Excerpts from *Barriers to Practice and Impact on Care: An Analysis of the Psychiatric Mental Health Nurse Practitioner Role*

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NOTE:
APRN = Advanced Practice Registered Nurse
PMHNP = Psychiatric Mental Health Nurse Practitioner

"This paper is a retrospective review of the literature analyzing the role of the psychiatric mental health nurse practitioner role in the community. Presented here is an appraisal of national and state mental health initiatives. Professional nursing regulations are reviewed, focusing on New York State advanced practice nursing. Barriers to practice are assessed with discussion on how barriers, such as statutory collaboration, impede access to treatment in the community for mentally ill psychiatric patients. The current New York State legislative agenda is featured."

"APRN-PMHNPs are registered nurses with advanced master's and/or doctoral degrees in psychiatric mental health nursing. Though psychiatric NPs are recognized as a clinical resource, multiple authors suggest that they are underutilized as mental health providers (Feldman, Bachman, Cuffel, Friesen, & McCabe, 2003)."

"National statistics
At the state and national level, there is increasing pressure to re-evaluate the limitations of statutory collaborative agreements on the role of advanced practice nurse, including the psychiatric NP, with the goal to provide more access to treatment providers by those in need (Agency for Healthcare Research and Quality, 2008). The 2008 National Healthcare Quality Report provided statistical data that highlights significant mental healthcare needs within the United States. "

"Psychiatric mental health NPs are better equipped to assess, diagnose, and treat mental illness than primary care providers. As an advanced practice nurse, the psychiatric NP is educated in many types of nursing and other healthcare theories. Psychiatric NPs are also educated in the chronic care model, which provides a clinical framework for addressing the multidimensional nature of complex chronic illness (Boville et al., 2007). The psychiatric NP manages the patient's psychosocial and lifestyle issues, in addition to complex physical problems that often co-exist with mental illness. As an advanced practice nurse, the psychiatric mental health NP provides more time with patients, provides more education, and seeks consultation around more complex patients (Wortans et al., 2006; Elsom et al., 2005; Staten et al., 2005; Feldman et al., 2003). Therefore, the

psychiatric NP is the natural provider to bridge the gap of access to mental health treatment within the community."

"Growing numbers of children and adults are being forced to receive mental health treatment from pediatricians and primary care physician even though the data substantiates that these clinicians are not skilled to provide accurate care. Thirty to fifty percent of PCPs fail to properly diagnose depressed patients (Feldman et al., 2003)."

"Twenty years ago, statutory collaboration was developed as a political compromise. The statutory collaborative agreement serves no public purpose, nor is it a substitute for professional judgment. Healthcare professionals are responsible for knowing their respective scope of practice and safely practicing within that parameter. Professional judgment is a requirement of NP practice and an expectation of the public (NPANYS, 2009a)."

"Removal of barriers to treatment through passage of the NP Modernization Act will streamline access to treatment. Currently, there is a lack of access to appropriate services for patients with major mental illness (Feldman et al., 2003). Once NP provider barriers are removed, patients will be able to access treatment more freely. The NP Modernization Act will position psychiatric NPs as a source for mental health care within the community, whether it is through a private office practice or within a public health clinic setting. In addition, the bill will potentially allow psychiatric NPs to open nurse-run mental healthcare clinics and offer cost-effective care that could save the state millions of dollars."

"Major opposition to the NP Modernization Act comes from the insurance companies who set up barriers for empanelment based on the statutory collaborative agreements (Elwell, 2007). Most insurance companies only allow the NP empanelment if they are in a collaborative agreement with a paneled physician. If the paneled physician terminates with the insurance company, due to reduced reimbursement rates or changes to the insurance company policies, the NP must also terminate. The NP is then left to find another physician on the panel to engage in the collaborative relationship. This can be a complicated and cumbersome process for the NP. Another example is when the physician is investigated by the insurance company or has practice privileges suspended by the Office of Professional Practice. The APRN is then dually unable to practice or bill the insurance company due to the requirement that the collaborating physician must remain on the panel. These barriers have a serious impact; they can disrupt the continuity of care and put patients at risk, especially those patients that are considered part of vulnerable populations, such as the mentally ill (NPANYS, 2010)."