

Week 7: Management of Psychiatric Conditions in Primary Care

Student Name

Chamberlain University College of Nursing

NR 566: Advanced Pharmacology for Care of the

Family Dr. Bruce Ruck

Date Submitted

Patient Scenario

Bryan is a 21-year-old who reports to his Nurse Practitioner that he feels depressed and is experiencing a significant amount of stress about school, noting that he'll "probably flunk out." He spends much of his day in his dorm playing video games and has a hard time identifying what or if anything, is enjoyable on a typical day. He rarely attends class and has avoided reaching out to his professors to try to surpass his grades this semester.

Bryan has always been a self-described shy person and has a tiny and cohesive group of elementary through high school friends. And his level of stress significantly amplified when he began college.

The Nurse Practitioner learns that when meeting new people, he has a hard time concentrating on the interaction because he is busy worrying about what they will think of him – he assumes they will find him "dumb," "boring," or a "loser." And when he loses his concentration, he stutters, is lost for words, and starts to sweat, making him feel more uneasy. After the interaction, he replays the conversation repeatedly, focusing on the "stupid" things he said.

Similarly, he has a long-standing history of being uncomfortable with authority figures and has had difficulty raising his hand in class and approaching teachers. Since starting college, he has been isolating himself more, turning down invitations from his roommate to eat or hang out, ignoring his cell phone when it rings, and habitually skipping class—his concerns about how others view him and why he engages in these avoidance behaviors.

Bryan reports that his father has a history of alcohol abuse. His mother was clinically diagnosed with depression and anxiety; growing up, his mom became overprotective of him.

When he was in grade school age, he barely went to the park and said he grew up with more adults than the same age as him when he was young.

When conducting this visit, Bryan reported no medical history and said he does not take any medication at home.

After conducting the assessment, the Nurse Practitioner gave the patient feedback that he has a social anxiety disorder, which should be the primary treatment target. The NP explains that his fear of negative evaluation and his thoughts and behaviors surrounding social situations drive his increasing sense of hopelessness, isolation, and worthlessness.

The Nurse Practitioner prescribed a new medication of Paroxetine (Paxil) 20 mg should be taken once a day. The primary care provider educates Bryan about the delayed benefits of this medication, the drug initial effects takes about 4 weeks to develop; and optimal effects are seen in 8 to 12 weeks. And suggested that patient can undergo behavioral and cognitive psychotherapy (Rosenthal, L. & Burchum, 2021).

State and Federal Regulations

A. Identify the state where you live.

My current state is Nevada.

B. Identify what your state laws say about prescribing behavioral health drugs without being certified and/or credentialed as a psych-mental health NP.

Yes, for Schedule II controlled substances only. APRNs can only prescribe Schedule II if they have (a) at least 2 years or 2,000 hours of clinical experience; or (b) the controlled substance is prescribed pursuant to a protocol approved by a collaborating physician (AMA, 2017).

C. How does the Affordable Care Act affect behavioral health care?

In Nevada, the ACA covers individuals with mental health problems. The ACA has provided the opportunity for chronic disease prevention and health promotion to link with health systems, communities, and public health to improve quality measures, promote population-based, evidence-based practices and innovative health education models pertaining to the prevention and management of chronic disease (DPBH, n.d.)

D. How do these factors impact the patient in the scenario you provided?

Mr. Bryan can receive the appropriate care that he needs for his diagnosis of Social Anxiety Disorder. The ACA act provides access to individual, small group, and Medicaid expansions plan by mandating to cover mental health plans to cover preventative services like mental health screening at no cost for adults and children. Therefore, Mr. Bryan is eligible for a mental health assessment and proper treatment. And because of ACA, young adults like Mr. Bryan can be covered under parent's insurance plan until age of 26 (SAMHSA, n.d.).

Community Resources

A. Provide information on how you would know if the patient you create needs support beyond what you can provide as a primary care NP.

An NP's roles and education only cover some aspects of mental health care and does not sufficiently prepare Nurse Practitioners to treat patients with complex mental health illnesses than psychiatric mental health nurse practitioners or other behavioral health specialists (Balestra, 2019). The need to integrate mental health care into primary care was important, however as reported significant barriers in terms of lack of time, lack of resources, low confidence in treating more complex mental health conditions and difficulties with referring patient to mental health specialists. Despite a growing body of evidence that integration of mental health services in

primary care leads to improved outcomes, addressing barriers to care will be key to ensuring feasibility of integration measure (Bagayogo, 2018).

B. Identify community resources available in your area to refer patients in need of assistance before they can establish care with a primary mental health provider.

Nevada Certified Community Behavioral Health Centers: Offering Telehealth Services - Some Southern Nevada Certified Community Behavioral Health Centers (CCBHC) are providing behavioral health services for children, adolescents, and adults. No one will be turned away for inability to pay and CCBHC staff will provide help to individuals to enroll in Medicaid if necessary, and other programs as needed (Clark County Nevada, 2021).

About Hope Means Nevada: The Nevada Medical Center, a 501(c)(3), thoughtfully convened the group who developed the Hope Means Nevada movement, dedicated to raising awareness around mental health and teen suicide. HMN is aware that COVID-19 has changed everyone's life drastically. With these changes comes stress, anxiety, and the need for support. Its mission is to help provide access to mental health resources and a community of hope (Clark County Nevada, 2021).

C. Identify the facilities in your area where you would send a patient in need of urgent assessment and intervention.

Children's Mobile Crisis Response Team: They help children who experiencing a mental or behavioral crisis. They coordinate with Nevada Division of Child and Family Services Children's Mobile Crisis Response Team (Clark County Nevada, 2021).

Crisis Support Services of Nevada: They provide 24/7, free, confidential and caring support to people in crisis (Clark County Nevada, 2021).

D. Identify resources in your area that are available to patients who may not be able to afford behavioral health care.

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Legal & Ethical Considerations

A. Identify potential legal issues that could arise from how you do or do not choose to treat this patient.

Any of allegation that breach in NP Scope of Practice and a complaint to a state BON, which in turn would trigger an investigation and potential disciplinary action. A BON investigation has serious implications for any FNP, who would require legal assistance (and the associated costs of hiring an attorney) and could face the possibility of losing his or her professional license.

i. Failure to monitor patient outcomes and refer patients to a psychiatric mental health NP, psychologist, or psychiatrist if symptoms have not improved, the patient is getting worse (acute decompensation) or is noncompliant, or the FNP disregards family members who have raised concerns about a patient

- i. Failure to refer patients with common mental illness, such as depression, when specifically required by a state's SOP.
- ii. Failure to refer patients with complicated or severe (complex) mental illnesses, such as personality disorders, or if a specialist is needed based on the level of care or emergent conditions that prompt a referral/psychiatric consultation.
- iii. Exceeding prescribing authority for psychopharmacotherapy (in states where FNPs are authorized to prescribe/furnish such medications) or psychotherapy.
- iv. Failure to focus only on direct medical problems, such as blood pressure or diabetes, when treating patients with substance misuse diagnoses.

(Balestra, 2019).

B. Identify potential ethical issues that could arise from how you do or do not choose to treat this patient.

The NP should be aware of the potential ethical issue that could arise if chooses that to treat a patient with mental health issue. Ethical considerations like Advocacy, Autonomy, Accountability and Patient-based Practice (MHA, 2022).

C. What follow-up is needed for your patient?

Patient is advised to follow-up in 4-6 weeks with NP and once stable then every 4 months to assess their medications effectiveness. Patient is also advised to do behavioral and cognitive psychotherapy and see a specialist if not responding to treatment. At each follow up visit, behavior modification strategies are also reviewed (Rosenthal, L. & Burchum, 2021).

D. What do you need to do as a primary care provider to mitigate potential risks in providing care for behavioral health concerns?

Given the variation between APRNs and related state statutes, rules and regulations, it is essential that APRNs have a clear understanding of how their scope of practice is defined by those laws and regulations, as well as any opinions promulgated by the state regulatory agency. The advanced practice nurse shall practice within the advanced specialty and role appropriate to his/her advanced educational preparation (AANP, 2021).

References

- American Medical Association (AMA). (2017). State Law Chart: Nurse Practitioner Prescriptive Authority. Retrieved from <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/specialty%20group/arc/ama-chart-np-prescriptive-authority.pdf>
- American Association of Nurse Practitioners (AANP). (2019). Scope of Practice for Nurse Practitioners. Retrieved from <https://www.aanp.org/advocacy/advocacy-resource/position-statements/scope-of-practice-for-nurse-practitioners>
- Bagayogo, I. P., Turcios-Wiswe, K., Taku, K., Peccoralo, L., & Katz, C. L. (2018). Providing mental health services in the primary care setting: the experiences and perceptions of general practitioners at a New York City clinic. *Psychiatric Quarterly*, 89(4), 897-908.
- Balestra, M. L. (2019). Family nurse practitioner scope of practice issues when treating patients with mental health issues. *The Journal for Nurse Practitioners*, 15(7), 479-482.
- Clark County Nevada. (2021). Mental Health Resources. Retrieved from https://www.clarkcountynv.gov/top_services/covid19/mental_health_.php
- Division of Public and Behavioral Health (DPBH). (n.d.). Public Health Chronic Disease Prevention & Health Promotion in Nevada in the Era of the Affordable Care Act. Retrieved from https://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/About/Overview/Whitepaper_CDP_HP%20Capacity%20in%20NV.pdf
- Mental Health America (MHA). (2022). Position Statement 21: Rights of People With Mental Health and Substance Use Conditions. Retrieved from <https://mhanational.org/issues/position-statement-21-rights-people-mental-health-and-substance-use-conditions>

Rosenthal, L. & Burchum, J. (2021). *Lehne's pharmacotherapeutics for advanced practice nurses and physician assistants* (2nd ed.). Elsevier.

Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). What does Affordable Care Act Mean for Behavioral Health?. Retrieved from https://www.samhsa.gov/sites/default/files/samhsa_infographic2_final_banner_rev_r111314b.pdf