

Behavioral Health: Integration into Nursing Curricula

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2013 COHORT

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TIP project

PROBLEMS

- The U.S. behavioral health system is failing to meet the needs of the country
- The generalist nurse was not identified in any of the efforts to date aimed at seeking a workforce solution.

SOLUTIONS

- Acknowledge the RN as a potential workforce solution
- Provide resources needed to tap into the RN workforce for this role
- Support RNs to utilize their knowledge in the care of patients with behavioral health disorders.

Policy Context

- Mental Health: A Report of the Surgeon General (1999)
- President's New Freedom Commission on Mental Health (2003)
- Improving the Quality of Health Care for Mental and Substance-Use Conditions-Quality Chasm Series (Institute of Medicine, 2006)
- Better But Not Well: Mental Health Policy in the United States since 1950 (Dr. Richard G. Frank PhD, Dr. Sherry A. Glied PhD, 2006)
- Annapolis Coalition (2007)

Policy Context

- Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities (Institute of Medicine, 2009)
- The Future of Nursing: Leading Change, Advancing Health (RWJF Initiative on the Future of Nursing at the Institute of Medicine, 2010)
- Blueprint for Development of the Advanced Practice Psychiatric Nurse Workforce (Nursing Outlook, 2012)
- SAMHSA 2015 Strategic Plan: Leading Change 2.0 (2015)

Behavioral Health

- Behavioral health is being defined to include mental health disorders, mental illness, substance abuse disorders, and addictions.
- Behavioral health care includes promotion of emotional health; preventative activities; treatment services; and recovery support to those with mental illness, problems and/or addictions.

U.S. Department of Health and Human Services. (2013, Jan. 24). Report to Congress on the nation's substance abuse and mental health workforce issues

BH Cost Impact to US - Crisis

- \$193 billion in lost earnings every year
- Cost of unmet needs \$444 billion annually
- Only one-third of cost goes to health care
 - Bulk for disability payments and lost productivity
 - Does not include caregivers' lost earnings
 - Tax dollars spent to build prisons
 - Costs from those not accessing care



U.S. prevalence of mental health (MH) disorders

25% of adults

- Currently have MH disorder

50% of adults

- Experience MH condition in lifetime.

41,000

- Die annually from suicide
- ...1 person every 13 minutes



U.S. prevalence of substance abuse disorders



2014

- 20.2 adults (8.4%)
- 50% had a co-occurring medical issues

1999 to
2010

- 4-fold increase in opioid overdose deaths
- 4-fold increase in abuse treatment

Today

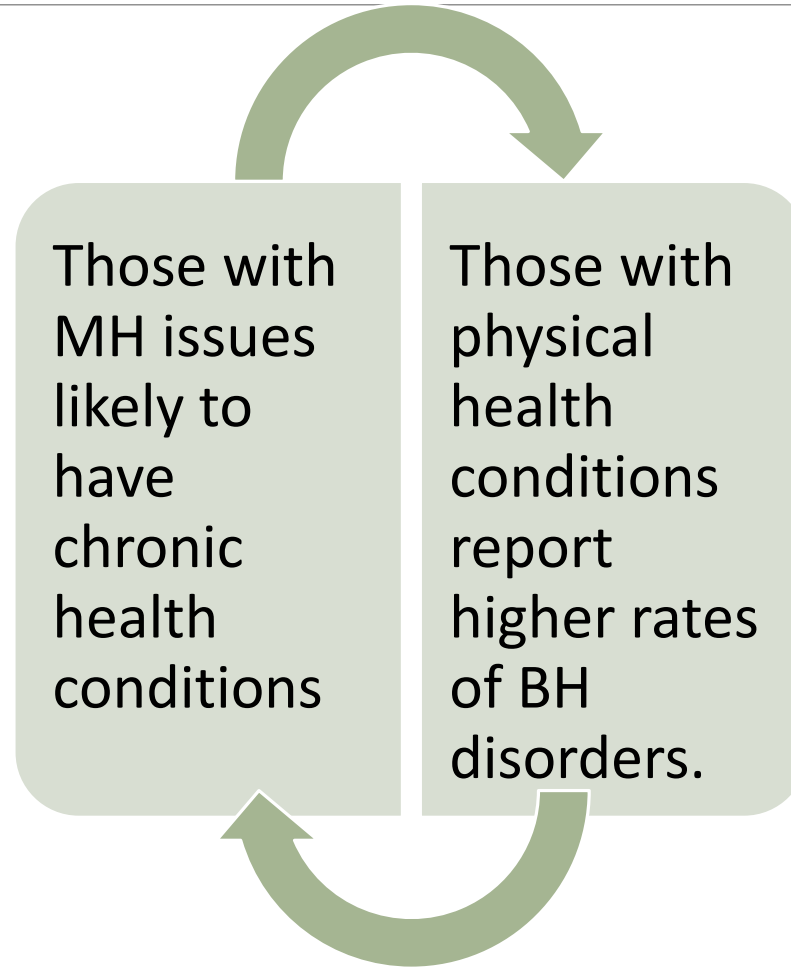
- Underrepresented populations are overrepresented in the statistics

In any population - sick or well - there is a high likelihood of BH disorders

- Account for 4 of 10 leading health problems in people 5-and-over.
- 16.3% prevalence of alcohol dependence in youth, including those over age 12.
- ~ 18.5% of current service members have PTSD or depression
- 2 to 6 times higher prevalence of intentional and unintentional injuries of total population



Relationship between BH conditions and physical health conditions



Unmet needs – unidentified and untreated



- **Underlying behavioral health disorders**
 - Interfere with recovery and participation in plan of care.
 - Affect individuals' management of health needs.
 - Impact pregnancy and post-partum
 - Impact veterans' reintegration into society.
 - Are less accessible to rural, poor, and pediatric populations.

BH Workforce Crisis

Inadequate workforce across disciplines

Geographic maldistribution of providers
– half of U.S. counties with no BH professionals

Lack of available treatment in primary care.

ACA increased insurance coverage – no increase of BH providers or sources.



Mental Health is FundaMental to Health!



Nurses: Potential to Effect Wide-Reaching Changes

Largest component of
health care workforce

Spend most time with
patients

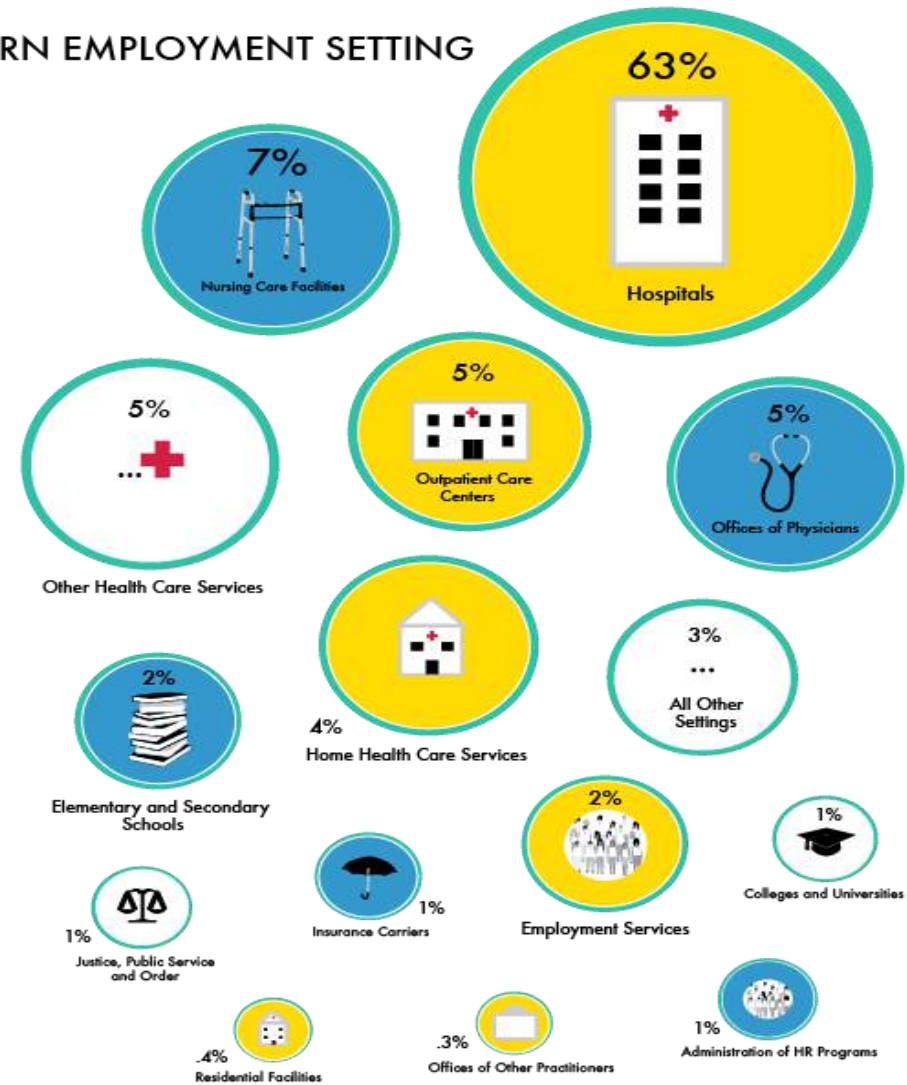
Understand care process
across continuum of care

Evidence links them to high-
quality patient care



NURSES: IN EVERY SETTING

RN EMPLOYMENT SETTING



Sources

1. The US Nursing Workforce: Trends in Supply and Education, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, April 2013
2. Occupational Employment Statistics, US Department of Labor, Bureau of Labor Statistics, May 2012
3. The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses, US Department of Health and Human Services, Health Resources and Services Administration, September 2010

Now Let's Connect the Dots...

Baccalaureate-prepared RNs have the basic BH competencies called for by the Annapolis Coalition

...RN roles are evolving with health care reform

...with better health outcomes being rewarded, the role of RNs should expand.

Annapolis Coalition (2007)	AACN BSN Essentials (2008)	Pioneer ACO Organizations (2015)
<ul style="list-style-type: none"> • Communication • Systems oriented 	Interpersonal communication	Embedded team member-hospital and primary care
<ul style="list-style-type: none"> • Collaboration & teamwork • Care planning and coordination 	Collaboration for improving health outcomes	<ul style="list-style-type: none"> • Care coordination and management • Patient education
<ul style="list-style-type: none"> • Screening & Assessment • Brief intervention • Cultural competencies 	<ul style="list-style-type: none"> • Baccalaureate generalist nurse practice • Clinical prevention and population health 	<ul style="list-style-type: none"> • Direct patient care • Patient triage • Population health • Assessment • Care across the continuum
Practice-based learning and quality improvement	<ul style="list-style-type: none"> • Basic organization and systems leadership for quality patient care and patient safety • Scholarship and evidence-based practice 	Evaluation
Informatics	Information management and application of patient care technology	
	Professionalism and values	
	<ul style="list-style-type: none"> • Health policy, finance and regulatory environments • Liberal (general) education 	

Think Tank in Washington DC

March 2015

- American Academy of Nurses (AAN)
- American Association of Colleges of Nursing (AACN)
- American Nurses Association (ANA)
- American Association of Nurse Executives (AONE)
- American Psychiatric Nurses Association (APNA)
- Robert Wood Johnson Foundation (RWJF)
- National Association of School Nurses (NASN)
- American Academy of Ambulatory Care Nursing (AAACN)
- Veterans Health Administration (VHA)
- National Council of State Boards of Nursing (NCSBN)
- Annapolis Coalition
- Institute for Health Improvement (IHI)
- International Society of Psychiatric-Mental Health Nurses (ISPN)
- Kaiser Permanente
- National League of Nurses (NLN)
- Emergency Nurses Association (ENA)

Strategic Innovations for RNs and BH



Education

- Pre-licensure – curriculum and confidence
- Licensed RNs – knowledge, skills, safety

Policy

- Electronic documentation to capture data
- Metrics to show RN impact to BH cost and quality

Service

- Early identification at all access points
- Team identified to focus on and transform BH

Summary on BH issues

- Overlooked for too long
- Impacts people's health - from being well, getting well, staying well
- Large health gaps in our nation
- Requires a transformation of the workforce



Moving
FORWARD

Pre-licensure nurses



Teaching ALL nursing students to be competent and confident when advocating for the whole health of all people for whom they care.

Curriculum Changes

- ❖ Include MH assessment with health assessment of ALL patients – beginning in first clinical
- ❖ Increase BH emphasis in post-conference discussions and plans of care
- ❖ Emphasis on motivational interviewing and appropriate communication
- ❖ Review the role of the nurse in BH care in all health care settings
- ❖ Emphasize the impact of BH issues on a significant number of people's health promotion and disease prevention
- ❖ Review how culture, ethnicity and vulnerable populations impact BH issues

Resources for undergrad student BH education

Handout

National Council of State Board of Nursing (NCSBN): NCLEX

- Reduction of BH content in NCLEX
- NCSBN updating of licensure exam – Last 3 decades fewer graduate nurses transition to BH care setting.
- What comes first? Change practice or change exam?
- Impact of BH care integration into all care settings?

What's doable for RN education given...

- Time pressures
- Large number of RN programs no longer have a course dedicated to BH content and care of MH patient
- Current focus of accreditation and licensure exam
- Unknown if employers will value grads having increased BH content and allow grads to practice at full scope
- Other?

Pilot solutions – First Clinical Course



8-hour classroom setting
Target Audience: Community



8-hour classroom setting
Target Audience: Nurses



3-hour online followed by
3-hour classroom
Target Audience: Nursing students

Post-licensure Improving BH competency of generalist RNs



Post-licensure

Improving BH competency of generalist RNs

RJWF-ENF Individual Leadership Project - Pilot project in partnership with a large HMO

Project focus: Quality improvement and professional development; part of a larger effort to improve health outcomes for members

Process

1. Evaluated ready-made “products” for RNs; narrowed down to 3 to trial;
2. Trialed three educational products; presented three options to project leads at HMO national office with a recommendation;
3. They accepted recommendation to proceed with MHFA
4. Project goals:
 1. Provide generalist RNs with MHFA training and
 2. Evaluate utility of MHFA to strength nursing practice
5. Offered MHFA training at three sites; participants completed the Behavioral Health Competency Survey (Rutledge et al., 2012) pre- and approximately three months post-training

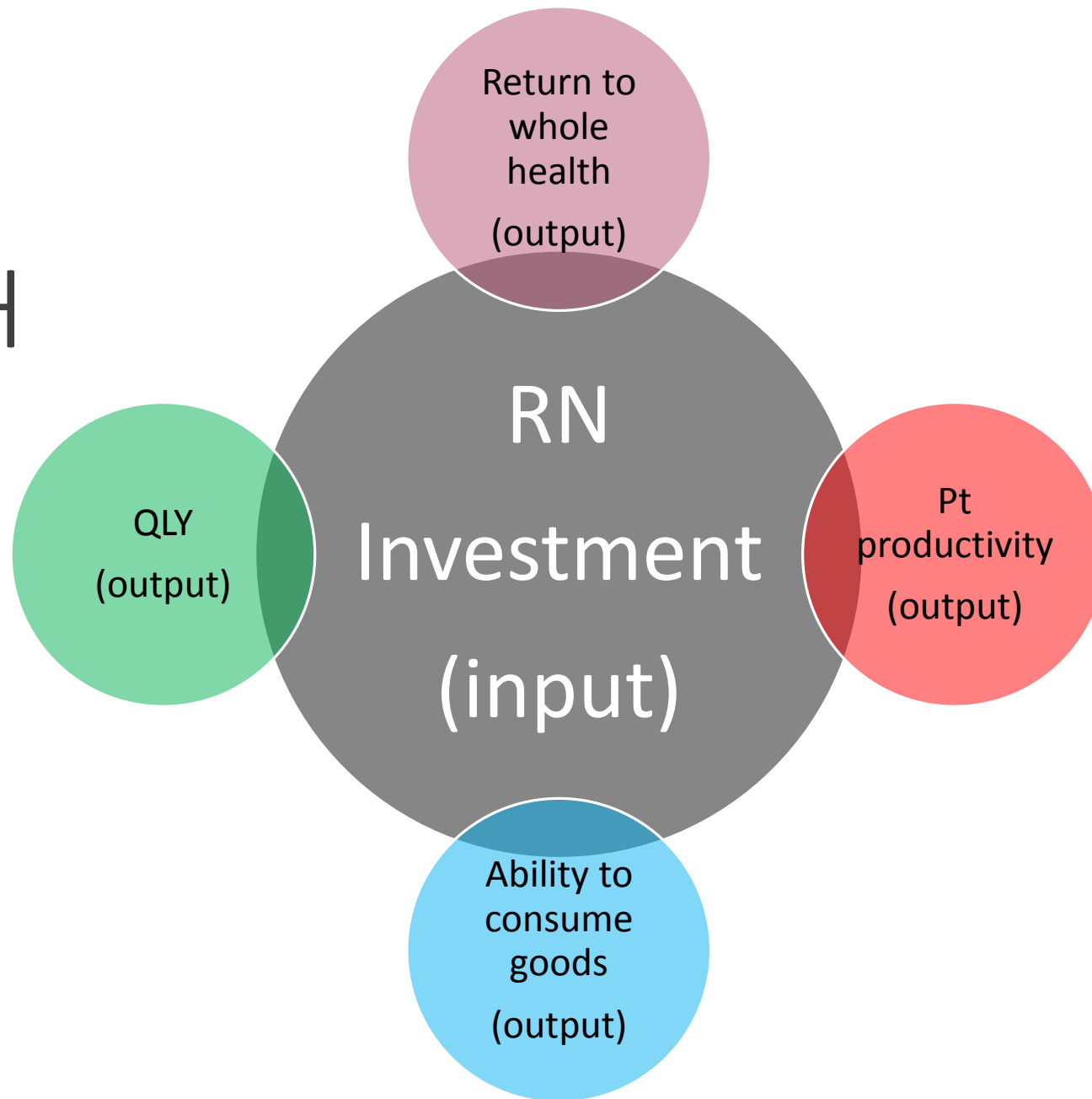
Preliminary results
(not for dissemination)

MHFA evaluation

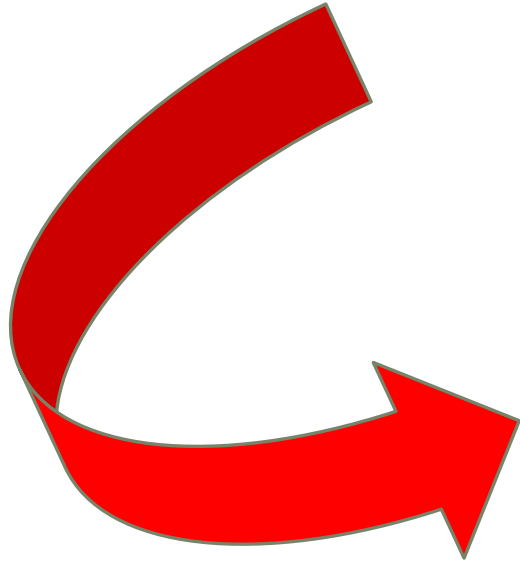
BH competency perception

Focus groups

Economic Impact of BH



Tangible Results



- Reduced readmissions rates
- Reduced ER visits
- Decreased healthcare costs related to BH care
- Early identification of BH issues
- Patient perception of quality of care
- Trust of patients in seeking BH care early
- Nurses feeling safe/confident with BH issues
- Medication use appropriate and followed
- Integration of family in whole health of patient

Disseminate outcomes

- EBP and research manuscripts
- AACN
- MHFA
- Community stakeholders
- Nursing professional organizations

Concluding action steps

- Reframe our expectations for health and truly integrate BH in all health care settings
- Generalist RNs in numbers and knowledge can impact BH workforce gaps

Then, let's deploy the nation's 4.1 M registered nurses to meet basic BH needs and fill those gaps!!

Questions ??

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