicians must demonstrate their treatment produced targeted outcomes [9].

On the mental health front innovations are focused in two areas. Those concerned with public health were shaken by data demonstrating the increased mortality and high prevalence of chronic medical condition in individuals with mental health issues [10]. The shocking statistics on the health of this population quickened the call for integration of medical and mental health services [11]. While integrated care models are beginning to appear, the fragmentation of the mental health care system continues, currently exacerbated by the US budgetary crises which is influencing service funding. Fortunately mental health advocates have maintained a steady eye on health care reform initiatives. As health care legislation was rolling out in 2008, a coalition of consumers, professional organizations and US mental health advocacy groups joined together to send the message that mental health must be included in the health care reform movement. The group's Whole Health Campaign had three central messages: (a) increase access, quality, and choice for people with mental health/substance abuse disorders and their family members; (b) support recovery from mental illnesses and addictions as integral to overall health, and (c) commit to investment in prevention, early intervention and research on mental health disorders and addictions [12].

Within this message on access, wellness, quality, and prevention, recovery is endorsed as a fundamental component of mental health delivery. Indeed recovery has become a driver of mental health service reform; its influence evident in federal documents dealing with mental health service delivery [13] and policy statements produced by the Substance Abuse and Mental Health Services Administration [14] the largest US federal mental health agency. As with any influential trend, recovery continues to build its presence via connections within consumer and professional groups that synchronize its implementation with other reform initiatives [15]. The basic principles of recovery bring fundamental changes in how clinician-consumer roles are enacted and thus brings to the fore both patient centered care and consumers' direction of their treatment.

In the US another driver of change that impacts PMH Nurses is the APRN Consensus model. The Consensus model is a decade long initiative of national groups who license, educate and certify APNs in the US [16]. The groups that forged the Consensus model adopted a vision they termed LACE meaning that in every state there would be consistency in the licensing (L), accreditation (A) of graduate programs, certification (C) and education (E) of APNs. For instance, to be licensed as a Pediatric Nurse Practitioner (PNP) the applicant must be a graduate of an accredited PNP graduate nursing program and have passed a national PNP certification exam. The impetus for the consensus model was the lack of uniformity among States on licensing criteria and the variation in graduate education nursing curriculums that produced the APN work force. At the time of the model's inception, many graduate nursing curriculums were creating new roles, such as palliative care or a neuroscience APN. While a laudable effort to organize specialty APNs around a particular

science, the trend created a somewhat disorderly menu of titles often without accompanying certifications or a clear path to existing state licensing categories.

The APRN consensus group isolated four roles (Clinical Nurse Specialist [CNS], NP, Midwife and Certified Nurse Anesthetist) and six populations, psychiatric mental health being one of them. The architects of the model also decided that future graduates of PMH-APN programs would be educated in a life span curriculum. The implications for PMH nursing education is significant, foremost that PMH faculty will need to design life-span curriculum in all of its existing 110 PMH graduate nursing programs. The issues around the change intensified due to the ongoing shift in PMH certification away from a Clinical Nurse Specialist to a Nurse Practitioner role [17]. In 2010 the two major US psychiatric nursing organizations, American Psychiatric Nurses Association (APNA) and International Society of Psychiatric Nurses (ISPN) endorsed the PMH NP as the entry role for all advanced practice in psychiatric nursing [18].

The final major lever of change in mental health services is the ascendancy of biological psychiatry. The decade of the brain has long since passed, but the emphasis on the neurobiology of mental illness continues. There is significant call to position psychiatry among the neurosciences [19], to develop treatments that address specific neural circuitry [20], and to use a neuroscience framework to map out the genetic-environment interplay in the expression of illness [21]. Though without not controversy [22], service delivery research demonstrates an increased use of medication in treatment of serious mental illness [23]. And though there is some degree of economic impetus for the increase, several large national US studies support the effectiveness of medications either alone or in combination with therapy [24]. Further, while consumers seek medication optimization, they support its judicious use [25].

## 2 Psychiatric nurses' response

Health care reform initiatives and the direction of mental health care service delivery offer psychiatric nurses an opportunity to become critical players in building a transformed service delivery system. This will require PMH nurses build a greater presence in national workforce dialogue and convey the need for nursing in mental health care service delivery; a policy message built on the PMH APNs ability to provide access to safe and quality mental health care and substance use services [26]. The most recent Scope and Standards of Psychiatric Mental Health Nursing set down a similar PMH nursing agenda; i.e., to build recovery-oriented inpatient units, join with consumers in crafting individualized wellness plans, and establish service systems for specialty populations (such as children and older adults) and for those with entwined social needs and mental health issues such as rural populations [27]. The Scope and Standards also endorsed a commitment to PMH nurses' tradition of the relationship, noting its alignment with the current emphasis on patient-centered care.

How are PMH nurses faring in the major points of this agenda: demonstrating their effectiveness in providing safe and quality care, joining with consumers in recovery, establishing service systems for vulnerable and underserved populations, and building recovery oriented inpatient units? Based on published literature, there are significant strides and much room to improve our efforts. On the issue of demonstrating effectiveness of APNs, in the US, while there is significant research supporting the safe and effective practice of APNs, particularly Nurse Practitioners [28-31], there is scant data on how PMH APNs improve access to care. In isolated studies the quality of PMH APN services has been documented [33] but such research has not found its way into broader workforce studies. Evidence of recent PMH APN outcomes of care appear in the literature [34], but the data are far too small to raise national awareness of the potential of PMH APNs. With the electronic health record and automated billing records it would seem that PMH nurses could mine data on their work, but system anomalies may impede these efforts, particularly how APNs are identified on billing records and lack of systems to gather workforce data [35].

On the second agenda item, establishing service systems for the vulnerable and underserved, there is evidence that PMH-APNs provide a good deal of services to both the elderly and rural populations [36]. In addition well established

rural mental health nursing centers have designed models of excellence in rural care [37]. Service delivery to older individuals with mental health issues has been systematically studied by a group of geropsychiatric specialist [38]. They have produced a model curriculum for PMH nursing graduate programs which directs how faculty is to systematically incorporate key elements of geropsychiatric nursing. On the other end of the age spectrum, the need to develop a prevention oriented child mental health work force is clear [39]. A national position paper has delineated how collaboration between PMH APNs and PNPs in primary care would increase the reach of prevention and care coordination [40]. In an upcoming behavioral health care text, each chapter is authored by an APN in pediatric primary care and a PMH-APN [41]. This text should help clarify treatment boundaries in primary versus specialty care as well as identify potential avenues of care coordination in child mental health treatment.

Psychiatric nurses have also begun to conceptualize their role within recovery-oriented service delivery. At ISPN and APNA's National Conferences its members have presented papers and forums on mental health transformation, and specifically, how APNs might partner with individuals in recovery. These members also volunteer at the state level with organizations such as National Alliance for the Mentally Ill (NAMI) and practice in clinics and settings where the most severe and persistently ill individuals present for care. Documentation of these efforts can be found in PMH nursing journals where nurses have published articles on recovery and recovery oriented practice [42]. The movement to recovery oriented services will be buoyed by the APNA Recovery to Practice initiative which is constructing national curriculums on recovery for nursing education and inpatient service sectors.

### 3 Aligning nursing efforts with health care reform agenda

To move these initial efforts forward, PMH APNs must align their work with mental health reform initiatives, particularly the emphasis on integrated care, wellness, and recovery. Understanding that data drives the health reform effort, PMH APNs should anticipate that payors will expect outcome data demonstrating their interventions are effective and cost-efficient. While PMH nurses are no doubt sensitive to these trends, the specialty seems to be caught in nurses' dominant logic- the screen that filters information deemed relevant largely based on historical antecedents [43]. Begun & White [43] argue that nursing's dominant logic is based in achieving recognition as a result of sacrifice, acceptance, caring and quality while discouraging entrepreneurialism, risk taking, intraprofessional cooperation and innovation. Add to this one piece of PMH dominant logic, i.e., one day other mental health professions will finally come recognize the unique qualities of psychiatric nurses.

We can wait no longer. Psychiatric nurses must concentrate on the reform agenda, shape a message around why their capabilities fit with reform ideology and marry their message with data. For instance on the issue of wellness and integrated care, our message is clear. Since PMH nurses are trained in five sciences (medical, neuroscience, psychiatry, relationship science and psychotherapy) their capabilities mesh well with the integration of mental health care and medical care. Psychiatric nursing models are already emerging that demonstrate integrated care and wellness promotion [44]. Psychiatric mental health nurses could begin to systematize their efforts at integrated care using a typology such as the four quadrant model; a scheme for organizing the integration of physical health (PH) and mental health (MH) care based on the level of the client's needs in each area [45]. For example, a primary care service site might be designed to serve clients with high PH needs but low MH needs by having the primary care practitioner provide MH care in consultation with a behavioral health care provider. Conversely, clients with high MH needs but low PH needs would receive services at a behavioral health care (BHC) site that provides comprehensive MH care with PH needs addressed by a primary care practitioner that is brought in to the BHC site. In each of these instances, electronic health records can be designed to provide outcome data that drive innovation and quality efforts at the service site [46].

The certified PMH APN workforce is small (11,500) compared to the other core mental health professions (psychiatry, psychology, and social work) [26]. At the most basic level, to increase access to quality mental health care PMH APNs need to increase the size of their workforce and develop strategies to assure uniform distribution throughout the States

[47]. Though much of their work will be within interdisciplinary models, PMH APNs must also attend to documenting the clinical services they provide. While this seems straightforward, PMH APN interventions may not be coded in billing records and not adequately represented in national health surveys of ambulatory practice [48]. Thus having PMH APN work recognized and entered into national data bases may take a concerted effort of the PMH professional organizations.

Psychiatric mental health APNs should also concentrate on designing disruptive innovations, interventions that disrupt the status quo and result in services which are more affordable and widely available to consumers [49]. Group wellness appointments would be an example of a disruptive innovation. By changing the delivery method of educational materials more consumers have access to effective health promotion at a lower cost [50]. This innovation was adopted by a PMH APN in a project that demonstrated the effectiveness and cost-benefit of group wellness appointments within a recovery-based self-management program; one which emphasized improving relationships, coping, and life choice [51]. Via a two-wave review of yearly outcomes, these researchers demonstrated how a group protocol improved access to wellness care as well as participants' perceived quality of life.

This was a Doctor of Nursing Practice (DNP) project and illustrates the significant clinical services research that can be accomplished by PMH DNP students and their faculty mentors. At this time, many of the approximately 110 graduate PMH nursing graduate programs will be converting their CNS or NP to a DNP curriculum. This educational shift presents an excellent opportunity to train a workforce that will be adept at data management, translation of evidence, cost-effectiveness research and outcomes management. This group of PMH APNs will undoubtedly devise innovative ways of using the electronic health record to track outcomes and document the use of practice guidelines. Via their DNP project preparation they will have training in how to identify the critical outcomes of care; particularly ones that are influenced by nursing practice, such as client satisfaction and patient education [52, 53]. It will be important to organize the work of this DNP group so that they are not producing disparate projects but ones that build data platforms useful to the progress of the specialty. This consolidation of DNP work will eventually occur in traditional integrated reviews but might begin with internet based compilations of DNP projects on web sites of professional organization or in web pages of international nursing libraries (e.g. <http://www.nursinglibrary.org>).

As PMH nurses anticipate challenges and map out their future, professional organizations will be critical connectors. Involvement in PMH professional organizations is important for a myriad of reasons but in the next decade the specialty's future will build on partnerships, collective action, and strategic connections. One important partnership will be with Nurse Practitioner organizations. These groups represent a large number of NPs and have the reach and resources to compile practice data [28, 29]. As the PMH NP workforce grows, their connections with NP groups will be critical to their presence in national research on NP practice [54]. The move to NP titling created a great deal of controversy within the specialty, particularly since it was erroneously viewed by some as a devaluation of the CNS role [17, 55]. Quite the contrary, in the midst of this titling change, APNA and ISPN are focused on protecting the CNS title within state licensing language [18]. Both organizations recognize that PMH CNSs are important providers of mental health care delivery in the US. But that fact does not discount several advantages of the NP role, particularly our movement into a large group of APNs (approximately 140,000) with national presence, title recognition and numerous platforms to discuss the role of NPs in health reform [56, 57].

Psychiatric nurses should also align our agenda with recovery and consumer led mental health organizations. There are several natural bridges between these groups and PMH nurses. Among the fundamental concepts of recovery [58] is an emphasis on holistic, patient centered care; principles at the heart of psychiatric nursing relationships [59, 60]. Indeed, PMH nurses' natural inclination toward consumers' narratives and apprehending their day to day needs [61-63] aligns them with key tenets of recovery and its emphasis on empowerment [58]. In discussing what consumers should receive from health care partners, Anthony [64] envisions a mental health system that educates, empowers, and encourages. He notes that what is missing from mental health is the flow of up-to date information on illness management that facilitates individuals' decision making and empowerment. Psychiatric nurses have the educational background to fill this gap. They

could integrate their knowledge of behavioral and neurosciences to devise effective self management strategies that will enhance consumers' wellness plans [65]. All of these efforts will press PMH nurses to marry protocol, science, and outcomes within the therapeutic relationship [66].

Finally to address this pivotal moment, the PMH specialty must coordinate their outpatient and inpatient workforce efforts. Hospital-based PMH nurses should work within the recovery framework and partner with persons as they rebuild from the trauma of a serious exacerbation of their illness [67]. In line with this notion, PMH inpatient nurses should build cultures that promote self-direction, dignity, and empower individuals to re-engage with life in the community [68]. An important inpatient nursing focus is the transition from hospital to home and a plan for self-management support. This focus reflects the agenda of person-centered systems [69]; the health reform objective of care continuity [70], and the quality goal of preventing un-necessary 30 day readmissions [71]. Such care continuity work is underway in other nursing specialties and their frameworks should facilitate PMH nurses' efforts to construct transitions of care models [72].

## 4 Conclusion

As health care reform moves to the center of service delivery, payment structures realign to increase access, and recovery grows as the driving force of mental health care, PMH nurses face a pivotal moment. They can choose to move toward emerging ideas on integrated care, wellness, recovery and care coordination or remain locked in the dominant logic of PMH nursing. They can design systems for collecting data on outcomes and cost or remain in the "old systems" thinking, viewing an encounter with patients as an isolated episode of care. The inpatient workforce can stay focused on a medical model of treatment or re-construct inpatient cultures so that their efforts focus on consumers' wellness plans, connection with community support services, and their self-defined path to recovery. Embracing these changes, while remaining aligned to the fundamentals of psychiatric nursing, will require rigorous commitment to the relationship, evidence-based practice, and innovation within a patient-centered approach.

## References

- [1] Harrison JA. Paying More, Getting Less How much is the sick U.S. health care system costing you? Dollars and Sense [Internet]. 2008 May-June; 276. Available from: <http://www.dollarsandsense.org/archives/2008/0508harrison.html>
- [2] Kaiser Family Foundation. Health Care Spending in the United States and OECD Countries [Internet].2007. Available from: <http://www.kff.org/insurance/snapshot/chcm010307oth.cfm>
- [3] Commonwealth Fund Commission on a High Performance Health System. Why Not the Best? Results from the National Scorecard on U.S. Health System Performance [Internet]. 2008. Available from: <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2008/Jul/Why-Not-the-Best--Results-from-the-National-Scorecard-on-U-S--Health-System-Performance--2008.aspx>
- [4] Center for Health Care Research and Transformation. Health Care Cost Drivers: Chronic Disease, Comorbidity, and Health Risk Factors in the U.S. and Michigan [Internet].2010. Available from: <http://www.chrt.org/publications/price-of-care/issue-brief-2010-08-health-care-cost-drivers>
- [5] Thorpe KE. The rise in health care spending and what to do about it. Health Affairs 2005; 29:1436-1445. PMID:16284014 <http://dx.doi.org/10.1377/hlthaff.24.6.1436>
- [6] Oberlander J. The partisan divide- The McCain and Obama plans for US health care reform. New Engl J Med. 2008; 359:781-784.PMID:18716295 <http://dx.doi.org/10.1056/NEJMp0804659>
- [7] Shortell SM, Casalino LP. Health Care Reform Requires Accountable Care Systems. JAMA. 2008; 300: 95-97. PMID: 18594045 <http://dx.doi.org/10.1001/jama.300.1.95>
- [8] Nanovic L, Kaplan B. Reliability of Medicare claim forms for outcome studies in kidney transplant recipients: Epidemiology in clinical outcome trials. Clin J Am Soc Nephro. 2009; 4:1156-1158. PMID:19541811 <http://dx.doi.org/10.2215/CJN.03300509>
- [9] Hahn J. Pay for performance in health care [Internet]. 2006.Available from: [http://assets.opencrs.com/rpts/RL33713\\_20061102.pdf](http://assets.opencrs.com/rpts/RL33713_20061102.pdf)
- [10] Parks J, Svendsen D, Singer P, Forti ME. Morbidity and Mortality in People with Serious Mental Illness 2006. National Association of State Mental Health Program Directors, 13th technical report.

- [11] Manderscheid RW. Evolution and integration of primary care services with specialty services in mental health services: A public health perspective. 3rd Ed. B Levin, K Hennessy, J Petrila, eds. New York: Oxford University. 2010; 389-400.
- [12] Pasternack K. Whole Health Campaign releases recommendations for addressing substance use and mental illness in the health care reform process [Internet]. 2009. Available from: <http://www.caron.org/whole-health-campaign-releases-recommendations-for-addressing-substance-use-and-mental-illness-in-the-health-care-reform-process/>
- [13] Institute of Medicine, Committee on Crossing the Quality Chasm. Improving the Quality of Health Care for Mental Health and Substance Use Conditions: Quality Chasm Series. 2006. Washington, D.C: National Academies Press.
- [14] Substance Abuse and Mental Health Services Administration (SAMHSA) U. S Department of Health and Human Services. Transforming mental health care in America. The Federal Action Agenda: First Steps. 2005. DHHS Pub. No. SMA-05-4060. Rockville, MD.
- [15] Substance Abuse and Mental Health Services Administration (SAMSHA) U. S Department of Health and Human Services. Recovery-Oriented Systems of Care [Internet]. Available from: <http://www.pfr.samhsa.gov/rosc.html>
- [16] APRN Consensus Work Group and APRN Joint Dialogue Group. Consensus model for APRN regulation: Licensure, Accreditation, Certification and Education [Internet]. 2008. Available from: [https://www.ncsbn.org/Consensus\\_Model\\_for\\_APRN\\_Regulation\\_July\\_2008.pdf](https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf)
- [17] Delaney KR. Looking 10 years back and 5 years ahead: Framing the Clinical Nurse Specialist debate for our students. Arch Psychiatr Nurs. 2009; 23:454-456. PMID:19926027 <http://dx.doi.org/10.1016/j.apnu.2009.08.002>
- [18] Farley-Toombs C. Shaping the future of PMH-APRN practice through engagement. J Am Psychiat Nurs Ass. 2011; 17:250-252. PMID:21653498 <http://dx.doi.org/10.1177/1078390311408602>
- [19] Martin JP. The integration of Neurology, Psychiatry, and Neuroscience in the 21st Century. Am J Psychiat. 2002; 159:695-704. PMID:11986119 <http://dx.doi.org/10.1176/appi.ajp.159.5.695>
- [20] Pine DS, Guyer AE, Leibenluft E. Functional Magnetic Resonance Imaging and pediatric anxiety. J Am Acad Child Psychiat. 2008; 47:1217-122. <http://dx.doi.org/10.1097/CHI.0b013e318185dad0>
- [21] Shonkoff JP, Levitt P. Neuroscience and the future of early childhood policy: Moving from why to what and how. Neuron. 2010; 67:689-691 PMID:20826301 <http://dx.doi.org/10.1016/j.neuron.2010.08.032>
- [22] Sharfstein SS. Big pharma and American psychiatry: The good, the bad and the ugly. Psychiatr News. 2005;40:16.
- [23] Mojtabai R, Olfson M. National trends in psychotropic medication polypharmacy in office-based psychiatry. Arch Gen Psychiat. 2010; 67:26-36. PMID:20048220 <http://dx.doi.org/10.1001/archgenpsychiatry.2009.175>
- [24] March J, Silva S, Petrycki S, Curry J, Wells K, Fairbank J, et al. Fluoxetine, cognitive behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents with Depression Study (TADS) randomized controlled trial. JAMA. 2004; 292:807-820. PMID:15315995 <http://dx.doi.org/10.1001/jama.292.7.807>
- [25] National Coalition for Mental Health Recovery. Enhancing the effectiveness of psychiatric care and other services and support: Guidelines for promoting recovery through choice and alternatives [Internet]. 2011. Available from: <http://www.ncmhcs.org/downloads/Enhancing-Effectiveness-Psychiatric-Care.pdf>
- [26] Hanrahan N, Delaney KR, Merwin E. Health care reform and the federal transformation initiatives: Capitalizing on the potential of Advanced Practice Psychiatric Nurses. Policy Polit Nurs Practice. 2010; 11:235-244. <http://dx.doi.org/10.1177/1527154410390381>
- [27] American Psychiatric Nurses Association and International Society of Psychiatric Mental Health Nurses. Scope and standards of Psychiatric Mental Health Nursing. Silver Spring, MA: American Nurses Association. 2007.
- [28] American Academy of Nurse Practitioners. Quality of Nurse Practitioner Practice [Internet]. 2010. Available from: <http://www.aanp.org/NR/rdonlyres/34E7FF57-E071-4014-B554-F02B82FF2F2/0/QualityofNPPPractice4pages.pdf>
- [29] Academy of Nurse Practitioners. Nurse practitioner cost-effectiveness [Internet]. 2010. Available from: <http://www.aanp.org/NR/rdonlyres/197C9C42-4BC1-42A5-911E-85FA759B0308/0/CostEffectiveness4pages.pdf>
- [30] Brooten D, Youngblut M, Deatrick J, Naylor M, York R. Patient problems, advanced practice nurse (APN) interventions, time and contacts among five patient groups. J Nurs Scholarship. 2003; 35:73-79. PMID:12701530 <http://dx.doi.org/10.1111/j.1547-5069.2003.00073.x>
- [31] Robert Wood Johnson Foundation, Nursing Research. Evidence brief: Cost of care provided by Advanced Practice Registered Nurses (APRNs) [Internet]. 2011. Available from: <http://thefutureofnursing.org/resource/detail/cost-care-provided-advanced-practice-registered-nurses-aprns>
- [32] Hanrahan NP, Sullivan-Marx EM. Practice patterns and potential solutions to the shortage of providers of older adult mental health services. Policy Polit Nurs Practice. 2005; 6:236-245. <http://dx.doi.org/10.1177/1527154405279195>
- [33] Feldman S, Bachman J, Cuffel B, Friesen B, McCabe J. Advanced practice psychiatric nurses as a treatment resource: survey and analysis. Adm Policy Ment Hlth. 2003; 30:479-494. PMID:13677455 <http://dx.doi.org/10.1023/A:1025025600989>

- [34] Parrish E, Peden A. Clinical outcomes of depressed clients: a review of current literature. *Iss Ment Health Nurs.* 2009; 30:51-60. PMID:19148822 <http://dx.doi.org/10.1080/01612840802557154>
- [35] Hanrahan N, Stuart GW, Brown P, Johnson M, Draucker CB, Delaney KR. The Psychiatric Mental Health Work Force: Large Numbers, Little data. *Journal of the American Psychiatric Nurses Association.* 2003; 9:111-114. [http://dx.doi.org/10.1016/S1078-3903\(03\)00156-3](http://dx.doi.org/10.1016/S1078-3903(03)00156-3)
- [36] Hanrahan NP, Hartley D. Employment of Advanced Practice Psychiatric Nurses to stem rural mental health shortages. *Psychiat Serv.* 2008; 59:109-111. PMID:18182549 <http://dx.doi.org/10.1176/appi.ps.59.1.109>
- [37] Hauenstein EJ. Building the rural mental health system: From De Facto system to quality care. *Ann Rev Nurs Res.* 2008; 26: 143-173. PMID:18709749
- [38] Beck CK, Buckwalter KC, Evans LK. Geropsychiatric nursing cooperative [Internet]. 2010. Available from: <http://www.aannet.org/14a/pages/index.cfm?pageid=3833>
- [39] Delaney KR. Child mental health care workforce: What vision are we working towards? *J Child Adolesc Psychiat Nurs.* 2011; 24:1-2. PMID:21272108 <http://dx.doi.org/10.1111/j.1744-6171.2010.00260.x>
- [40] International Society of Psychiatric-Mental Health Nurses (ISPN). Educational preparation of Advanced Practice Nurses to address the mental health needs of children and adolescents [Internet]. 2010. Available from: <http://www.ispn-psych.org/docs/EduPrepForChildren.pdf>
- [41] Yearwood E, Pearson G, Newland J (Eds). *Child & Adolescent Behavioral Health: A Source for Advanced Practice Psychiatric and Primary Care Practitioners in Nursing.* Hoboken, NJ: Wiley-Blackwell. Forthcoming 2011.
- [42] Chandler G. From traditional inpatient to trauma-informed treatment: Transferring control from staff to patient. *J Am Psychiat Nurs Ass.* 2008; 14:363-371. PMID:21665779 <http://dx.doi.org/10.1177/1078390308326625>
- [43] Begun JW, White KR. Altering nursing's dominant logic: Guidelines from complex adaptive theory. *Com Chaos Nurs.* 1995; 2: 5-15.
- [44] Geis A, Delaney KR. Integrated health care: Strengthening nursing's voice. *Arch Psychiat Nurs.* 2010; 24: 435-437. PMID:21111298 <http://dx.doi.org/10.1016/j.apnu.2010.08.002>
- [45] Collins C, Hewson DL, Munger R, Wade T. Evolving models of behavioral health care integration in primary care. *Milbank Memorial Fund*[Internet]. 2010. Available from: <http://www.milbank.org>
- [46] Gold M, Helms D, Guterman S. Identifying, monitoring and assessing promising innovations: Using evaluation to support rapid cycle change. *Commonw Fund Pub.* 2011; 12:1512.
- [47] Hanrahan NP, Delaney KR, Stuart GW. Blueprint for development of the advanced practice psychiatric nurse workforce. *Nurs Outlook* [Internet]. Epub ahead of print. 2011. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21703649> PMID:21703649 <http://dx.doi.org/10.1016/j.outlook.2011.04.007>
- [48] Morgan PA, Strand J, Ostbye T, Albanese MA. Missing in action: Care by physician assistants and nurse practitioners in National Health Surveys. *Health Serv Res.* 2007; 42:2022-2037. PMID:17850531 <http://dx.doi.org/10.1111/j.1475-6773.2007.00700.x>
- [49] Christensen CM, Bohmer R, Kenagy J. Will disruptive innovations cure health care? *Harvard Bus Rev.* 2000 September-October; 103-111.
- [50] DeVries B, Darling-Fisher C, Thomas AC, Belanger-Shugart EB. Implementation and outcomes of group medical appointments in an outpatient specialty care clinic. *Am Acad Nurs Pract.* 2008; 20:163-169. PMID:18336693 <http://dx.doi.org/10.1111/j.1745-7599.2007.00300.x>
- [51] Tierney KR, Kane CF. Promoting wellness and recovery for persons with Serious Mental Illness: A program evaluation. *Arch Psychiatr Nurs.* 2011; 25:77-89. PMID:21421159 <http://dx.doi.org/10.1016/j.apnu.2010.07.006>
- [52] Charlton, C.R., Dearing, K.S., Berry, J. A., Johnson, M. J. Nurse practitioners' communication styles and their impact on patient outcomes: An integrated literature review. *J Amer Acad Nurs Practit.* 2008; 20:382-388. PMID:18638178 <http://dx.doi.org/10.1111/j.1745-7599.2008.00336.x>
- [53] Kleinpell R. *Outcome assessment in advanced practice nursing.* 2nd Ed. New York: Springer Publishing. 2009.
- [54] Goolsby MJ. 2009-2011 AANP national nurse practitioner sample survey: An overview. *J Amer Acad Nurs Practit.* 2011; 23:266-268. PMID:21518075 <http://dx.doi.org/10.1111/j.1745-7599.2011.00611.x>
- [55] Delaney KR. The Psychiatric Nurse Practitioner 1993-2003: A decade that unsettled a specialty. *Arch Psychiatr Nurs.* 2005; 19: 107-115. PMID:15991144 <http://dx.doi.org/10.1016/j.apnu.2005.04.002>
- [56] Naylor MD, Kurtzman ET. The role of nurse practitioners in reinventing primary care. *Health Affair.* 2010; 29:893-899. PMID:20439877 <http://dx.doi.org/10.1377/hlthaff.2010.0440>
- [57] Pohl JM, Hanson C, Newland JA, Cronenwett L. Unleashing nurse practitioners' potential to deliver primary care and lead teams. *Health Affair.* 2010; 29:900-905. PMID:20439878 <http://dx.doi.org/10.1377/hlthaff.2010.0374>

- [58] Substance Abuse and Mental Health Services Administration. National consensus statement on mental health recovery [Internet]. 2006. Available from: <http://store.samhsa.gov/product/National-Consensus-Statement-on-Mental-Health-Recovery/SMA05-4129>
- [59] Barker, P. The tidal model: Developing a person-centered approach to psychiatric and mental health nursing. *Perspect Psychiatr C.* 2001; 37:79-87. <http://dx.doi.org/10.1111/j.1744-6163.2001.tb00631.x>
- [60] Peplau HE. Peplau's theory of interpersonal relations. *Nurs Sci Quart.* 1997; 10 (4):162-167. PMID: 9416116 <http://dx.doi.org/10.1177/089431849701000407>
- [61] Beebe LH. What community living problems do persons with schizophrenia report during periods of stability? *Perspect Psychiatr C.* 2010; 46:48-55. PMID:20051078 <http://dx.doi.org/10.1111/j.1744-6163.2009.00237.x>
- [62] Shattell MM, McAllister S, Hogan B, Thomas SP. "She took the time to make sure she understood": Mental health patients' experiences of being understood. *Arch Psychiatr Nurs.* 2006; 20: 234-241. PMID:17010827 <http://dx.doi.org/10.1016/j.apnu.2006.02.002>
- [63] Zolnieriek CD. Exploring lived experiences of persons with Severe Mental Illness: A review of the literature. *Iss Ment Health Nurs.* 2011; 32:46-72. PMID:21208053 <http://dx.doi.org/10.3109/01612840.2010.522755>
- [64] Anthony WA. What my MS has taught me about severe mental illnesses. *Psychiatr Serv.* 2006; 57:1081-1082. PMID:16870956 <http://dx.doi.org/10.1176/appi.ps.57.8.1081>
- [65] Buccheri RK, Tygstad LN, Buffum MD, Lytile K, Dowling G. Comprehensive evidence-based program teaching self-management of auditory hallucinations in inpatient psychiatric units. *Iss Ment Heal Nurs.* 2010; 31: 223-231. PMID:20144034 <http://dx.doi.org/10.3109/01612840903288568>
- [66] Mc Bride MB. Mental health nursing today: A view from the USA. *Int J Nurs Stud.* 2007; 44:335-337. PMID:17291510 <http://dx.doi.org/10.1016/j.ijnurstu.2007.01.003>
- [67] Shea JM. Coming back from normal: The process of self-recovery in those with schizophrenia. *J Amer Psychiatr Nurs Assoc.* 2010; 16:43-51. PMID:21659262 <http://dx.doi.org/10.1177/1078390309359197>
- [68] Barker P, Buchanan-Barker P. The Tidal Model of Mental Health Recovery and Reclamation: Application in acute care settings. *Iss Ment Heal Nurs.* 2010; 31:171-180. PMID:20144029 <http://dx.doi.org/10.3109/01612840903276696>
- [69] Bergeson SC, Dean JD. A systems approach to patient-centered care. *JAMA.* 2006; 296:2848-2851. PMID:17179462 <http://dx.doi.org/10.1001/jama.296.23.2848>
- [70] Wennberg JE, Brownlee S, Fisher ES, Skinner JS, Weinstein JN. An agenda for Change: Improving Quality and Curbing Health Care Spending: Opportunities for the Congress and the Obama Administration. The Dartmouth Institute for Health Care Policy & Clinical Practice [Internet]. 2008. Available from: <http://tdi.dartmouth.edu/documents/publications/An%20Agenda%20for%20Change.pdf>
- [71] Pincus HA, Spaeth-Ruble B, Watkins KE. The case for measuring quality in mental health and substance abuse care. *Health Affair.* 2011; 30:730-736. PMID:21471495 <http://dx.doi.org/10.1377/hlthaff.2011.0268>
- [72] Naylor MD, Feldman PH, Keating S, Koren MJ, Kurtzman ET, Maccoy MC, Krakauer K. Translating research into practice: Transitional care for older adults. *J Eval Clin Pract.* 2009; 15:1164-1170. PMID: 20367721 <http://dx.doi.org/10.1111/j.1365-2753.2009.01308.x>