Psychiatric-Mental Health Nurses Are Key to Addressing the Nation's Mental Health Crisis

New Data Sheds Light on Solutions to Address Surging Demand & Provider Shortages

Executive Summary:

Escalating demand and increasing gaps in equity and access to quality mental health care in the United States have been exacerbated by the impact of the COVID-19 pandemic. Psychiatric-mental health (PMH) nurses can help fill these critical gaps in the mental health care system, but an aging workforce and restrictive policies continue to clash with the need to expand access to care. This report explains the surging mental health crisis in the U.S., barriers to addressing the crisis, and the latest findings about under-recognized health care professionals whose skills and expertise make them essential to addressing this national mental health emergency.

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THE U.S. IS EXPERIENCING A MENTAL HEALTH STATE OF EMERGENCY

When tornadoes, hurricanes, and other natural disasters occur, the devastation and long-term impacts are readily visible. In contrast, over the last 2 decades, the nation's mental health crisis has quietly gained momentum with equally devastating results to individuals, families, schools, and communities in rural areas, small towns, suburbs, and large cities. In recent years, the COVID-19 pandemic added more fear, stress, isolation, depression, financial concerns, and mental exhaustion on top of already rising rates of mental health and substance use challenges in our communities.

Exponentially rising rates of mental health and substance use disorders are significant challenges, even more so in the context of a significant shortage of mental health professionals that impedes access to care. As a result, each year, millions of Americans do not receive the mental health and substance use treatment they need.

What does this mental health crisis look like? The lack of access to mental health care and resulting health inequities have permeated nearly every area of American life and broadly increased negative outcomes. (Health equity is defined as the right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, or geographical location.)

Whole health begins with mental health. Mental health is foundational to overall health and therefore vital to the health of the nation. Policymakers and health care stakeholders must come together to take the actions needed to deliver substantially more accessible, high-quality care to all people with mental health and substance use challenges in all communities across the country.

The following report details the rising rates of patients in need; documented shortages of professionals needed to provide adequate treatment; the ongoing impact of the lack of access and equity in treatment; and recommendations to allow for the expanded use of psychiatric-mental health (PMH) Registered Nurses (RNs) and Advanced Practice Registered Nurses (APRNs) to fill these growing gaps in mental health care.

WHOLE HEALTH BEGINS WITH MENTAL HEALTH. **MENTAL HEALTH IS FOUNDATIONAL** TO OVERALL HEALTH AND THEREFORE VITAL TO THE HEALTH OF THE NATION

State of the Nation:

MENTAL HEALTH URGENCY AMONG ADULTS

Even before the COVID-19 pandemic, the U.S. health care system struggled to meet the needs of an escalating mental health crisis. Increasing demand for mental health services has grown annually, overwhelming available mental health professionals.

Access to comprehensive mental health services is an essential precursor to the delivery of equitable, high-quality mental health care. Unfortunately, both access to care and equity in mental health care have been steadily decreasing for decades.

Americans consistently lack the same access to mental health providers as they have to other health care providers, all while the prevalence of mental health challenges continues to exponentially increase.

Prior to COVID-19, one in ten adults reported symptoms of an anxiety and/or a depressive disorder. However, during the COVID-19 pandemic, that number rose to 4 in 10 adults. The latest Substance Abuse and Mental Health Services Administration (SAMHSA) data further provide a snapshot of current rates of mental illness in the U.S.:

- **73.8 million** Americans are experiencing mental illness or substance use disorders.
- **52.9 million** American adults are experiencing any mental illness (AMI*).
- **14.2 million** are experiencing serious mental illness (SMI**), with percentages highest among adults younger than age 49.

Additionally, the CDC recently reported concerning increases in suicide rates among young adults, American Indians, Alaska Natives, Black Americans, and Hispanic Americans – populations that previously had much lower rates of suicide – expanding ongoing concerns about mental health equity and access to care in the U.S.

PMH nurses are key to addressing this mental health urgency among adults.

**Any Mental Illness (AMI) is defined as individuals having any mental, behavior, or emotional disorder in the past year that met DSM-5-TR criteria (excluding developmental and substance use disorders).*

*** Serious mental illness (SMI) is defined by someone older than 18 having within the past year a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.*

SYSTEMIC DISPARITIES WITHIN MENTAL HEALTH CARE BY RACE, SEXUAL ORIENTATION, GENDER, & INCOME

Black and Latinx Americans are more likely to experience persistent symptoms of emotional distress than White Americans.

Despite this:
Just one in three Black adults who need mental health care receives it.

Among Latinx Americans, just 33% receive mental health care, compared with 43% of White Americans.

LGBTQ+ individuals are more than twice as likely as non-LGBTQ+ individuals to experience a mental health disorder.

Transgender individuals are nearly four times as likely to experience a mental health disorder than cisgender individuals.

Those living in high-poverty neighborhoods have been shown to experience significantly greater symptoms of emotional distress.

"How to Transform the U.S. Mental Health System" McBain et al., 2021 p. 27

State of the Nation:
MENTAL HEALTH URGENCY AMONG CHILDREN & ADOLESCENTS

Before COVID-19, the CDC reported mental health challenges were the leading cause of disability and poor life outcomes in young people, with up to 1 in 5 children ages 3 to 17 in the U.S. experiencing a mental, emotional, developmental, or behavioral disorder.

A recent U.S. Surgeon General's Advisory highlights the urgent need to address the nation's mental health crisis among young people after the initial onset of the pandemic. The **number of high school students reporting persistent feelings of sadness or hopelessness increased by 40% to more than 1 in every 3 students**. And the rate of suicide among those aged of 10 to 24 years increased by 57%.

In November 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association declared a national state of emergency **in child and adolescent mental health.**

The pandemic impacted nearly every aspect of the lives of youth, and the Surgeon General reports that our most vulnerable youth populations – those with disabilities, racial and ethnic minorities, LGBTQ+, low-income, those in rural areas, those in immigrant households, those involved with the child welfare or juvenile justice systems, and/or homeless – were impacted most severely.

PMH nurses are key to alleviating this mental health urgency among children and adolescents.

"Mental health challenges in children, adolescents, and young adults are real and widespread… The COVID-19 pandemic further altered their experiences at home, school, and in the community, and the effect on their mental health has been devastating. The future wellbeing of our country depends on how we support and invest in the next generation."

— **U.S. Surgeon General Vivek Murthy**

A NATIONAL EPIDEMIC OF SUBSTANCE USE DISORDERS

A substance use disorder **(SUD) is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications**. And, approximately half of those who experience a mental illness during their lives will also experience an SUD, and vice versa.

In 2017, the Department of Health and Human Services (HHS) declared a public health emergency and implemented a plan to address the nation's devastating opioid crisis. More recently, in a June 2020 CDC survey, 13% of American adults reported new or increased substance use due to COVID-19-related stress. Early 2020 data also show that drug overdose deaths were particularly pronounced from March to May 2020, coinciding with the start of the COVID-19 pandemic-related lockdowns.

SAMHSA reports demonstrate the continued growing impact of SUDs on American adults and young people. The latest data show:

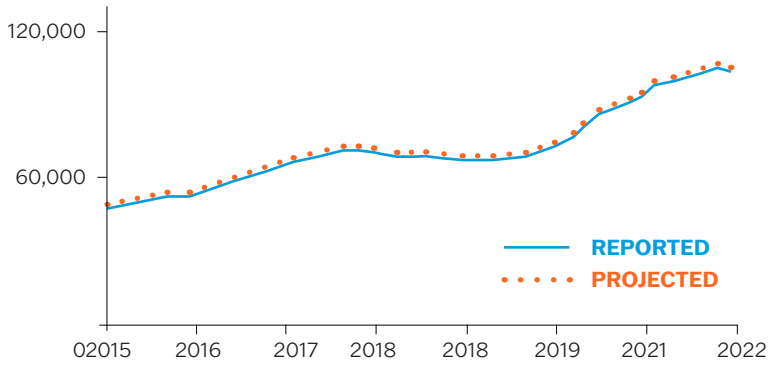
- **40.3 million Americans** aged 12 or older experienced a substance use disorder (SUD) in the past year.
- **6.5 million** experienced both an alcohol use disorder and an illicit drug use disorder.
- **5.1 million adolescents** aged 12 to 17 had either a SUD or a major depressive episode (MDE) in the past year, while **644,000 adolescents** had both an MDE and an SUD in the past year.

All Americans who experience SUDs must have equitable access to mental health providers with expertise in SUD care and treatment, including Medication for Addiction Treatment (MAT) options.

A 2021 Psychiatry Online report urgently called for a "rapid and substantial" scaling up of access to effective SUD treatment to address the ongoing opioid crisis and continually rising rate of overdose deaths. For example, more than 100,000 overdose deaths occurred in the 12-month period that ended in January 2022.

PMH nurses are key to tackling the national epidemic of substance use disorders.

12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



Based on data available for analysis on: June 5, 2022
Source: CDC

MILLIONS OF AMERICANS ARE LEFT UNTREATED EACH YEAR

The rates for adults and young people experiencing mental health and substance use challenges have continued to trend upward, while the percentage of those who report an unmet need for treatment has also increased every year since 2011.

Americans continue to find it difficult to access mental health and substance use care for several reasons:

- **Provider Shortages**: People lack the same access to mental health providers as they have for other health care providers – more than one-third of Americans live in areas with a shortage of providers. In some states, more than 80% of the population live in a mental health provider shortage area.

- **Health Insurance Does Not Cover Most Treatment**: If a patient is able to find a mental health professional for treatment, they are often forced to go out-of-network. A 2019 report found that a mental health office visit is more than five times more likely to be out-of-network than a primary care appointment.

- **High Out-of-Pocket Costs**: Because many available providers rarely accept Medicare, Medicaid, or private insurance, ongoing mental health care often requires a patient to make a financial commitment to pay significantly higher out-of-pocket costs than other types of primary or specialty care.

Increased demand generated by the impacts of the COVID-19 pandemic has caused the treatment gap in the U.S. to increase. The National Institute of Mental Health (NIMH) reports that in 2020, **fewer than half of American adults with a mental illness (46%) were able to receive the mental health services they needed**.

Data from SAMSHA further illustrates the enormous numbers of Americans with an unmet need for mental health and substance use support. In 2020

- Among the 67.1 million American adults experiencing mental illness, **only 41.4 million received mental health services**.

- **Only 41.6% of American adolescents** experiencing a major depressive episode received treatment.

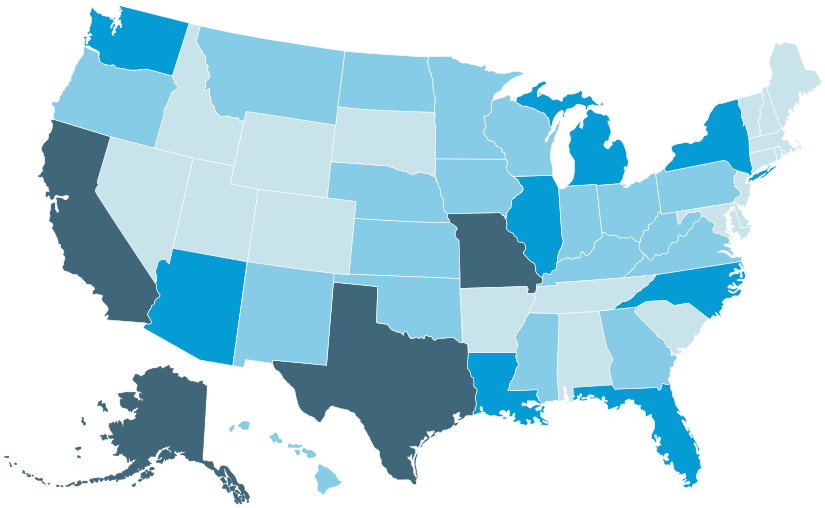
- **Only 1.4% of Americans aged 12 or older experiencing a SUD** received any substance use treatment.

Location	Percent of Need Met	Total Mental Health Care HPSA Designations	Population of Designated HPSAs	Practitioners Needed to Remove HPSA Designation
Arizona	8.5%	233	3,478,236	227
Delaware	11.6%	13	289,347	25
Alaska	12.1%	321	414,461	21
Missouri	12.2%	270	2,311,813	159
North Carolina	13.0%	204	3,917,688	221
West Virginia	13.0%	110	788,226	90
Hawaii	14.1%	32	496429	28
Washington	16.2%	179	3,206,169	154
Tennessee	16.3%	73	3,464,471	261
New Mexico	18.2%	94	1,619,974	86
New York	18.8%	202	6,369,714	411
Connecticut	19.0%	44	1.542.562	84
Maryland	19.4%	63	1,709,025	101
Maine	19.7%	68	399,337	31
Florida	21.0%	235	8,703,183	509

Within this widespread unmet need for mental health and substance use care, 77% of counties **across the U.S. are experiencing severe shortages of mental health professionals**. Reports published annually by the Kaiser Family Foundation provide a deeper view into these mental health provider shortage areas. As of September 2021:

- **41 states** are reported to meet less than 40% of the mental health need in their state.
- **27 states** are reported to need more than 100 additional mental health care providers just to reach a ratio of 30,000 patients to 1 mental health provider in those communities.
- **25 states** have more than 100 designated mental health professional shortage areas in their state.

Mental Health Professional Shortage Areas by State



Source: Kaiser Family Foundation, Mental Health Care Professional Shortage Areas as of September 2021.

PMH nurses are key to expanding access to care across the country.

WE MUST EXPAND THE MENTAL HEALTH WORKFORCE

With each passing year, the need to attract and train an expanded workforce of mental health professionals to address patient access and equity becomes more urgent. The ongoing demand for care has significantly outpaced the impact of efforts to address problems of access, leaving millions of Americans without the help they need.

Untreated mental health challenges have set the nation on a precarious trajectory – linked to social risks, including homelessness, low/poor education, and increased rates of substance use. The need to expand the workforce of qualified mental health professionals has never been greater.

To help address the nation's shortage of mental health providers, SAMHSA reports the need for more than half a million additional psychiatric-mental health (PMH) nurses to reach "merely adequate access" to mental health and substance use disorder care.

It's clear that the future well-being of the country rests on the shoulders of how well we address this ongoing and expanding mental health emergency. PMH nurses are crucial players in the psychiatric-mental health workforce; expanding their numbers and roles will expand patient access to quality mental health care.

The APNA Workforce Survey:
THE VITAL ROLE OF PSYCHIATRIC-MENTAL HEALTH NURSES

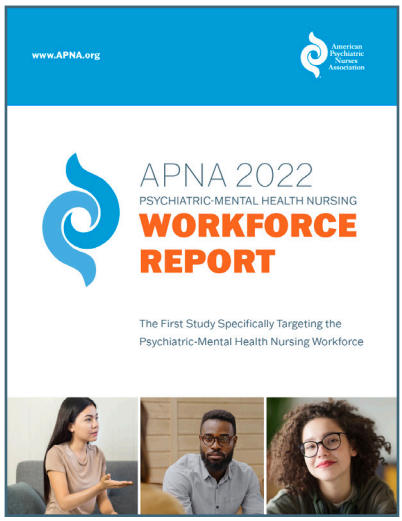
For 20 consecutive years, nursing has been consistently rated the most trusted health care profession, according to an annual Gallup Poll. Americans greatly value the expertise, commitment, and professionalism that nurses provide.

Psychiatric-mental health Registered Nurses (PMH-RNs) and Advanced Practice Registered Nurses (PMH-APRNs) represent the second largest group of mental health professionals in the U.S. PMH-RNs and PMH-APRNs play pivotal roles in advancing health equity and providing access to professional mental health and substance use services to diverse patients across the nation.

All PMH nurses, whose practice is guided by nursing theory and process, are rigorously educated to provide mental health and substance use care to patients. They are trailblazers in new and emerging models of inter-professional care that place the patient at the center of the care delivery system to drive positive outcomes and foster recovery from mental health disorders.

To address the expanding gaps in mental health care outlined above, stakeholders in nursing and mental health must come together to recruit a new and more diverse PMH nursing workforce. We must also ensure the deep skillsets and vital roles of PMH nurses are fully utilized to provide Americans increased and equitable access to mental health and substance use care.

As a first step, to more accurately understand the characteristics of the current PMH nursing workforce, identify areas in need of growth, and expand initiatives to help address the shortage of mental health and substance use professionals, **the American Psychiatric Nurses Association (APNA) conducted** the first comprehensive research into the PMH nursing workforce.



Developed by an APNA PMH Nursing Workforce Task Force, the APNA workforce survey was administered to PMH-RNs and PMH-APRNs from 10/21/2020 to 5/13/2021. The PMH-RN survey was completed by 4,088 professionals and the PMH-APRN survey was completed by 5,158 professionals. The combined response rate for the surveys was 12.1%.

Past national-level analyses of the mental health workforce have failed to appreciate or incorporate the full scope of PMH nurses' role and capabilities within psychiatric-mental health care. This robust report should inform future analyses with reliable and

comprehensive data, granting a full picture of the scope and impact of the PMH nursing workforce.

The lack of understanding of PMH nursing among policy-makers and stakeholders has hampered the profession from making its full impact on the state of mental health care. Today, more than 148,000 PMH nurses are providing high-quality mental health and substance use services across the U.S.

While PMH-RNs and PMH-APRNs have the skills and qualifications to expand access and equity in mental health care all across the U.S., **more practicing PMH nurses are needed, and they must be utilized to the full extent of their education and training**.

Current Numbers of Some Key Mental Health Providers	
Psychiatrists	38,381 (by 2024)
Psychologists	106,000
Physician Assistants	2,235
Psychiatric Pharmacists	996
PMH Nurses	109,000 PMH-RNs 39,354 PMH-APRNs

WHAT DO PMH NURSES DO?

PMH nurses are psychiatric-mental health care professionals who practice according to rigorous licensing and credentialing standards. Their nursing training emphasizes preventive person-centered care and recovery. PMH nurses form strong therapeutic relationships with people experiencing mental health and/or substance use disorders, and often work closely with patient families as well.

Working broadly within health care systems with an orientation toward innovation, PMH nurses consistently seek new opportunities for growth, development, and creative solutions to improve the delivery of care and meet the unique needs of the communities they serve.

Definition of Psychiatric-Mental Health Nursing

Psychiatric-mental health (PMH) nursing promotes integrated and comprehensive health and wellness through prevention and education, as well as assessment, diagnosis, care, and treatment of the full range of PMH disorders, including substance use disorders, across the life span. PMH nurses provide care at the individual, family/relationship, community, and societal levels to promote well-being and quality of life, as well as to sustain positive health outcomes.

- Psychiatric-Mental Health Nursing: Scope and Standards of Practice (2022)

Two Types of PMH Nurses: RN & APRN

Psychiatric-Mental Health Registered Nurses (PMH-RN)

PMH-RNs work with diverse individuals, families, groups, and communities to assess mental health, and develop a diagnosis and an individualized plan of care. PMH nurses maintain current knowledge of advances in genetics and neuroscience and their impact on psychopharmacology and other treatment modalities.

PMH-RNs engage in a broad array of nursing activities including health promotion and maintenance; intake screening, evaluation, and triage; case management; teaching self-care activities; administration of psychobiological nursing interventions and the monitoring of medications and effects; crisis intervention and stabilization efforts; psychiatric rehabilitation; and culturally appropriate interventions that assist in a patient's recovery. PMH-RNs also work to educate patients, families, and communities and coordinate care between other needed health care professionals and the caregivers for the patient.

PMH-RNs are licensed by state boards of nursing and may be certified in psychiatric-mental health by the American Nurses Credentialing Center (ANCC). According to the ANCC, the requirements for the PMH-RN certification include an RN license, 2 years of practice as a full-time registered nurse, and a minimum of 2,000 hours of

clinical practice and 30 hours of continuing education – both in PMH nursing and within three years.

PMH-RNs are essential to ensuring patient access to mental health care as they actively provide patient care in inpatient, outpatient, and community health clinics –at the bedside and in management.

Psychiatric-Mental Health Advanced Practice Registered Nurses (PMH-APRNs)

PMH-APRNs provide the full range of services that constitute psychiatric-mental health care and treatment. They hold advanced master's or doctoral degrees, national certification, and additional licensure (based on their state board of nursing requirements). The additional education, clinical experience, and training enables PMH-APRNs to assess, diagnose, and prescribe medication for mental health disorders; provide psychotherapy, consultation and liaison services; oversee case management; and more.

PMH-APRNs practice as Clinical Nurse Specialists (CNS) or Nurse Practitioners (NP), though their titles can vary by state. Some PMH-APRNs obtain doctoral degrees in psychiatric-mental health nursing.

The role of a PMH-APRN often complements that of a psychiatrist, psychologist, or social worker as part of a mental health care team.

PMH-APRNs work in a wide variety of settings – outpatient, ambulatory, emergency departments, and hospitals. Others own private practice businesses that see patients and consult with local communities, corporations, and local government.

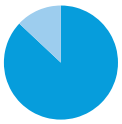
Profile:

THE PSYCHIATRIC-MENTAL HEALTH REGISTERED NURSE

PMH-RNs make up the largest professional workforce in inpatient psychiatry, with more than 109,000 active in the field today. **The findings of the APNA workforce survey offer a useful snapshot of today's PMH-RN.**

51
Average Age

Only **20%** of the PMH-RN workforce are in their 20s or 30s


87%
Female

77%
Caucasian

27% identify as a racial or ethnic minority.

65% report earning a salary in the range of **$50,000-$99,000**

41% report they provide telehealth services and **three-quarters** of those report providing telehealth services to patients in rural areas.

The majority of PMH-RNs (61-71%) report that for most patients they:

- ☑ **Assess physical health status**
- ☑ **Assess mental health status**
- ☑ **Educate patients and families**

Approximately 40% of PMH-RNs report they are **providing counseling** and **therapeutic relationships** to most patients, a key component historically of the PMH-RN role.

89% work in hospitals

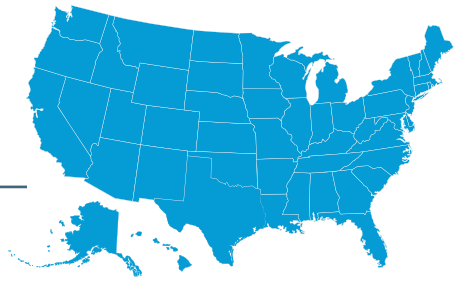
22.4% work in a mental health clinic

9.4% work for the Veterans Health Administration

80% of PMH-RNs in their 20s and **57%** of PMH-RNs in their 30s have earned a Bachelor of Science in Nursing (BSN)

25% **of PMH-RNs** are currently enrolled in a formal education program.

PMH-RNs work within the same scope of practice regulations **across all U.S. states**.



PMH-RN Roles

52.2%
staff nurses

13.1%
nurse educators

8.9%
nurse managers

7.3%
nurse administrators

6.4%
nursing supervisors

PMH-RN FINDINGS OF NOTE:

- **The PMH-RN workforce is aging; young professionals are needed to join the profession**. Nearly half of PMH-RNs report a plan to retire over the next 10 years, with an additional 13% reporting they are undecided. We must attract many more people to pursue a career in PMH nursing. Currently, the 20-29 age range makes up the smallest percentage of PMH nurses.

- **The PMH-RN workforce has become increasingly well-educated**. 82% of PMH-RN respondents ages 20-29 indicate their initial nursing degree is a BSN – which is a higher level of education than in the general RN population.

- **PMH nursing is a great career opportunity for racial/ethnic and gender minorities in the field**. The PMH-RN workforce has a different racial/ethnic and gender composition than the general RN population, with double the number of Black or African American nurses and a greater proportion of multiracial nurses and male nurses among the PMH-RN population.

- **Few PMH-RNs work in rural locations**, which contributes to the service gap and challenges with access in these areas of the country. PMH-RN respondents overwhelmingly work in metropolitan counties. Of the 2,069 responding PMH-RNs, only 12 report working in rural counties.

- **PMH-RNs work in settings that accept a diverse payment mix**. Because PMH-RNs predominantly provide care within hospital and clinic settings, their care is often covered by Medicare, Medicaid, and private insurance – unlike many other mental health care providers.

PMH-RNs have the potential to significantly transform the delivery of mental health and substance use care. **We must therefore advance efforts to attract more young professionals to careers in PMH nursing** across all areas of the U.S., with particular effort to expanding the numbers of those working in non-hospital-based settings and underserved and rural areas.

Profile:

THE PSYCHIATRIC-MENTAL HEALTH ADVANCED PRACTICE REGISTERED NURSE

PMH-APRNs possess additional education and training that qualifies them for advanced practice certification and licensure. Recognized as one of the fastest growing Nurse Practitioner (NP) fields in the U.S., currently more than 39,000 PMH-APRNs provide mental health and substance use services in a wide variety of settings. **Based on data from the APNA PMH nursing workforce survey, here is a view of today's PMH-APRN.**

54
Average Age

Just **25%** of the PMH-APRN population is under age 45

90%
Female

80%
Caucasian

20% identify as a racial or ethnic minority.

88%

work in metropolitan areas of the country. **Just 1% work in rural areas**.

85%

provide telehealth services. On average, providing telehealth services in **2 states** to **25 patients** per week as part of their practice.

70% of PMH-APRNs provide psychotherapy in combination with medication management.

42% of PMH-APRNs completed Medication for Addiction Treatment (MAT) waiver training to provide buprenorphine for opioid use disorders. **72%** of those went on to apply for a DEA X-waiver.

88% of PMH-APRNs report having prescriptive authority.

47% of PMH-APRNs earn **$100,000-150,000**/yr
13% earn **$75,000-99,000**
11% earn **$150,000-200,000**

70% practice in outpatient settings

15% practice in hospitals

2% practice in correctional facilities

2X MORE

ANCC certification among PMH-APRNs. 2013 (**13,393 PMH-APRNs**) to 2020 (**26,690 PMH-APRNs**)

82% earned a Master of Science in Nursing (MSN) degree.

17% earned a doctoral degree.

68.5% have graduated since 2000.

36% completed their PMH-APRN preparation during the last decade. **DOUBLE** the previous decade.

PMH-APRNs...

- ☑ Prescribe medications (**76.3%**)
- ☑ Conduct diagnostic evaluations (**66%**)
- ☑ Order lab tests and diagnostic studies (**41.5%**)
- ☑ Provide education (**81.5%**)
- ☑ Provide care coordination (**43.5%**)

PMH-APRN FINDINGS OF NOTE:

- **PMH nursing is one of the fastest growing fields among new nurse practitioners**. PMH-NP programs have nearly doubled over the past 8 years (114 programs in 2015, 208 programs in 2021). In addition, PMH-NP lifespan certifications have increased 30% since 2019. Continuing this expansion of preparation for and practicing PMH-APRNs is critical to addressing the nation's shortage of psychiatric-mental health professionals.

- **PMH-APRNs provide two key primary mental health functions**. 70% of PMH-APRNs provide psychotherapy in combination with medication management.

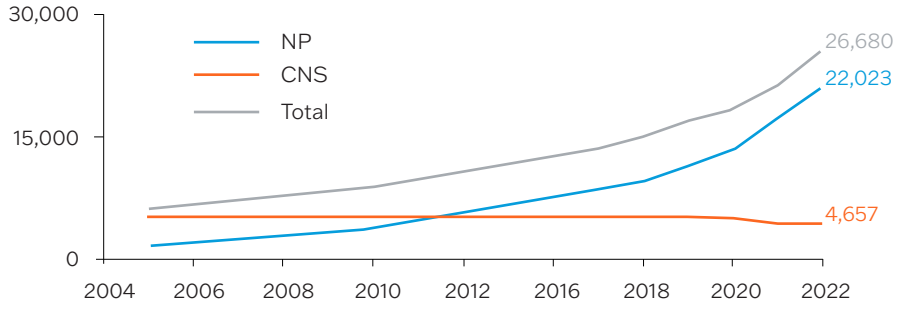
- **PMH-APRNs increase equity and access to mental health and substance use disorder services**. Nearly 70% of PMH-APRNs indicated that most of their patients use insurance. Providing services to this patient population is critical as an estimated 45% of psychiatrists and 30% of psychologists do not accept any form of insurance.

- **Most PMH-APRNs expand access to mental health and substance use disorder care by providing telehealth services**. It's important to note that since the APNA study was conducted at the beginning of the COVID-19 pandemic, the telehealth data may represent only a fraction of those services, as PMH-APRN regulations and ability greatly expanded during the last 2 years. (Some states only temporarily enabled PMH-APRNs to provide these services during the Public Health Emergency.) Future research and policies will continue to look at expanding the availability of telehealth services.

- **PMH-APRNs are one of just three other professions licensed to provide the full range of mental health services, including prescribing medications in most states**. As the number of practicing PMH-APRNs expand, the current lack of hospital admitting privileges may become a significant barrier to patients in acute distress who need access to mental health services.

- **PMH-APRNs are a vital resource for closing disparities in opioid treatment**. A significant and growing percentage of recent PMH-APRN graduates have gone on to complete Medication for Addiction Treatment (MAT) training, which allows them to obtain a DEA X-waiver to prescribe buprenorphine for opioid use disorders.

PMH-APRN Workforce Numbers by Certification



OBSTACLES TO EXPANDING PMH NURSING TO IMPROVE ACCESS & EQUITY IN MENTAL HEALTH CARE

More PMH nurses are needed to address the nation's shortage of qualified psychiatric-mental health professionals.

Interestingly, the importance of the growth in PMH-APRNs was recently documented in a new study led by researchers at the Harvard T.H. Chan School of Public Health, which found that the number of PMH-NPs increased 162% from 2011-2019 – to providing nearly 1 in every 3 mental health prescriber visits to Medicare patients nationally in 2019 – while the number of psychiatrists billing Medicare dropped by 6% during that period. **The study determined that without this growth in the PMH-NP workforce, there would have been a steep 30% decline in mental health specialist visits for Medicare patients. Instead, the drop was just 12%**.

These findings put a direct spotlight on the vital role PMH nurses play within the mental health workforce and illustrate the positive impact these professionals can make in helping to address the ongoing mental health crisis.

While PMH nursing is a rapidly expanding profession with strong career trajectories and compensation, **nursing educators, policymakers, state regulators, and those within the profession must come together to find ways to attract, mentor, and empower more PMH nursing professionals to increase access to mental health care**.

To accomplish this, two key ongoing challenges must be addressed:

1) **Nursing Education has not kept pace with the demand for PMH nurses.**

While there has been strong expansion of PMH-NP programs to help grow the next generation of PMH-APRN practitioners, very few undergraduate nursing schools are able to offer students exposure to PMH nursing-specific education delivered by an expert in the field; PMH nursing mentors; or opportunities to learn about the profession.

Students enrolled in general nursing programs continue to report an overall lack of defined, testable mental health care content and competencies included within current nursing school curriculum. This ongoing shortage of PMH nursing faculty at the undergraduate and graduate levels blocks the development of a pipeline of PMH nurses needed to expand the workforce.

In addition, when surveyed by APNA, PMH-RNs report that one of the barriers they encounter in pursuing a career in PMH nursing was nursing school faculty members misrepresenting the experience required prior to becoming a PMH-RN. These findings are consistent with research that suggests there is a stigma associated with specializing in PMH nursing and a negative view of PMH nursing persisting within nursing schools.

2) Many States Still Unnecessarily Restrict the Scope of Practice of PMH Nurses

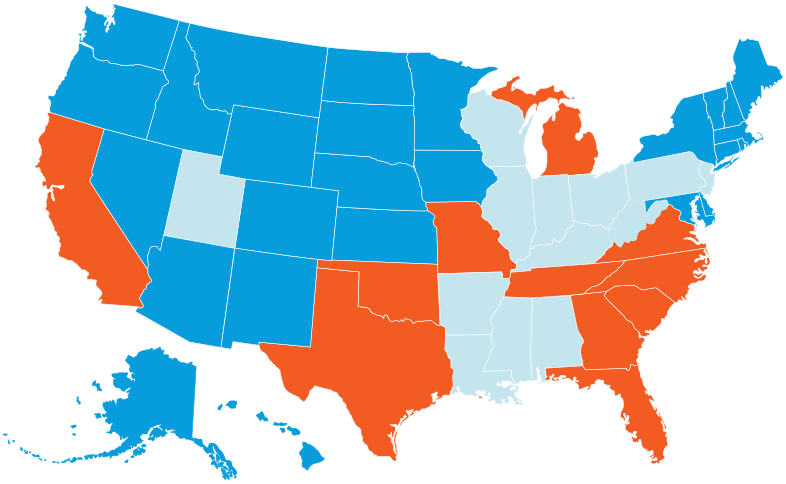
Currently, 26 states and the District of Columbia fully allow PMH-APRNs to diagnose, treat, order diagnostic tests, and prescribe medications to patients without physician oversight.

Despite the rapidly expanding mental health crisis, 13 states continue to limit PMH-APRN scope and practice and an additional 11 states' regulations severely restrict PMH nursing scope of practice.

PMH nurses must be permitted to work to the full extent and authority of their education and training.

If the goal is increasing patient access to quality mental health and substance use care, the important role of PMH nurses must be fully employed in both education and in practice.

> "Eliminating restrictions on the scope of practice of advanced practice registered nurses and registered nurses so they can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs and improve both access to care and health equity"
>
> — **National Academies of Sciences, Engineering & Medicine** *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*



Full Practice

Reduced Practice

Restricted Practice

Map Source: AANP

A Call to Action
TO ADDRESS THE MENTAL HEALTH STATE OF EMERGENCY

PMH nurses play a pivotal and expanding role within the U.S. mental health workforce. In addition to consistently holding the top position of public trust within the field of health care, nurses working in psychiatric-mental health are rigorously educated, clinically trained, and provide a wide range of evidence-based care and treatment.

PMH nurses actively expand access and health equity by working in a wide variety of care settings, accepting most forms of government and private insurance, and leveraging telehealth services to reach patients in underserved areas.

SAMHSA reports the need for more than half a million additional Psychiatric-Mental Health (PMH) nurses to reach merely adequate access to mental health and substance use care.

The nation needs more PMH nurses to reduce the shortage of accessible mental health professionals and expand health equity across under-resourced communities.

As mentioned previously, SAMHSA called for more than half a million additional PMH nurses to reach "merely adequate access" to mental health and substance use care. **To create a trajectory towards addressing the shortage of qualified mental health professionals, key national stakeholders and policymakers must consider the following opportunities**:

- The deep skillsets and **vital role of PMH nurses must be fully understood by policymakers, government regulators, and industry influencers** so the number and roles of PMH nurses can be intentionally expanded in light of the widespread shortage of mental health providers and the high rate of retirements forecasted among practicing mental health professionals.

- **Leaders at top health and mental health organizations should include the full picture of the PMH nursing workforce in discussions about the nation's mental health workforce** and leverage PMH nurse expertise in efforts to design solutions to our nation's pressing mental health challenges.

- **Mental health stakeholders should use data from the** APNA workforce report **to inform studies and decisions about the mental health workforce and access to funding**. Comprehensive information about PMH nurses and their skillsets must be included in these national-level discussions about mental health treatment, access, and health equity.

- **Policymakers in states that currently limit PMH nurses' scope of practice should be better informed about the full range of services in which PMH nurses are educated and trained, and their potential to broaden access to mental health and substance use care**. PMH nurses must be utilized to the full extent and authority of their education and training within health care systems across ALL states.

- **Schools of Nursing can embrace their role in helping to solve the psychiatric-mental health provider shortage by recruiting and educating more PMH nurses**. Nursing education institutions can ensure that their curriculum promotes an understanding that mental health and substance use disorders should not be stigmatized – they are illnesses from which recovery is possible. Nursing schools can broaden students' access to PMH nursing-specific education; provide information about careers in PMH nursing; recruit more PMH nursing faculty; offer students psychiatric rotations in a variety of settings; and connect students with experienced PMH nurses.

- **All stakeholders in mental health care must recognize and prioritize the need to recruit and train a more diverse PMH nursing workforce,** as PMH nurses are uniquely equipped to advance health equity across circumstances, communities, and abilities. Strengthening the number of PMH nurses will further align public health, health care, and social services to eliminate health disparities and achieve health equity in all communities.

- **Solutions must be developed to help attract more PMH nurses to work in and expand the reach into rural and underserved areas of the country**. The previously mentioned Harvard study found that in states where PMHNPs have no restrictions on prescribing medication, they account for 50% of the mental health prescriber visits in rural areas. To further bolster the reach of mental health care in rural areas, we must increase awareness, availability, and the effectiveness of telemental health services there. Currently, telehealth services are out of reach for 21 million Americans who still do not have access to broadband Internet in their communities.

- **U.S. health care stakeholders must prioritize the integration of substance use and mental health screening within primary health care visits nationally to educate patients and effectively guide them to treatment resources**. In addition, increased resources and funding for substance use treatment both long and short term, including tobacco use are needed to more effectively address the nation's rising rates of substance use disorders.

- **Ongoing research is needed to study the impact and growth of the PMH nursing workforce** to adequately represent this field to government decision-makers and stakeholders.

CONCLUSION

An expanded workforce of highly skilled PMH nurses has the potential to meet gaps in access and equity within mental health and substance use care throughout the nation.

Therefore, it is vital that national-level mental health stakeholders fully understand the important impact and contributions of the PMH nursing workforce; support efforts to allow PMH nurses to practice to the full extent of their education and training in all states; and help attract young professionals from diverse backgrounds to pursue careers in PMH nursing.

PMH nurses have been the unrecognized solution in most national-level discussions of access and equity within mental health and substance use care. As a result, this comprehensive PMH nursing workforce report aims to fuel national stakeholder understanding and help identify key trends to inform future policy and funding decisions impacting mental health care.

APNA is committed to advancing PMH nursing and has stepped forward to provide research, education, and resources to continually strengthen the skillsets of PMH nurses.

For example, APNA provides:

- 24 hours of MAT education
- Access to free undergraduate faculty resources
- Expanded suicide prevention education
- Free opioid education and resources
- Curriculum to help nurses transition into the psychiatric-mental health field

APNA is also working to inspire nursing students to pursue careers in PMH nursing by:

- Encouraging increased student exposure to PMH nursing
- Providing annual student scholarships,
- Facilitating avenues for students to connect with career mentors
- Offering discounted student memberships with numerous benefits

Through this ongoing workforce development initiative, APNA continues to communicate essential data and information to decision-makers and stakeholders to ensure that, as policies and systems are constructed to expand access to mental health care, psychiatric-mental health nurses are utilized to the full scope of their roles.

The core of any national effort to address the shortage of mental health professionals and reduce the number of Americans in need of treatment must be an expansion of the PMH nursing workforce to practice within the full scope and authority of their education and training in all states.

APNA looks forward to contributing vital PMH workforce data to the national conversation and partnering with key mental health stakeholder organizations to address shared goals of improved access and equity in mental health care.