

# The Current and Future Practice of Psychiatric Nursing

## Introduction

One in four adults – approximately 57.7 million Americans – experience a mental health disorder in a given year. One-half of all lifetime cases of mental illness begin by age 14, and three-quarters begin by age 24. Despite effective treatments, there can be long delays between the first onset of symptoms and when people seek and receive treatment.

Psychiatric nurses play an integral role in treating people with mental illness in settings as diverse as inpatient, community, academic, research, private, public, and government institutions.

In early 2010, Janssen, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., funded and developed a survey to better characterize the role these nurses play in the mental healthcare team, the impact nurses make, and the unmet needs and challenges they face in supporting mental health patients in their process of recovery.

Results from the survey showed that the profession of psychiatric nursing is continually evolving. In the past, nurses were involved mainly in providing institutional care, patient education, and therapy. Now they play important roles in medication management and patient goal setting, among other important clinical, research, and management areas. What remains unchanged, however, is that psychiatric nurses have a deep desire to provide high quality care for people living with mental illness, and that they are steadfast in the belief that their work makes a difference.

The survey revealed that approximately one-third of psychiatric nurses would like to be even more involved in patient care than they currently are. Results also showed that there is a need to increase psychiatric nurses' sense of empowerment and their feelings of being utilized to their full

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## Highlights of the Survey Results

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*Ninety-four percent of psychiatric nurses feel very or extremely involved in providing care for people with mental illness*

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*One-third of psychiatric nurses would prefer to be even more involved in patient care than they are now*

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*About one-half of psychiatric nurses feel lack of time is holding them back from being more involved in patient care*

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*Nearly 90% of psychiatric nurses feel they are very likely to recognize when a patient is showing signs of relapse*

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*More than 80% of psychiatric nurses feel they play an important role in providing individualized medication adherence intervention*

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*Fewer than half of psychiatric nurses set long-term treatment goals with their patients, and even fewer put these goals in writing*

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*Ninety percent of psychiatric nurses say that involvement of caregivers is very helpful in patient care, although only 43% of nurses say they work with caregivers often\**

\*The following questions are about those who provide support for patients—that is, unpaid family or friends of patients who help patients manage their conditions on a regular basis. These individuals are often called caregivers.

potential.

Results of the survey were presented for the first time at the American Psychiatric Nurses Association (APNA) annual meeting in Louisville, Kentucky, October 13 through 16, 2010. Several psychiatric nursing experts gathered to discuss the results in front of an audience of their peers during a roundtable discussion sponsored by Janssen®. The discussion was moderated by Dorothy E. Hill, RN, former president of APNA and a retired hospital executive. The roundtable moderator and panelists were compensated by Janssen® for their participation.

## Survey Methodology

The survey was fielded among 255 nurse practitioners (NPs), advanced practice nurses (APNs), registered nurses (RNs), and physician assistants (PAs). PAs were included to present a more comprehensive picture of patient care by nonphysician healthcare professionals in mental health. This document, however, covers responses from nursing professionals only.

NPs and APNs (a category that for the purposes of this survey includes clinical nurse specialists) with prescribing authority (NP/APNs, n=101) were analyzed as a single group. RNs were analyzed separately (n=102). Results described herein referring to “psychiatric nurses” cover the entire nursing sample (NP/APNs + RNs, n=204). One NP did not have prescribing authority.

The nurses surveyed specialize or spend the majority of their time in psychiatry or mental health care and dedicate at least 70% of their time to patient care. Additionally, these nurses spend at least 10% of their time working with patients living with bipolar I disorder, schizophrenia, or schizoaffective disorder. Most of the respondents (90%) were female and 20% of psychiatric nurses identified themselves as members of APNA.

Based on the sample sizes used in the survey, there was a 90% probability that the overall results would have a sampling error of +/- 5.8% for all nursing professionals and +/- 8.1% for the NP/APN and RN subsamples. The margin of error would be larger for additional, smaller subgroups of the overall sample.

Interviews were conducted online between December 28, 2009, and February 4, 2010, by Richard Day Research of Evanston, Illinois.

## Survey Results and Roundtable Discussion

### Impact on Patient Care

Psychiatric nurses face many challenges, as shown in Figure 1. Chief among these are patients who lack a strong support system, patients who do not accept treatment easily, and insufficient time or resources.

Due to the specific challenges they face, many psychiatric nurses feel that their specialty is as difficult as, or more difficult than, other nursing specialties, including:

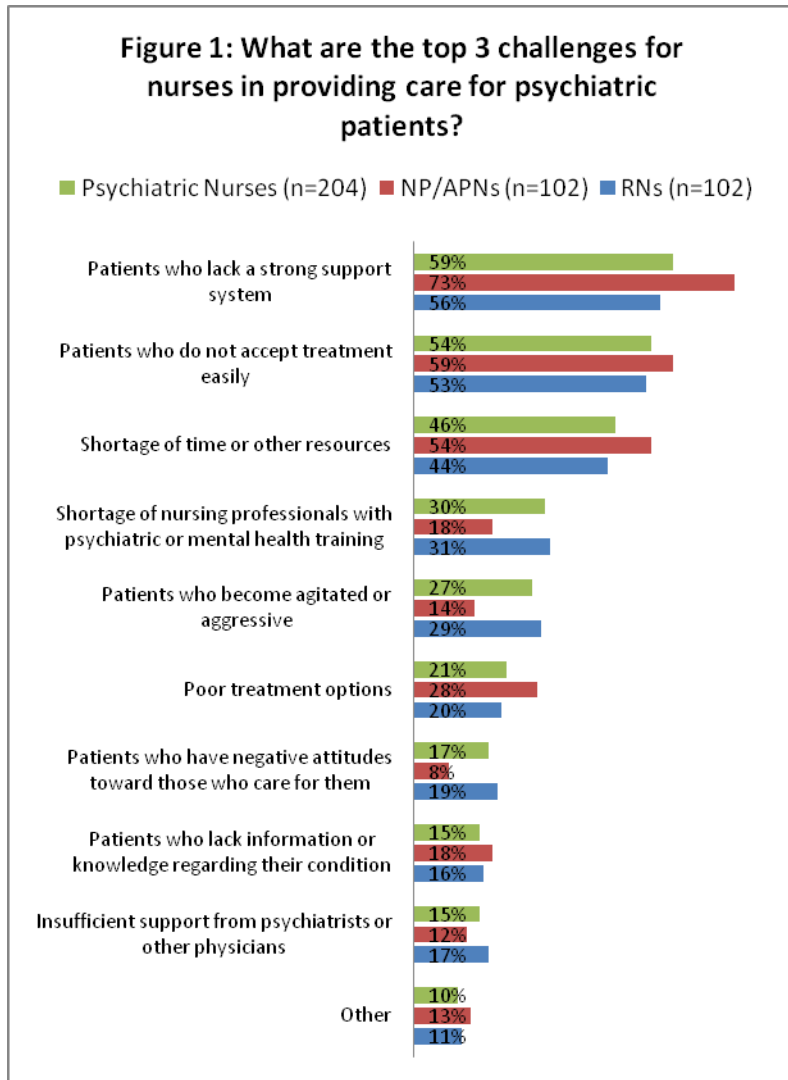
- Primary care nursing (94% of respondents)
- Medical-surgical nursing (87% of respondents )
- Oncology nursing (75% of respondents)
- Emergency nursing (70% of respondents)
- Intensive care unit nursing (60% of respondents)

Ninety-four percent of the nurses surveyed said they feel extremely or very involved in providing healthcare for psychiatric patients, but one-third said they would prefer to be even more involved. This desire to play a greater role differs by nursing type and care setting. More RNs than NP/APNs (36% vs 24%) said they wish to

increase their involvement, and practitioners in hospital settings were more likely to say they would prefer to be more involved in psychiatric care (53% vs 17% for private offices, 20% for community clinics, and 19% for other settings).

The psychiatric nurses in the survey most commonly cited lack of time as an obstacle to being more involved in providing health care for their patients. This was true of 38% of NP/APNs and 49% of RNs surveyed.

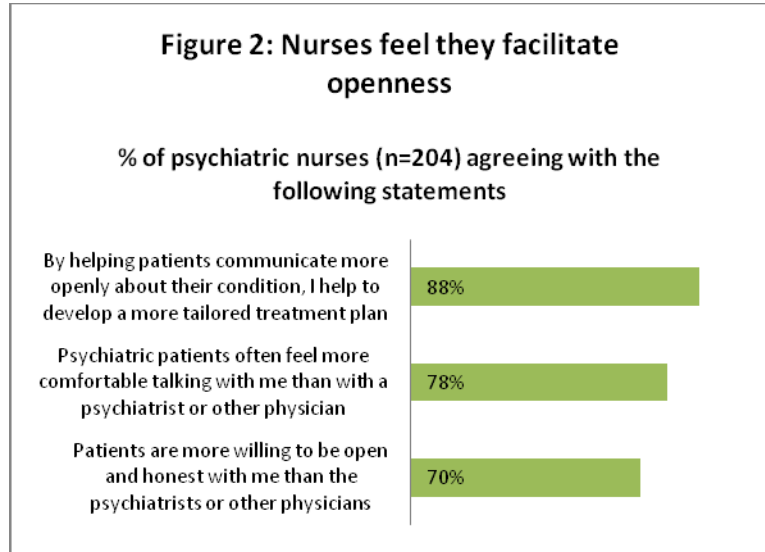
Although they want to spend more time with patients, 86% of psychiatric nurses said they feel they are able to spend more time with patients than physicians are able to spend. This was especially true among those who work in hospital settings (96% hospital vs 74% office, 81% clinic, 76% other settings). RNs were significantly more likely than NP/APNs to feel they spend much more time with patients than physicians (74% vs 42%).



There are many reasons nurses lack the time they desire with patients. Ben Evans, DNP, RN, APN, PMHCNS-BC, Associate Vice President of behavioral health services, Bergen Regional Medical Center, Paramus, New Jersey, and a member of the roundtable, highlighted one reason that is in theory supposed to streamline patient care: electronic medical records.

“Many nurses are finding that electronic medical records are actually taking more time away from direct patient care, as there is very little out there for nursing documentation around psychiatry or psychiatric mental health nursing. We need to work with the nursing informatics teams to get tools that speak our language. Many electronic medical records programs are written for medical-surgical nursing. The behaviors, symptoms, and patient responses encountered in psychiatric mental health nursing often are absent from such programs, making nursing documentation difficult, especially when medical-surgical tools have been tweaked for use in psychiatric settings.”

More quality time with patients is not just a preference for psychiatric nurses: 92% said they felt the time they personally spend with patients is extremely or very important for patient satisfaction. Part of this satisfaction may stem from the open lines of communication that quality time facilitates. The majority of psychiatric nurses surveyed felt that patients are more open with them and feel more comfortable talking with a nurse than with a physician (Figure 2). In fact, 63% of nurses surveyed said they were aware that patients often discussed issues with them that the patients did not bring to the attention of a psychiatrist or other physician; 21% said this happened all the time.



## Medication Management

Ensuring patients obtain the desired effects from taking their medication and monitoring for side effects are important aspects of the psychiatric nurse’s job. Ninety-nine percent of NP/APNs who could prescribe medication (n=101) said that medication monitoring and making medication decisions are high priorities. Eighty-four percent said medication monitoring is essential, and 83% felt the same way about making medication decisions. Ninety percent said that renewing prescriptions is a high priority, with 74% saying it is essential. Those RNs who aren’t authorized to write prescriptions also ranked medication monitoring as very important in caring for psychiatric patients. Eighty-nine percent of RNs said it was either essential or a high priority.

While a majority of both groups report it as such, NP/APNs were more likely than RNs to say they see their role in medication adherence as extremely or very important. Ninety-two percent of NP/APNs and

83% of RNs said they played an important role in individualized adherence interventions. Ninety percent of NP/APNs (vs 80% of RNs) also felt they had an important role in tracking patient adherence.

Roundtable panelist Suzane Wilbur, MS, PMHCNS-BC, Coordinator of the Psychiatric Mental Health Nurse Practitioner Development Program at the Los Angeles County Department of Mental Health, discussed how evolving practices in communication between nurses and patients can help patients decide to take their medication.

“In the old terminology we talked about medication compliance, which is a passive behavior on the part of the patient. Now we talk about medication adherence, which implies a more active patient role. I’d like to suggest even newer terminology: medication collaboration, in which we include the patient in every decision that is made about their medication. I think when we take a collaborative stance with the client, we instill hope in them that they can manage their own illness,” Wilbur said.

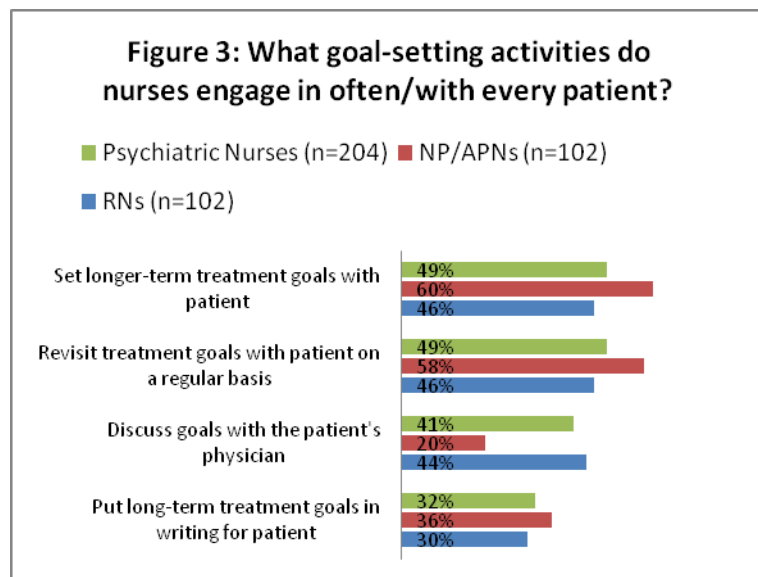
Although their role in medication management and adherence is critical, roundtable panelist Ruth Staten, PhD, ARNP, who practices in a large outpatient behavioral health department, discussed the need for psychiatric nurses to remember that their profession is focused on care for the whole patient.

“There is a push for advanced practice psychiatric nurses to strictly be medication providers. But we have to do that part of our jobs without losing sight of the fact that there is so much more to nursing. We bring a unique, holistic kind of care to patients,” she said.

Perhaps because of the time they are able to spend with patients, and their focus on communication, psychiatric nurses indicated that they were most likely to recognize the signs of a relapse in a patient. Eighty-nine percent of psychiatric nurses said they are very likely to recognize the early warning signs that a patient is experiencing a relapse. Eighty-two percent said that a nonhealthcare professional caregiver, such as a family member or friend, would recognize an exacerbation of symptoms. Only 51% of nurses felt that a physician would be very likely to recognize a relapse, and just 29% said they thought a patient could recognize his or her own relapse.

### Patient Goal Setting

Goal setting is an important aspect of psychiatric care that nearly one-half of all psychiatric nurses said they engage in with patients often or always (Figure 3). There were differences, however, in longer-term goal-setting behaviors between NP/APNs and RNs.



NP/APNs were more likely than RNs to set longer-term goals, while RNs were more likely than NP/APNs to say that they discuss the patient’s goals with his or her physician. There were no significant differences between the two groups when it came to revisiting treatment goals with patients on a regular basis or putting long-term treatment goals in writing for patients.

When asked about specific goals, 98% of NP/APNs said that working with most of their psychiatric patients to help reduce the risk of a relapse or an episode is a long-term goal. Seventy-two percent said this was a goal for every patient. Ninety-seven percent cited management of symptoms (both acute and long-term) as a goal they set often with patients. For 81% of NP/APNs, this was a goal for every patient.

Ensuring medication adherence was also a common long-term goal cited by NP/APNs, with 91% having this as a goal for most patients and 73% citing it as a goal for every patient. Getting a patient to a point where he or she can live independently, or at least with a reduced need for intensive care at home, was cited as a goal for most patients by 72% of NP/APNs (though only 29% said this was a goal for every patient).

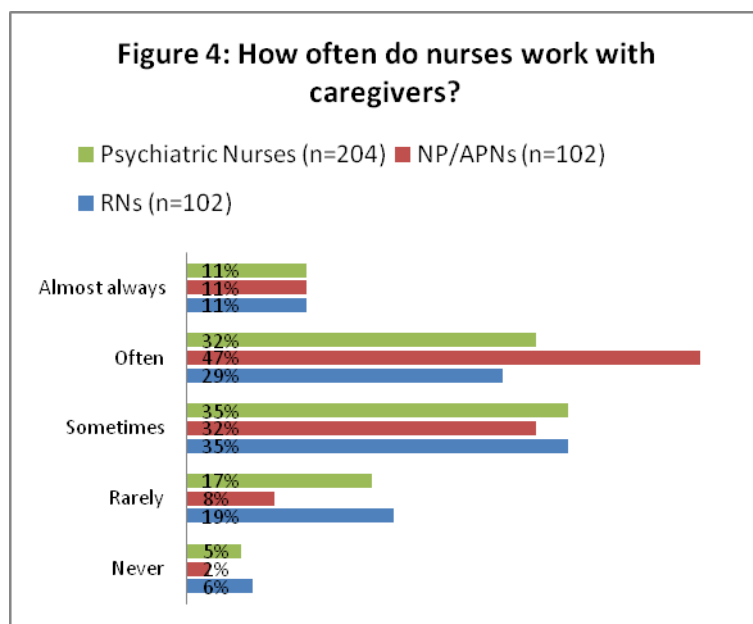
Wilbur discussed the process of setting goals, and acknowledged that while a nurse’s goals for his or her patient may diverge from what the patient has in mind, goals can be aligned to satisfy both parties.

“I’ve never heard a client say, ‘My goal is to be more compliant with my medication regimen.’ It just doesn’t happen that way. But they will say, ‘I want to get out of this board-and-care and live independently.’ There’s a goal that we can work on. We can collaborate on the steps needed to achieve that independence, which will include medication collaboration between the nurse and the client,” Wilbur explained.

### Interactions With Informal Caregivers

Working with caregivers is not a regular part of patient care for most psychiatric nurses. Overall, only 43% of nurses said they work with the caregivers of psychiatric patients almost always or often. This was true of significantly more NP/APNs than RNs (Figure 4).

Despite the relative infrequency of nurses’ interaction with caregivers, 91% of practitioners surveyed said they feel that it is very helpful when a caregiver is involved in a patient’s care. Forty-seven percent characterized caregiver involvement



as extremely helpful. This sentiment was shared among NP/APNs and RNs alike.

Panelist Jolie Gordon-Browar, BSN, RN-BC, PMH, an RN psychiatric liaison at Community Behavioral Health Center and Community Regional Medical Center, Fresno, California, pointed out that the rules regarding visitation at some psychiatric facilities can present a significant barrier to interactions with caregivers.

“Our facilities are not like medical hospitals, where you easily can drop in and see your family member. How does someone who’s working an evening shift, or an elderly spouse who has difficulty driving at night, get to see their family member during the typical visitation hours from 6:30 to 8:00 at night? It can also feel like a prison to check in as a family member, as we require that visitors empty their pockets and leave their purse and cell phone in the car. Perhaps we make it so uncomfortable for their families to visit that we put up a wall between the staff and caregivers and perpetuate the stigma of our patients,” Gordon-Browar said.

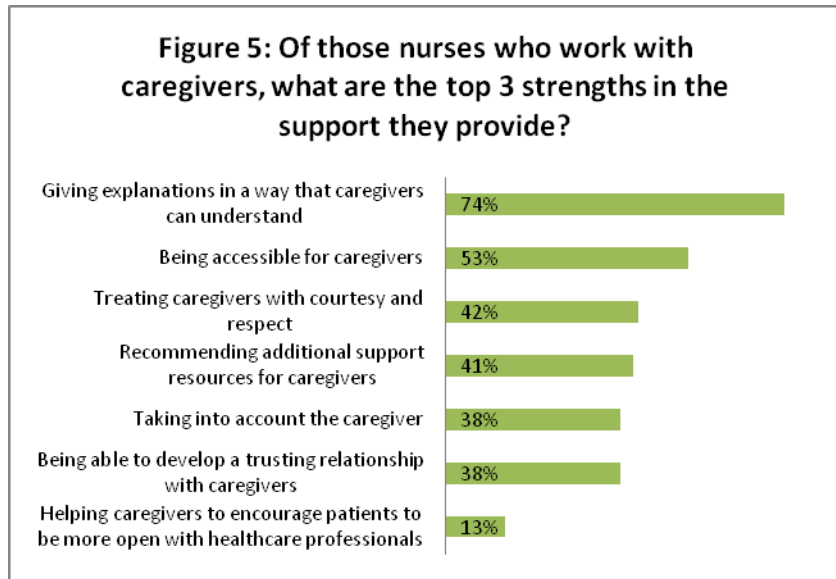
When asked to consider what strengths nursing support

offers to family and caregivers, almost three-quarters of psychiatric nurses identified their ability to give explanations in a way that caregivers understand (Figure 5).

Psychiatric nurses who work with caregivers most often report providing them with information about a patient’s medication (94%), followed by information on the patient’s illness (86%). While most nurses do so, NP/APNs were significantly more likely than RNs to say they provide training on how to identify the symptoms of an episode/relapse (83% vs 60%). NP/APNs were also more likely than RNs to say they provide caregivers with information on additional resources available for the patients or the caregivers themselves (86% vs. 71%).

### Opportunities for Growth

Unfortunately, not all psychiatric nurses feel the physicians with whom they work are taking full advantage of the skills nurses bring to the mental healthcare team (Figure 6). Of those nurses who felt their professional skills could be better utilized, 72% and 57% of respondents said that more consultation about patients’ overall well-being and the opportunity for nurses to have greater participation in the treatment team, respectively, would be steps in the right direction. A little more than 40% of nurses also said that physicians could involve them more in both helping patients adhere to



their treatment plans and in the assessment of outcomes. Roughly 35% of nurses said that more responsibilities in performing assessments and evaluations and a greater role in patient education would also help physicians make better use of nursing professionals.

Panelist Leslie Oleck, MSN, PMHCNS-BC, LMFT, a clinical nurse specialist and marriage and family outpatient therapist at Indiana University Health Behavioral Care, Indianapolis, Indiana, noted that the skills of

psychiatric nurses could also be better utilized to help other nursing specialties better understand patients who have mental health issues.

“We can mentor nurses in other units and show them the value of what we do and the skills for managing patients in mental health crisis or those with chronic conditions. We can teach de-escalation techniques and help them understand the medications our patients need, so that if the patients end up in the hospital for other ailments, they don’t end up decompensating,” said Oleck.

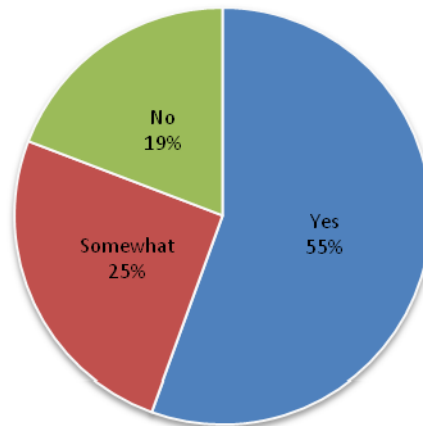
Gordon-Browar suggested that NPs could act as advocates for staff nurses to help them feel they are being valued for the job they do.

“Empowerment for the staff nurse is about having a voice in patient care, practice issues, and their facilities. To the nurse practitioners, I would say that if you are sitting in a treatment team and there’s no staff nurse at the table, ask ‘Why?’ When you’re sitting in on forms committees or policy and procedures committees and there’s no staff nurse at the table to give input on the documents that they’re going to live with 24 hours a day, ask ‘Why?’ I think that will go a long way to help staff nurses feel empowered.”

## Conclusion: The Future of Psychiatric Nursing

National changes under way in the healthcare landscape will mean changes for psychiatric nurses in the future. Even as their roles and responsibilities evolve, psychiatric nurses are eager to remain connected to the holistic type of care that typifies their profession. Nurses recognize the unique value they bring to patient care, and many would like to become even more involved in the process. Psychiatric nurses are invaluable communicators, with many having found that patients are able to open up to them in ways they cannot or will not with other healthcare professionals. When it comes to patients in distress, nurses are often the most likely to notice problems with adherence, escalation, or reemergence of symptoms.

Figure 6: Do nurses feel physicians make the most of their skills?



(n=204)

Equally, through their unique connection with patients, they are often in the best position to keep treatment on track for these devastating illnesses.

Many in attendance at the roundtable expressed feelings that education will be key to meeting the challenges that lie ahead. A recent Institute of Medicine (IOM) report entitled “The Future of Nursing: Leading Change, Advancing Health” recommended that nursing education include opportunities for seamless transition into higher degree programs. The roundtable panelists also spoke of the importance of exposing nursing students to psychiatric nursing, even in the face of cutbacks in the amount of time given to the field in training programs.

The results of the survey add valuable information to the general findings of the IOM report, focusing on the unique roles, responsibilities, and needs of psychiatric nurses. While the survey and roundtable were meant to spark the discussion of these important issues, it is clear that more research is needed to help us further understand nurses’ important roles in the mental healthcare team. As more data on the impact psychiatric nurses have on patient outcomes becomes available, nurses at all levels will be able to better define their roles, feel more empowered, and help increase their involvement in supporting patients with mental illness to have a successful life.

## **Roundtable Discussion Participants**

Roundtable participants were compensated as consultants by Janssen® for their participation in the roundtable discussion at the Janssen®-sponsored session held during the APNA annual meeting in Louisville, Kentucky, October 13-16, 2010.

### **Dorothy E. Hill, RN (Moderator)**

Dorothy Hill is a retired nurse who devoted her 40-year nursing career to the care of people with mental illness. Hill began her career in 1968 as head nurse of inpatient female psychiatry at St. Elizabeth’s Hospital in Washington, DC. Since then she has held numerous positions ranging from evening charge nurse to nursing supervisor and director positions in the hospital and inpatient facility settings. Hill’s most recent position was president and CEO of Acadia Hospital in Bangor, Maine, where she oversaw the operation of a 100-bed inpatient psychiatric facility—the only freestanding psychiatric facility to receive Magnet designation and redesignation (2009) in the United States. Hill was named president of the APNA in 2001.

Hill received her nursing degree from the Washington Hospital Center School of Nursing in Washington, DC, and is certified in psychiatric and mental health nursing.

### **Reverend Benjamin Evans, DNP, RN, APN, PMHCNS-BC**

The Reverend Benjamin Evans is Associate Vice President of behavioral health services at the Bergen Regional Medical Center in Paramus, New Jersey. In this role, Evans oversees 14 inpatient psychiatric units serving individuals across the lifespan from childhood to geropsychiatric. Evans also serves as adjunct faculty at the William Paterson University Department of Nursing, Seton Hall University Division of Nursing, and Felician College Division of Nursing. Evans previously served as director of clinical

psychiatric services at Saint Michael's Medical Center in Newark, and before that was the clinical coordinator and assistant director at the New Jersey AIDS Education and Training Center at the University of Medicine and Dentistry of New Jersey, also in Newark.

Evans received his doctorate of nursing practice from the University of Medicine and Dentistry of New Jersey School of Nursing and his master's in both counseling and nursing from the University of Evansville, Indiana.

**Jolie Gordon-Browar, BSN, RN-BC, PMH**

Jolie Gordon-Browar is an RN psychiatric liaison at Community Behavioral Health Center and Community Regional Medical Center in Fresno, California. Gordon-Browar has been a psychiatric nurse since 1986, working in inpatient and outpatient settings caring for adult, adolescent/child, geriatric and chemical dependency patients. Most recently, she has been focused on the development of RN psychiatric liaison teams within emergency departments and general acute units of medical facilities. In keeping with this role, she developed a series of training modules aimed at educating general acute nurses, social workers, and nonlicensed personnel about the appropriate care of psychiatric patients with co-occurring medical conditions.

In 2010, Gordon-Browar served as the president-elect of the California chapter of the APNA and co-chair of the RN-PMN Council. She was slated to complete her master's degree in nursing in the fall of 2010.

**Leslie G. Oleck, MSN, PMHCNS-BC, LMFT**

Leslie Oleck is a clinical nurse specialist and marriage and family outpatient therapist at Indiana University Health Behavioral Care in Indianapolis, Indiana. She also currently co-chairs the APNA Advanced Practice Registered Nurse Council. For the past 27 years, Oleck has served as a clinical nurse specialist in private practice providing psychotherapy and facilitating personal growth opportunities for individuals, couples, groups, and families. Prior to joining Indiana University Health Behavioral Care in 2007, Oleck was a psychiatric consultation/liaison CNS, APRN-BC for medical/surgical patients in Clarian Health System in Indianapolis. In addition to patient care, Oleck served as an assistant professor of nursing at the University of Indianapolis for 13 years and is currently an adjunct clinical assistant professor of nursing at Indiana University.

Oleck received her master's of science in nursing with an emphasis in community mental health nursing from Indiana University.

**Ruth "Topsy" Staten, PhD, ARNP**

Ruth "Topsy" Staten serves as part of the APRN/psychiatric department of behavioral health, Fort Knox, Kentucky, Department of the Army. She is retired from the University of Kentucky faculty, where she was a substance abuse specialist at University Health Service as well as an associate professor. In addition, she had a joint appointment at the University of Kentucky Multidisciplinary Research Center on Drug and Alcohol Abuse. Staten has conducted extensive research and coauthored numerous papers on drug, alcohol, and tobacco use, and overall health behaviors, among RNs, college students, and student athletes. Her research also focuses on depression, obesity, physical activity, and the psychiatric nursing

practice. Staten served as a board member at large from 2006 to 2010 for the APNA. She is past president of the Kentucky chapter of the APNA.

Staten received both her doctorate and master's of science in nursing degrees from the University of Kentucky.

**Suzane Wilbur, MS, PMHCNS-BC**

Suzane Wilbur is the Coordinator of the Psychiatric Mental Health Nurse Practitioner Development Program at the Los Angeles County Department of Mental Health. In this position, she assists DMH RN employees return to school for certification as PMHNPs. She coordinates the development and implementation of the role of psychiatric nurse practitioners in the Department of Mental Health. Wilbur has also held a number of other positions in the Los Angeles County Department of Mental Health, including program developer for the Augustus F. Hawkins Urgent Community Care Program and the Department of Mental Health Indigent Medications Program, as well as coordinator of ambulatory mental health services at the Harbor-UCLA Medical Center.

Wilbur received both her bachelor's of science in nursing and master's of science in nursing from California State University at Los Angeles.

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Janssen, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., is based in Titusville, New Jersey, and is the only large pharmaceutical company in the United States dedicated solely to mental health. It currently markets prescription medications for the treatment of schizophrenia, bipolar I disorder, and schizoaffective disorder. Ortho-McNeil-Janssen Pharmaceuticals, Inc., is a member of the Johnson & Johnson family of companies. For more information about Janssen®, visit <http://www.janssen.com>.