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To:

National Council of State Boards of Nursing
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Attn: Nancy Chornick, PhD, Director of Practice & Credentialing

3/30/06

From:

American Psychiatric Nurses Association
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Thank you for this opportunity to provide feedback on your Draft document: Vision Paper: The Future Regulation of Advanced Practice Nursing (2006). The comments included here represent an analysis of members' responses to the NCSBN Draft and the APNA Board of Directors.

CNS Title: As expected, there was a disconcerted reaction to the suggestion that the CNS title be removed from the Advanced Practice Registered Nurse category (NCSBN, Recommendation 2, pg. 2). The Specialty of Psychiatric Mental Health Nursing has always been Master's level education, and now has prescriptive privileges in a majority of states under the CNS title. A second concern comes from the many CNS in the specialty who elected not to seek prescriptive authority, but have maintained psychotherapy practices, consultation-liaison positions, case management, and clinical supervision. Psychotherapy has been the hallmark of advanced practice in psychiatric mental health nursing (both CNS and NP), and should not be considered within the RN scope of practice (See: Scope and Standards for Psychiatric Mental Health Nursing, ANA, 2000, and 2006 in review - APNA.org; NCSBN, pg. 14). This would have major legal, financial, and policy implications, and jeopardize the equality we have with other mental health professionals who provide psychotherapy.

The advent of the NP title for Psychiatric Mental Health Nursing, while helpful to achieve prescriptive authority in states which only recognized this title, was a confusing move for the specialty, consumers, regulators, and third party payers. The recent outcome of a Logical Job Analysis suggests that the role differences between CNS and NP are minimal (See Logical Job Analysis Report, APNA.org).

‘Grandfathering’ CNSs into the NP category seems reserved for those who diagnose, have prescriptive authority, and work in an independent practice setting (NCSBN, pg .1). This would conceivably leave out those CNSs who diagnose, practice psychotherapy, and practice independently. Historically, ‘grandfathering’ Primary Care NPs without Master’s degrees resulted in a lack of mobility beyond the state which ‘grandfathered’ them if they did not achieve additional education. We would hope the same outcome would not exist for all CNS (prescribing and/or psychotherapy) ‘grandfathered’ under this provision, since they have met the educational requirements for their title.

Independent Status/Compact: The recommendation for Independent Practitioner Status is a welcome suggestion for the Psychiatric Mental Health Nursing community (NCSBN, Recommendation 7, pg.2). As Master’s prepared clinicians, we have had the opportunity (and created it) to practice independently and receive third party reimbursement for our services. For many psychiatric APRNs, the advent of prescriptive practice with accompanying supervisory or collaborative practice agreements was a step backward. Interdisciplinary practice has been a hallmark of psychiatric mental health care.

The recommendation for a Compact (NCSBN, Recommendation 8, pg. 19) to facilitate the mobility of advanced practice nurses is certainly welcome given the difficulties psychiatric mental health nurses have faced with titling differences in states, and limitations in scope of practice regardless of education and training.

Broad Based Education/Core Exam: There is concern about the suggestions that 1). educational requirements be broad (across life span, populations, and settings, NCSBN, pgs.1, 9.) for NP programs and 2). a core, state licensure examination would be taken by all NPs prior to completing a residency. For the specialty of Psychiatric Mental Health Nursing this potentially confuses the scope of practice for our graduates (e.g., can they now do primary care?), while relegating the amount of time to acquire specialization in the field (e.g., diagnosing psychiatric illness, treatment options – psychotherapy, prescribing, managing severely ill clients in the community, safety, etc) to the residency level. While the scope of practice for the Advanced Practice Psychiatric Nurse has expanded to include more emphasis on physical health indices and health promotion activities (See NONPF Competencies for Psychiatric NPs, 2003), it seems excessive to complete an entire program with a ‘generic curriculum’ focus. This could further reduce the current shortage of APRNs in Psychiatric Mental Health Nursing, especially those who serve the elderly, children, and practice in rural areas. It also suggests that psychiatric mental health nursing is a specialty under ‘primary care’.

The Practice Doctorate Curriculum and Competencies remain in a stage of early development. Until the specialty of Psychiatric Mental Health Nursing can determine the best strategies for our Practice Doctorate educational programs and residency requirements, the ‘broad based’ educational focus steers us toward primary care and away from the specialization needed to care for complex emotional and behavioral disorders. The concern over a narrow focus of APRN practice has not been an issue for

Psychiatric Nursing (NCSBN, pgs. 4, 6, 7). The need for psychiatric mental health nursing experts is increasing as neuropsychiatric disorders have come to represent 25% of the world's health problems (NIMH website), depression will become the second and in some regions the first major health issue (WHO), and declining hospital stays have become commonplace for mental health care. Broad based education has historically diluted mental health content in the face of declining numbers of psychiatric mental health nurse faculty. Perhaps we are better served by using a model similar to Nurse Midwifery or Nurse Anesthetists until the designs of specialty programs at the Doctoral level are framed (NCSBN, pg 10).

Regulation/Accreditation: Regulation of APRN programs by the Board of Nursing and Accreditation by designated bodies have often not appreciated the education and training needs of the Psychiatric Mental Health Nursing specialty. The ability to manage severely ill clients across settings requires a complex amount of skill level. To merge specialty education under a broad umbrella program further reduces the ability for graduates to acquire the skill level needed to work in these arenas. Mental health specialists are not interchangeable members of the general health team, nor are they a specialty under the larger umbrella of primary care. Advanced Practice Psychiatric Mental Health Nurses are experts in diagnosing and treating a wide range of mental health and behavioral disorders of the most serious nature.



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Recommendations:

1. All CNS and NP who hold psychiatric mental health nursing certification at the advanced level should continue to be recognized as APRN-PMH. This is regardless of prescriptive practice or psychotherapy practice. Grandfathering should not limit mobility to practice in different jurisdictions.
2. Broad based education programs should limit the focus of primary care education for advanced practice psychiatric nursing programs to that content which complements and is relevant to the specialty focus of psychiatric mental health nursing knowledge.
3. Psychiatric nurse educators/practitioners should serve as consultants to Boards of Nursing and Accreditation Bodies in order to preserve the essence of specialty education and practice standards.
4. Independent Practice status should continue for CNSs in Psychiatric Mental Health Nursing who do not have prescriptive practice, but provide advanced forms of psychotherapy.
5. Consider Psychiatric Mental Health Nursing within the same context as Nurse Midwifery and Nurse Anesthetists. The specialty has a certification process that has been in place for almost 27 years; Scope and Standards of Practice which outline the essence of our roles; and competencies for NP practice. The Association (APNA) has created advanced practice examinations and completed a logical job analysis. Future development of a specialty focused accrediting body could supplement the generic accreditation process, and bring further clarity to the scope of practice and educational uniqueness of psychiatric mental health nursing.

Respectfully Submitted,

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