Psychiatric Nursing: PMH RNs and PMH APRNs Roles In Community Based Mental Health Care

Kathleen R Delaney, PhD, PMHNP, FAAN
Professor Emerita
Rush University Medical Center, College of Nursing

Focus for Today

- Define the Psychiatric Nursing Workforce
- Data on capacity in the PMH RN and PMH NP workforce/ Projections for growth
- Training and Scope of Practice
- Workforce Roles: With a particular focus on Care Coordination
- Challenges With Care Coordination Role Development
- Utilizing PMH Nurses to increase reach and effectiveness of Community Based Mental Health Care

Who Are Psychiatric Nurses ?

The workforce includes two groups of nurses: PMH registered nurses (RNs) and PMH advanced practice registered nurses (APRNs).

PMH RNs: Nurses that have graduated from a nursing program and passed a national licensure exam which qualifies them to practice as an RN in the state of licensures guided by national Scope and Standards of Practice. PMH RNs provide care for individuals with mental health issues and psychiatric disorders including substance use disorders. They practice in behavioral health (BH) settings as well as non-BH settings such as primary care practices with integrated behavioral health services and RNs who practice in substance use services.

PMH APRNs: Nurses with graduate-level training who provide psychiatric care and promote mental health across the lifespan. PMH-APRNs conduct psychiatric assessments, diagnose, order/interpret diagnostic tests, and initiate/manage treatment for individuals and families with psychiatric and/or substance use disorders. Their Scope of Practice includes providing psychotherapeutic services and prescribing psychopharmacological medications. PMH APRNs include two groups of licensed APRNs: a large group of PMH Nurse Practitioners (NPs) and smaller cohort of PMH Clinical Nurse Specialist (CNSs).

Current Workforce: Size and Pipeline

PMH_ RNs : **Approximately 104,000**
From the 2024 National Nursing Workforce Survey

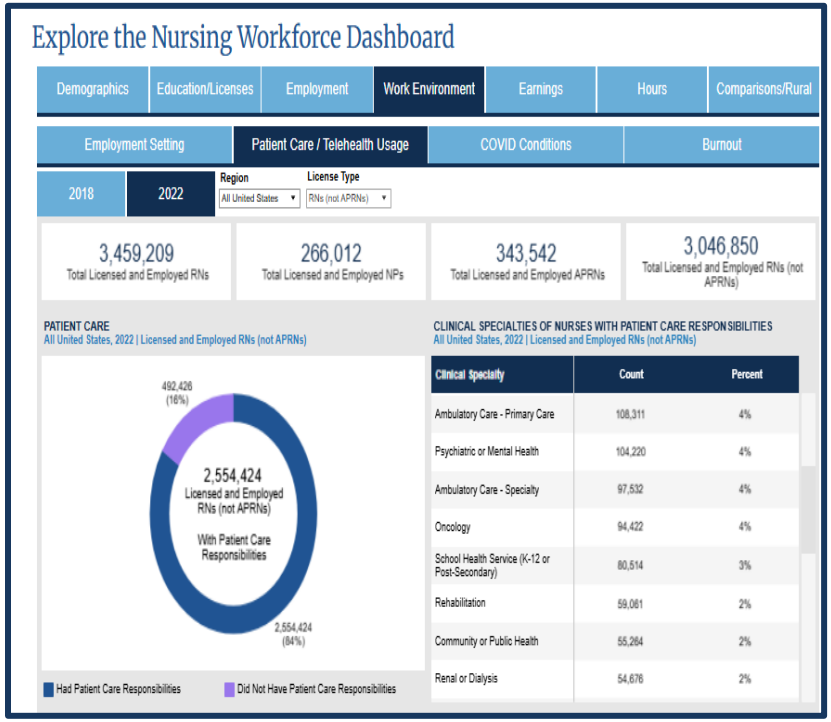
In 2023, approximately 227,000 nurses graduated in the US adding to the 3.2 million fully employed RNs

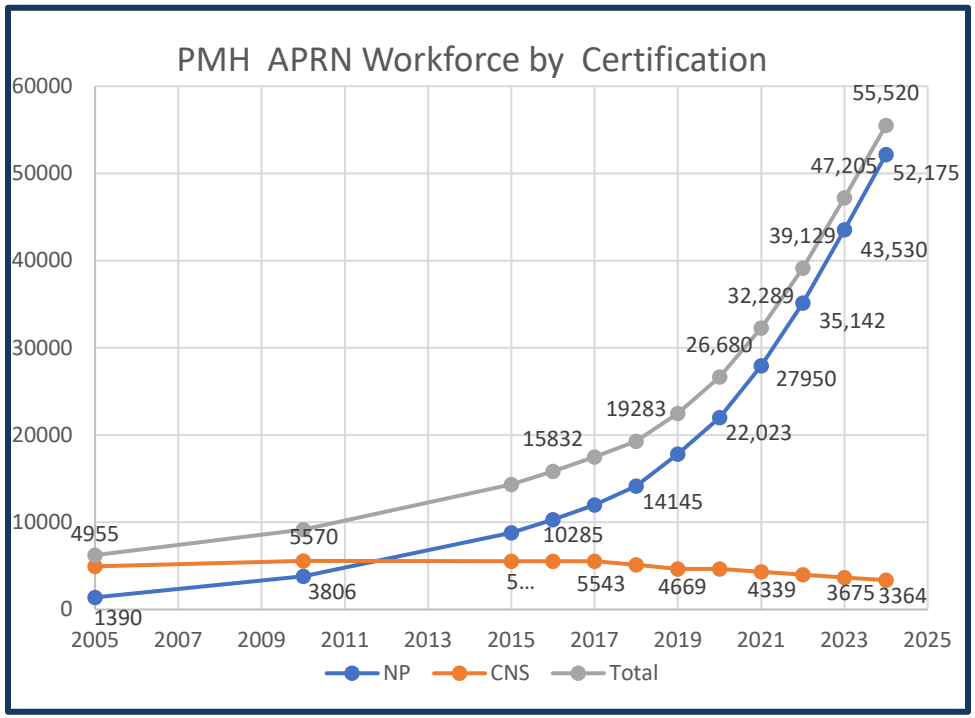
PMH_ APRNs: **55,520** RNs hold a PMH Advanced Practice Certification (52,176 PMHNPs and 3,344 PMH CNSs).

The number of newly certified PMHNPs in 2024 was 5,455, graduating from one of 294 PMH NP programs.

Stable Number of PMH RNs
Significant Growth in PMH APRN Certified Workforce

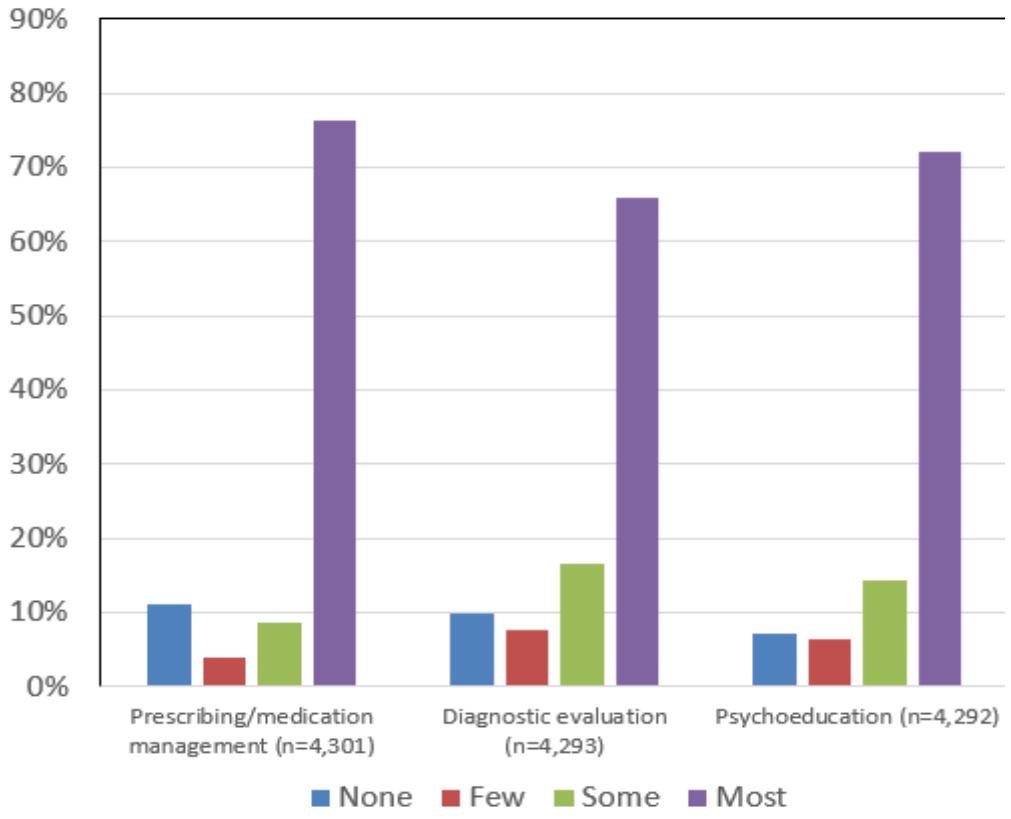
PMH RN Task Force historically and currently approximately 4% of RN employed workforce



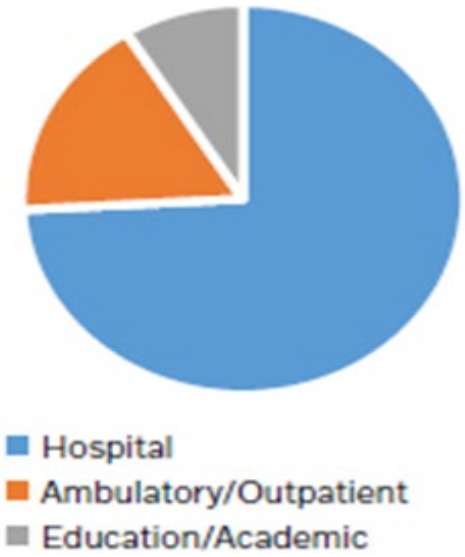


Workforce Roles: 70% of PMH APRNs Practice in Outpatient Settings; PMH RNs Practice Predominately Inpatient Settings

Services PMH APRNS Provide



Roles of PMH RNs



American Psychiatric Nurses Association (2022). APNA 2022 psychiatric-mental health nursing workforce report

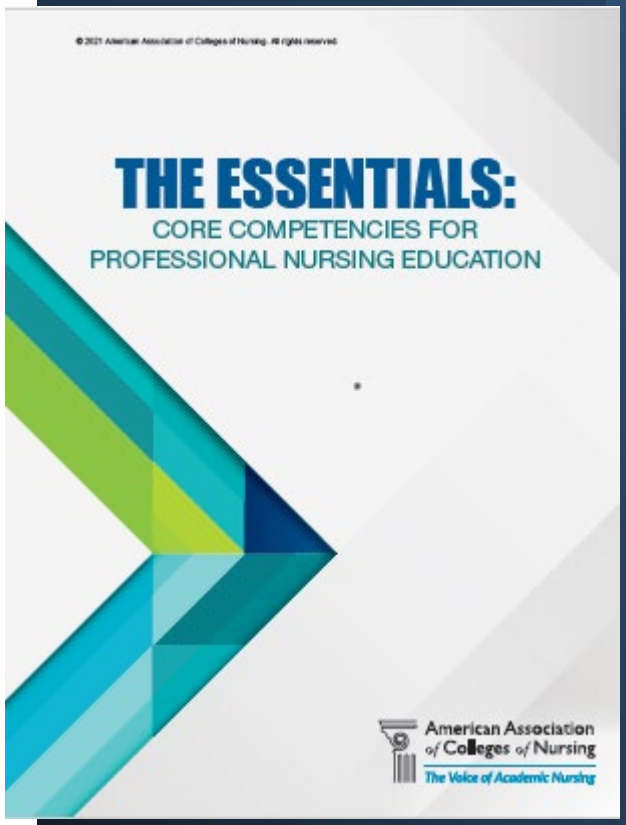
Scope and Training: PMH RN

RN training includes semester long practicums in several areas_ -including Psychiatry

Training aligns with AACN Essential Competencies _ 10 Domains

<u>Competencies related to Care Management</u>:

2.9 Provide care coordination.	
2.9a Facilitate continuity of care based on assessment of assets and needs.	2.9f Evaluate communication pathways among providers and others across settings, systems, and communities.
2.9b Communicate with relevant stakeholders across health systems.	2.9g Develop strategies to optimize care coordination and transitions of care.
2.9c Promote collaboration by clarifying responsibilities among individual, family, and team members.	2.9h Guide the coordination of care across health systems.
2.9d Recognize when additional expertise and knowledge is needed to manage the patient.	2.9i Analyze system-level and public policy influence on care coordination.
2.9e Provide coordination of care of individuals and families in collaboration with care team.	2.9j Participate in system-level change to improve care coordination across settings.



<u>Additional relevant AACN domains include</u> competencies around promoting Self-Care Management, Patient-Centered Care, Population Health, Systems-Based Practice and Interprofessional Partnerships

Nursing Care Coordination in Chronic Disease Management Supports Particular Outcomes

ubiquity press open access

IJIC International Journal of Integrated Care

Int J Integr Care. 2021 Mar 19;21(1):16. doi: 10.5334/ijic.5518

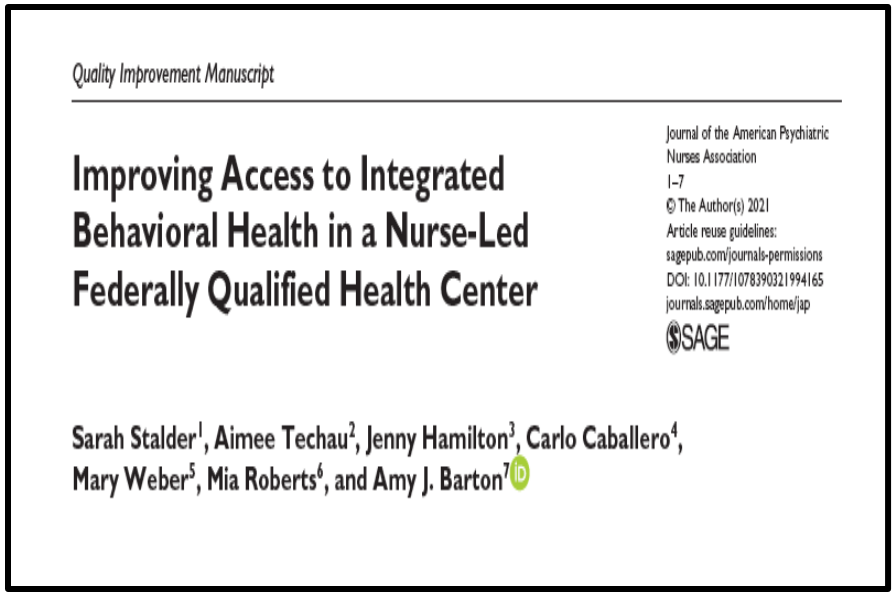
Nursing Care Coordination for Patients with Complex Needs in Primary Healthcare: A Scoping Review

Marlène Karam [1,2], Maud-Christine Chouinard [2], Marie-Eve Poitras [1], Yves Couturier [3,4], Isabelle Vedel [5], Nevena Grgurevic [1], Catherine Hudon [1,4]

Nursing Care Coordination in Mental Health: Large International Studies; One Multi-Site US study

Study		RN Care Coordination Activities
Prim Care Study	Sweden	RN care manager followed up symptoms and treatment, encouraged behavioral activation, provided education, and communicated with the PCP as needed patient's general practitioner as needed.
SMADS Self-Management Support for Anxiety, Depression and Somatoform Disorders in Primary Care	Germany	In cooperation with the patients, RN developed specific objectives to be achieved and their hierarchy of goals -Developed strategies to achieve goals - Used 9 intervention modules - connection with services, education, developing daily activities, coping with daily hassles
Supported Employment Demonstration (SED)	USA	RN provided medication management support Medical care coordination, collaboration, and advocacy Educating participants and treatment teams regarding management of medical, substance use, and mental health conditions.

Work of Community Mental Health Nurses: What Does it Look Like on the Ground



Quality Improvement Manuscript

Improving Access to Integrated Behavioral Health in a Nurse-Led Federally Qualified Health Center

Journal of the American Psychiatric Nurses Association
1–7

DOI: 10.1177/1078390321994165
journals.sagepub.com/home/jap
SAGE

Sarah Stalder[1], Aimee Techau[2], Jenny Hamilton[3], Carlo Caballero[4], Mary Weber[5], Mia Roberts[6], and Amy J. Barton[7]

Role of PMH RN

-RN met with PMHNP/BHP to assess acuity and determine patient tiers

- 2nd tier received consultation with PMH RN and PMHNP to manage symptoms
- RN: Medication management of Tier 2
- RN: Monitored care via AIMS Tracker
- Assisted PMHNP in coordinating services for mental and physical health
- Served as a liaison between PMHNP PCPS and BHPs

Work of Community Mental Health RNs What does it Look Like In Integrated Care

Community Mental Health Journal (2022) 58:1605–1612
https://doi.org/10.1007/s10597-022-00976-0

BRIEF REPORT

Factors that Sustained the Integration of Behavioral Health into Nurse-Led Primary Care

Jeana M. Holt[1] · Jennifer Kibicho[2] · Jean Bell-Calvin[3]

- RN role expanded to include training in brief behavioral interventions, facilitation of the completion of screening tools, treatment response tracking
- RN responsibilities included medication management, client follow-up regarding co-designed treatment plans as developed by collaborative care team members along with coordinating medical and social service referrals
- RN met with BHP weekly to coordinate care plans to address identified social and behavioral determinants of health (e.g., housing or food insecurity)
- RNs continued their engagement in on-site health education, and information and resource sessions

Practical Realities: What is Needed

Focus on PMH RN Community Role Development

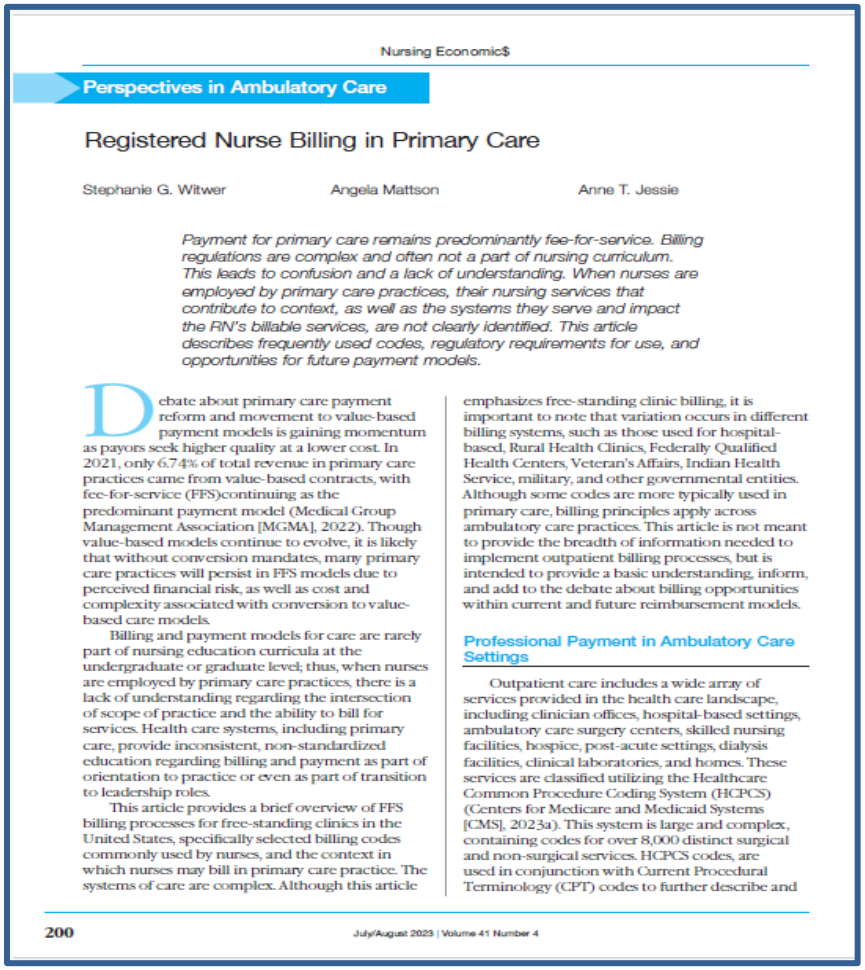
What the literature tells us

- Lack of role clarity[1]
- Stress of combining Care Coordination with administrative tasks[2]
- Assigned to Hard to Engage Clients[3]

1. Dada et al., 2025
2. Nembhard et al., 2020
3. Smith et al., 2023

Practical Realities Faced in PMH RN Community Mental Health Deployment

- Billing for Services
- Determining outcomes



Nursing Economic$

Perspectives in Ambulatory Care

Registered Nurse Billing in Primary Care

Stephanie G. Witwer Angela Mattson Anne T. Jessie

Payment for primary care remains predominantly fee-for-service. Billing regulations are complex and often not a part of nursing curriculum. This leads to confusion and a lack of understanding. When nurses are employed by primary care practices, their nursing services that contribute to context, as well as the systems they serve and impact the RN's billable services, are not clearly identified. This article describes frequently used codes, regulatory requirements for use, and opportunities for future payment models.

Debate about primary care payment reform and movement to value-based payment models is gaining momentum as payors seek higher quality at a lower cost. In 2021, only 6.74% of total revenue in primary care practices came from value-based contracts, with fee-for-service (FFS)continuing as the predominant payment model (Medical Group Management Association [MGMA], 2022). Though value-based models continue to evolve, it is likely that without conversion mandates, many primary care practices will persist in FFS models due to perceived financial risk, as well as cost and complexity associated with conversion to value-based care models.

Billing and payment models for care are rarely part of nursing education curricula at the undergraduate or graduate level; thus, when nurses are employed by primary care practices, there is a lack of understanding regarding the intersection of scope of practice and the ability to bill for services. Health care systems, including primary care, provide inconsistent, non-standardized education regarding billing and payment as part of orientation to practice or even as part of transition to leadership roles.

This article provides a brief overview of FFS billing processes for free-standing clinics in the United States, specifically selected billing codes commonly used by nurses, and the context in which nurses may bill in primary care practice. The systems of care are complex. Although this article emphasizes free-standing clinic billing, it is important to note that variation occurs in different billing systems, such as those used for hospital-based, Rural Health Clinics, Federally Qualified Health Centers, Veteran's Affairs, Indian Health Service, military, and other governmental entities. Although some codes are more typically used in primary care, billing principles apply across ambulatory care practices. This article is not meant to provide the breadth of information needed to implement outpatient billing processes, but is intended to provide a basic understanding, inform, and add to the debate about billing opportunities within current and future reimbursement models.

Professional Payment in Ambulatory Care Settings

Outpatient care includes a wide array of services provided in the health care landscape, including clinician offices, hospital-based settings, ambulatory care surgery centers, skilled nursing facilities, hospice, post-acute settings, dialysis facilities, clinical laboratories, and homes. These services are classified utilizing the Healthcare Common Procedure Coding System (HCPCS) (Centers for Medicare and Medicaid Systems [CMS], 2023a). This system is large and complex, containing codes for over 8,000 distinct surgical and non-surgical services. HCPCS codes, are used in conjunction with Current Procedural Terminology (CPT) codes to further describe and

Lack Systems for Tracking PMH RNs in Community Based Care Systems

Uniform Data System

Line	Personnel by Major Service Category	FTEs		Clinic Visits		Virtual Visits	
		% Group	% Total	% Group	% Total	% Group	% Total
1.	Family Physicians	7.12%	2.36%	20.25%	13.90%	24.53%	11.67%
2.	General Practitioners	0.53%	0.18%	1.83%	1.26%	1.59%	0.75%
3.	Internists	2.17%	0.72%	6.21%	4.26%	9.33%	4.44%
4.	Obstetrician/Gynecologists	1.41%	0.47%	4.27%	2.93%	2.37%	1.13%
5.	Pediatricians	3.31%	1.10%	11.46%	7.87%	8.60%	4.09%
7.	Other Specialty Physicians	1.05%	0.35%	4.40%	3.02%	1.36%	0.65%
8.	**Total Physicians (Lines 1–7)**	**15.58%**	**5.16%**	**48.42%**	**33.24%**	**47.78%**	**22.73%**
9a.	Nurse Practitioners	12.84%	4.25%	35.60%	24.43%	34.64%	16.47%
9b.	Physician Assistants	3.96%	1.31%	11.75%	8.06%	15.11%	7.19%
10.	Certified Nurse Midwives	0.75%	0.25%	1.80%	1.24%	1.00%	0.47%
10a.	**Total NPs, PAs, and CNMs (Lines 9a–10)**	**17.55%**	**5.81%**	**49.14%**	**33.74%**	**50.74%**	**24.13%**
11.	Nurses	21.64%	7.17%	2.43%	1.67%	1.47%	0.70%
20a.	Psychiatrists	5.59%	0.33%	9.29%	0.78%	15.51%	5.65%
20a1.	Licensed Clinical Psychologists	5.26%	0.31%	5.89%	0.49%	6.02%	2.19%
20a2.	Licensed Clinical Social Workers	31.34%	1.86%	32.93%	2.76%	30.51%	11.11%
20b.	Other Licensed Mental Health Providers	34.91%	2.07%	40.16%	3.36%	39.66%	14.44%
20c.	Other Mental Health Personnel	22.90%	1.36%	11.74%	0.98%	8.30%	3.02%
20.	**Total Mental Health Services (Lines 20a-c)**	**100.00%**	**5.93%**	**100.00%**	**8.38%**	**100.00%**	**36.42%**

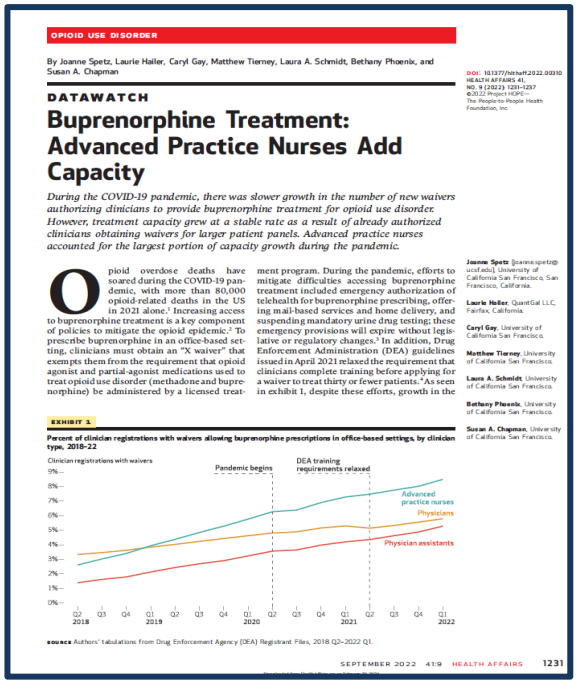
Difficult to Identify PMH RNs in Specialty Areas

UDS Addendum

Tracking 5-Year Trends in the Workforce Prescribing Psychotropics and Medications for Opioid Use Disorder: A Cross-Sectional Study

Ellen Schenk, MPP[1], Qian Luo, PhD[1], and Clese Erikson, MPA#[1]

[1]Fitzhugh Mullan Institute for Health Workforce Equity, Department of Health Policy and Management, Milken Institute School of Public Health, George Washington University, Washington, DC, USA



OPIOID USE DISORDER

By Joanne Spetz, Laurie Hailer, Caryl Gay, Matthew Tierney, Laura A. Schmidt, Bethany Phoenix, and Susan A. Chapman

DATAWATCH

Buprenorphine Treatment: Advanced Practice Nurses Add Capacity

During the COVID-19 pandemic, there was slower growth in the number of new waivers authorizing clinicians to provide buprenorphine treatment for opioid use disorder. However, treatment capacity grew at a stable rate as a result of already authorized clinicians obtaining waivers for larger patient panels. Advanced practice nurses accounted for the largest portion of capacity growth during the pandemic.

Opioid overdose deaths have soared during the COVID-19 pandemic, with more than 80,000 opioid-related deaths in the US in 2021 alone.[1] Increasing access to buprenorphine treatment is a key component of policies to mitigate the opioid epidemic.[2] To prescribe buprenorphine in an office-based setting, clinicians must obtain an "X waiver" that exempts them from the requirement that opioid agonist and partial-agonist medications used to treat opioid use disorder (methadone and buprenorphine) be administered by a licensed treatment program. During the pandemic, efforts to mitigate difficulties accessing buprenorphine treatment included emergency authorization of telehealth for buprenorphine prescribing, offering mail-based services and home delivery, and suspending mandatory urine drug testing; these emergency provisions will expire without legislative or regulatory changes.[3] In addition, Drug Enforcement Administration (DEA) guidelines issued in April 2021 relaxed the requirement that clinicians complete training before applying for a waiver to treat thirty or fewer patients.[4] As seen in exhibit 1, despite these efforts, growth in the

EXHIBIT 1

Percent of clinician registrations with waivers allowing buprenorphine prescriptions in office-based settings, by clinician type, 2018–22

SOURCE Authors' tabulations from Drug Enforcement Agency (DEA) Registrant Files, 2018 Q2–2022 Q1.

Joanne Spetz (joanne.spetz@ucsfadu), University of California San Francisco, San Francisco, California.

Laurie Hailer, QuantGal LLC, Fairfax, California.

Caryl Gay, University of California San Francisco.

Matthew Tierney, University of California San Francisco.

Laura A. Schmidt, University of California San Francisco.

Bethany Phoenix, University of California San Francisco.

Susan A. Chapman, University of California San Francisco.

DOI: 10.1377/hlthaff.2022.00310
HEALTH AFFAIRS 41,
NO. 9 (2022): 1231–1237

SELECTED SERVICE DETAIL ADDENDUM

Line	Mental Health Service Detail	Personnel (a1)	Clinic Visits (b)	Virtual Visits (b2)	Patients (c)
20a01	Physicians (other than Psychiatrists)				
20a02	Nurse Practitioners				
20a03	Physician Assistants				
20a04	Certified Nurse Midwives				
	Substance Use Disorder Detail	**Personnel (a1)**	**Clinic Visits (b)**	**Virtual Visits (b2)**	**Patients (c)**
21a	Physicians (other than Psychiatrists)				
21b	Nurse Practitioners (Medical)				
21c	Physician Assistants				
21d	Certified Nurse Midwives				
21e	Psychiatrists				
21f	Licensed Clinical Psychologists				
21g	Licensed Clinical Social Workers				
21h	Other Licensed Mental Health Providers				

Addressing the Structural Issues: What would Make a difference

Address High Need/Provider Compensation Balance:

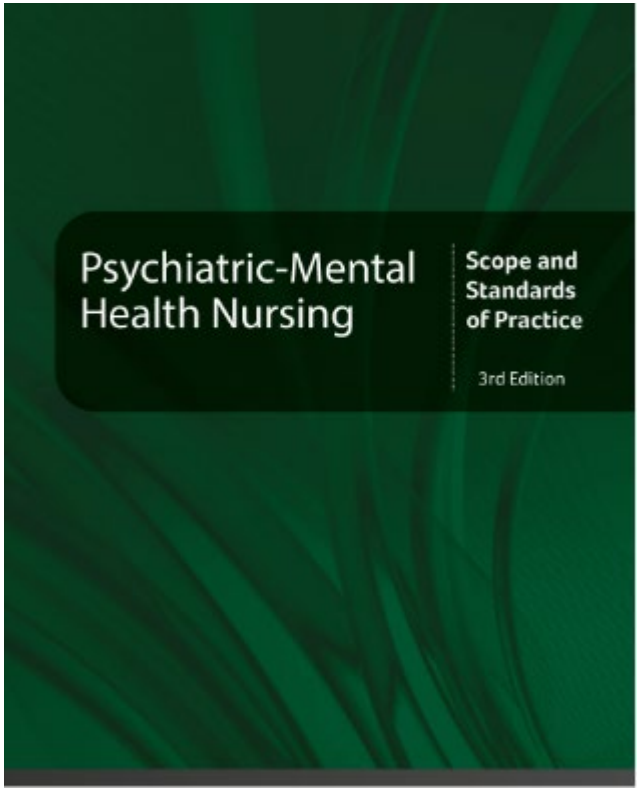
- **Devising systems to assure care coordination needs met**
- **Level of care matches intensity of need**
- **Leveling service needs with what level of licensure is required to perform and be reimbursed**

Determining Outcomes of RN Care Coordination in line with Population Needs:

- **Individuals treated via integrated care: Self efficacy to manage symptoms**
- **Individuals with multi- comorbidities**
- **Individuals difficult to engage in treatment**
- **Care Coordination roles and outcomes are context dependent**

Tracking use of and availability of PMH RN Care Coordinators

- **Modify national data bases to specify PMH RNs in mental health care coordination and outpatient roles**
- **Increase RN training practicums in community-based settings including substance use service sites.**



To achieve meaningful community engagement, particularly for vulnerable disenfranchised populations, will demand a new set of strategies that are largely lacking in the health sector

Organizing Committee for Assessing Meaningful Community Engagement in Health & Health Care Programs & Policies

Thanks so much for having me today

Select References

- af Winklerfelt Hammarberg, S., Björkelund, C., Nejati, S., Magnil, M., Hange, D., Svenningsson, I., ... & Westman, J. (2022). Clinical effectiveness of care managers in collaborative primary health care for patients with depression: 12-and 24-month follow-up of a pragmatic cluster randomized controlled trial. BMC Primary Care, 23(1), 198. https://doi.org/10.1186/s12875-022-01803-x
- Bury, D., Hendrick, D., Smith, T., Metcalf, J., & Drake, R. E. (2022). The psychiatric nurse care coordinator on a multi-disciplinary, community mental health treatment team. Community Mental Health Journal, 58(7), 1354-1360.
- Conway, A., O'Donnell, C., & Yates, P. (2019). The effectiveness of the nurse care coordinator role on patient-reported and health service outcomes: a systematic review. Evaluation & the health professions, 42(3), 263-296.
- Dada, O. D., Amankwaa, I., & Brownie, S. (2025). Perspectives of community mental health nurses as care coordinators within a multidisciplinary team: A systematic review. Journal of Interprofessional Care, 39(3).
- Denduyver, J., Detraux, J., Weydts, J., & De Hert, M. (2025). End-of-life care for people with severe and persistent mental illness: an umbrella review. European Psychiatry, 1-27.
- Hempel, S., Ganz, D., Saluja, S., Bolshakova, M., Kim, T., Turvey, C., ... & Miake-Lye, I. M. (2023). Care coordination across healthcare systems: Development of a research agenda, implications for practice, and recommendations for policy based on a modified Delphi panel. BMJ open, 13(5), e060232.
- Karam, M., Chouinard, M. C., Poitras, M. E., Couturier, Y., Vedel, I., Grgurevic, N., & Hudon, C. (2021). Nursing care coordination for patients with complex needs in primary healthcare: a scoping review. International journal of integrated care, 21(1), 16. https://doi.org/10.5334/ijic.5518
- Nembhard, I. M., Buta, E., Lee, Y. S., Anderson, D., Zlateva, I., & Cleary, P. D. (2020). A quasi-experiment assessing the six-months effects of a nurse care coordination program on patient care experiences and clinician teamwork in community health centers.. BMC Health Services Research, 20:137, https://doi.org/10.1186/s12913-020-4986-0
- Smith, T. E., Bury, D., Hendrick, D., Morse, G., & Drake, R. E. (2023). Barriers to client engagement and strategies to improve participation in mental health and supported employment services. Psychiatric Services, 74(1), 38-43.
- Swanson, S. J., Pogue, J. A., Becker, D. R., Langfitt-Reese, S., Brock, R. M., Smith, T. E., & Drake, R. E. (2024). Providing team-based mental health and employment services to non-traditional clients. Journal of Psychosocial Rehabilitation and Mental Health, 11(1), 45-54.
- Switzer, T., Metzler Sawin, E., Lam, C., & Robinson, J. (2024). Creation of an enhanced primary care registered nurse preceptor role: A pilot project. Journal of Community Health Nursing, 41(2), 75-81.
- Zimmermann, T., Puschmann, E., van den Bussche, H., Wiese, B., Ernst, A., Porzelt, S., ... & Scherer, M. (2016). Collaborative nurse-led self-management support for primary care patients with anxiety, depressive or somatic symptoms: Cluster-randomised controlled trial (findings of the SMADS study). International journal of nursing studies, 63, 101-111.