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Yes, Nurse Practitioners Deliver Psychiatric Services

To the Editor: There are too few mental health providers compared to the number of psychiatric patients, and the need for mental health services is increasing.¹ Nurse practitioners (NPs) can help fill this gap.¹ Many patients have appointments for psychiatric needs in the family practice setting.² Family and adult NPs work with this patient population, as do family physicians, and with more training can become part of both the mental health and medical teams. Psychiatric mental health NPs (PMHNPs) are trusted to administer care to patients.³ Due to the rising costs of medicine, provision of alternative treatments is needed.⁴ More health care availability, better insurance coverage, and a wider scope of practice for NPs could improve psychiatric service delivery.⁵

Quantity. There is an insufficient number of PMHNPs to meet the needs of psychiatric populations.⁶ Nursing educators are working to meet this demand.³ In the past decade, the number of NPs in the United States has doubled.⁵ Many states have expanded NP roles with increased autonomy,¹ which allows PMHNPs to alleviate some of the gaps in care, especially in rural areas.⁵ Each state regulates the scope of PMHNPs; therefore, providers should be aware of their own state laws.¹ Confusion about the rules of practice limits the role of PMHNPs.⁵

Awareness. Increased autonomy leads to increased legal risk, thus PMHNPs should know the details of their practice guidelines.¹ PMHNPs must understand rules related to abandonment of patients, involuntary hospitalizations, and capability to consent.¹ In comparison to other NPs, PMHNPs are more limited with regard to hospital privileges and may be restricted from admitting patients to the hospital as well.⁵ However, PMHNPs can provide services similar to psychiatrists, with varying exceptions per state regulations. For example, PMHNPs in Kentucky can now prescribe medications like psychiatrists do, except in lower quantities (Maryl Smith, MSN, oral communication, February 19, 2019). However, rules that prohibit them from conducting a Medicare intake history and physical examination limit their practice (eg, restricting their ability to admit patients to the hospital) (Maryl Smith, MSN, oral communication, February 19, 2019).

Vision. Nursing roles are changing. Therefore, nursing education should be upgraded to prepare graduating classes for

modern PMHNP roles. The vision for the future is to train more NPs for practice in psychiatry.⁶ Appropriate education can facilitate quality of service.⁷ The US federal government is addressing the gaps in mental health care, especially with regard to drug abuse.⁷ Medical practices should strive to retain new and experienced staff in part-time or volunteer roles.⁷

Conclusion. PMHNPs can improve the quantity and quality of psychiatric care. Education of PMHNPs to fill this role is facilitated by government and professional organizations.⁴ Expansion of hospital privileges for PMHNPs and support of their autonomy are suggested.⁶

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