

NR548 Psychiatric Assessment

Exam 1 week 1 and 2 study guide September- October Summer 2025

Scope of Psychiatric Mental Health Nursing Practice: Advanced Practice Competencies

Origins of the PMHNP Role

The field of psychiatric-mental health nursing began in the late 19th century when there was a societal shift in the perception of the purpose of mental asylums from custodial care to medical and social treatment for mental illness. In the 1950s, Rutgers University awarded its first graduate degree in psychiatric-mental health nursing. The psychiatric mental health clinical nurse specialist was the first master's prepared advanced practice nursing role. The role of the psychiatric and mental health nurse practitioner (PMHNP) was introduced in the 1990s and has evolved over time to incorporate a person-centered, biopsychosocial model of care.

1 Late 19th Century In the late 19th century, reform movements led to changes in beliefs about the role of mental asylums in the treatment of mental illness. Focus shifted from restrictive custodial care to treatment. Dr. Edward Cowles created the first organized training school within a hospital for the insane in 1882.

2 Early 20th Century Early psychiatric nurses were trained by physicians; however, in 1913, Effie Jane Taylor developed the first nurse-organized training course for psychiatric nursing at Johns Hopkins Hospital.

3 World War I (WWI) The World Wars expanded awareness of mental health disorders and the need for specialized nursing care. Following WWI, the National League for Nursing Education added "nursing in nervous and mental diseases" to curriculum guides.

4 World War II (WWII) In WWII, many potential military recruits deemed unfit for service due to psychiatric concerns, while many veterans experienced combat-related neuropsychiatric conditions. Laura Fitzsimmons recommended standards of training for psychiatric nurses, which led to improved education and standards of care.

5 1946 With the passage of the National Mental Health Act (NMHA) of 1946, psychiatric nursing was recognized as one of the four core disciplines in psychiatric care and treatment (American Nurses Association [ANA] et al., 2022). The act increased funding for psychiatric nursing education programs and contributed to a growth in university-based nursing education.

6 1954 In 1954, the first graduate program in psychiatric nursing was established at Rutgers University by Hildegard Peplau to prepare nurse therapists. The first advanced practice nursing role was the psychiatric-mental health clinical nurse specialist (PMHCNS) role.

7 1963 The 1950s brought a transition towards deinstitutionalization in care for those with mental illnesses, which led to an increase in the number of psychiatric clients receiving care in the community rather than hospitals. The Community Mental Health Centers Act of 1963 allowed for the expansion of the PMHCNS role into community and ambulatory settings as they helped those who had been deinstitutionalized adapt (ANA et al., 2022).

8 1965 Loretta Ford, RN and Henry Silver MD introduce the nurse practitioner role.

9 1973 ANA first published Standards of Psychiatric-Mental Health Nursing Practice in 1973.

10 1980s Over time, research turned towards the neurobiological basis for mental illness. With advances in psychotropic medications, psychopharmacology has played an increased role in treatment. In the 1980s, states began to grant prescriptive authority to advanced practice registered nurse (APRN), adding medication prescribing and management to the traditional therapy role of the psychiatric mental health (PMH) APRN.

11 2000 , Certification exams for adult and family psychiatric mental health nurse practitioners (PMHNPs) were developed. These exams were retired in 2015 when psychiatric certification exams were combined into a single Psychiatric-Mental Health Nurse Practitioner (Across the Lifespan) Certification (PMHNP-BC).

12 Present Current trends in care focus on integrated treatment of those with co-occurring medical and psychiatric diagnoses and co-occurring psychiatric and substance use disorders, leading to a need to add content in advanced health assessment, pharmacology, pathophysiology, and the diagnosis of psychiatric illness to graduate psychiatric nursing curricula. Primary care has become the point of entry to psychiatric care for many clients.

PMHNPs are helping to address the growing need for primary mental health services and mental illness prevention. Though the number of advanced practice psychiatric nurses has increased, there are still limitations in access for many clients, which has led to disparities in mental health treatment.

ANA Definition of the PMHNP/Clinical Practice Settings/PMHNP Practice Focus

Psychiatric-mental health nursing employs the art and science of nursing to promote mental health and address mental disorders, behavioral issues, and comorbid conditions across the lifespan. The American Nurses Association (ANA et al., 2022) provides further guidance for advanced practice registered nurses practicing in the psychiatric-mental health specialty area.

According to the ANA (ANA et al., 2022), "Both PMHNPs and psychiatric mental health clinical nurse specialists (PMH CNS)" are considered PMH APRNs. Their roles are essentially similar in purpose, functions, settings, and qualifications. Both integrate physical and mental health and work in inpatient and outpatient settings. Promoting mental health and collaborating with other health professionals are key aspects of the PMH-APRN role.

The Consensus Model for APRN Regulation has provided recommendations for licensure, accreditation, certification, and education (LACE) pertaining to all APRN practice. PMHNP certification exam criteria is set by the American Nurses Credentialing Center (ANCC).

APRN Recommendations

Professional Certification

Regulation through education, accreditation, certification, licensure in role and population (APRN, Role, and Population foci)

Competencies

[Specialty] American Psychiatric Nurses Association - Professional Organization

[Population foci] Individuals, families, groups with psychiatric-mental health problems

[Role] Nurse Practitioner (NP), Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM), Clinical Nurse Specialist (CNS) - Core competencies in population context

[APRN] 3 Ps (Advanced - Pathophysiology, Pharmacology, and Health Assessment)

[Graduate Core]

2021 American Association of Colleges of Nursing (AACN) *Master's Essentials*

Recommendations

According to the American Psychiatric Nurses Association (APNA, 2020) and ANCC (2019) recommendations include:

- One entry educational focus: PMHNP with preparation across the lifespan, addressing mental health promotion and mental illness diagnosis and treatment.
- Currently licensed and certified PMHNPs who demonstrate competency by continuing re-certification are permitted to continue practicing under their current license and certification.

- **Didactic curriculum** content addresses assessment and diagnosis, age-specific interventions, and mental health needs and issues across the lifespan. It includes the **three Ps (pathophysiology, pharmacology, and physical assessment)** and **PMHNP-specific content, including psychotherapeutic modalities (the fourth P).**
- During supervised practice, students provide psychiatric mental health services across the lifespan, including:

Clinical experience in diverse settings promotes integrated healthcare.

A minimum number of clinical hours ensures entry-level competence across the lifespan.

Graduates who meet exam criteria register for the PMHNP-BC certification by the ANCC.

After certification and state credentialing, graduates can provide psychiatric mental health services across the lifespan.

PMHNP scope of practice

Education

- A master's degree, post-master's certificate, or doctoral degree is required for **PMH APRN practice.**

Clinical Practice Settings

- **Crisis intervention and psychiatric emergency services** occur in a hospital, psychiatric facility or community setting. These services focus on psychiatric and substance-related emergencies.
- **Acute inpatient care** is a short-term treatment. It occurs in the inpatient setting providing care for acutely ill clients at risk for harming self or others or unable to meet basic needs due to impairment. The focus is crisis stabilization.
- **Intermediate and long-term care** may admit clients directly or accept transfers from acute inpatient care. They provide intermediate or long-term care for clients at chronic risk to self or others or unable to function without supervision and support due to mental disorders. They include treatment, habilitation and rehabilitation and may be public, private, or state hospitals operated through the criminal justice system.
- **Partial hospitalization and intensive outpatient treatment (IOP)** provide acute symptom management, intensive treatment, and safe housing for clients who do not require 24-hour medical management or nursing care. These programs can be free standing or step-down facilities.
- **Residential services** provide 24-hour care and housing for an extended period. Services include psychoeducation, vocational rehabilitation, and training for activities of daily living.
- **Community-based care** is provided in non-hospital community settings such as mental health clinics, homes, worksites, shelters, crisis centers, senior centers,

group homes, or schools. It can also provide care in an integrative primary health care setting.

- **Assertive Community Treatment (ACT)** is a team treatment approach to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with severe mental illness (SMI). It provides individualized service 24 hours a day, 7 days a week.

PMHNP APRN Roles

- **Primary care:** Primary care settings provide healthcare at a basic level rather than a specialized level. Primary care providers address a majority of personal healthcare needs. Healthcare consumers often seek care for mental health concerns at the primary care level for accessibility or to avoid the stigma associated with mental health services. At the primary care level, PMHNPs may work in collaboration or consultation with a primary care provider or independently provide behavioral health care in an integrated setting.
 - **Psychotherapy:** Psychotherapy involves a formally structured relationship between the therapist (PMHNP) and the healthcare consumer that applies evidence-based methods to effect negotiated outcomes.
 - **Psychopharmacological management:** The PMHNP prescribes or recommends pharmacologic agents and may order and interpret diagnostic and lab tests to assess treatment response or monitor for adverse effects.
 - **Case management:** The PMHNP is responsible for the coordination of care and related decision-making about mental health care for a client, family, population.
 - **Program, system, and policy development management:** The PMHNP engages in the design, implementation, management, and evaluation of programs, systems, or policies to address the mental health needs of a population at risk for developing mental health problems through prevention, health promotion, identification and reduction of risk factors, screening, and early intervention.
 - **Psychiatric Consultation-Liaison Nursing (PCLN):** The role involves "the assessment, diagnosis, and treatment of behavioral, cognitive, developmental, emotional, and spiritual responses of individuals, families, and significant others with co-occurring [actual or potential] physical illness(es) and/or dysfunction" (ANA et al., 2022, p.42). The PCLN often works as a member of an interdisciplinary consultation-liaison team.
 - **Clinical Supervision:** The PMHNP assists other mental health clinicians to evaluate their practice, expand their skills, and meet standards for ongoing peer supervision. Clinical supervision focuses on growth and development rather than performance evaluation.
- Administration, Education, and Research Practice:** PMHNP may serve as administrators, educators, and researchers.
- **Self-Employment:** PMHNPs provide direct comprehensive mental health services in solo or group private practice settings or through contracts with other entities.