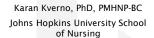
Promoting
Integrated Mental
Health Care through
an Accelerated
Online Postgraduate PMHNP
Program







Objectives

- By the end of this discussion, the learner will be able to:
 - Describe the need for integrated mental health care.
 - Identify three methods for facilitating the development of psychiatric and mental health care competencies among NPS practicing in distant sites.
 - Consider the pros and cons of an accelerated online learning environment.



The Burden of Mental Disorders is Great

- 14% of global burden of disease
- 2nd greatest contributor to years lived with disability
- Unlike most diseases, continues to increase



Murray et al. (2012). Disability-adjusted life years (DALYS) for 291 diseases and injuries in 21 regions, 1990-2010. a systematic analysis for the Global Burden of Disease Study 2010. *Lancet*, 15(380), 197-223.

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Mental and Physical Health Problems are Interwoven

- Upwards of 20% of primary care visits1
- Persons with severe mental health problems are highly likely to have complicated medical problems.²
- Having depression or schizophrenia increases the risk of premature death by 40-60%.²

[1] World Health Organization (WHO) and World Organization of Family Doctors (Wonca). Integrating mental health into primary care. A global perspective. 2008. [2] World Health Organization. Mental health action plan 2013-2020. Geneva, Switzerland: WHO Press; 2013.



The Treatment Gap is Enormous

- Within a given year, fewer than half of adults and youth with diagnosable mental disorders receive treatment.
 - National Survey on Drug Use and Health (SAMHSA, 2013)
 - National Comorbidity Survey-Adolescent (Costello et al., 2014)





WHO (2013)

Key Objective:

 Provide comprehensive integrated mental health and social services in community-based settings.

Key Action Step:

 Develop human resources, including the development of graduate educational curricula to teach core competencies.



Mental Health Care Health Professional Shortage Areas (HPSAs)

- Total Mental Health Care HPSA designations: 3,968 (US); 49 (MD)
- Percent of need met: 50.91% (US); 66.27 (MD)
- Practitioners needed to remove HPSA designation: 2,707 (US); 32 (MD)

Bureau of Clinician Recruitment and Service, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, https://kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/.



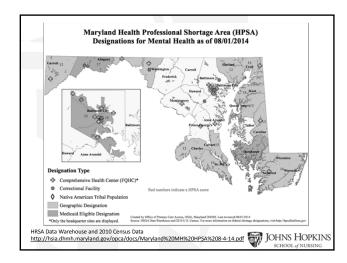
- Rural Maryland
 - Experiences a shortage of health care providers in specialty areas, mental health, and dental care.





Supports expansion of the scope of practice for nurse practitioners





Recruitment and Retention

- · Lack of incentives to draw providers
- · Lack of mental health training
- Professional isolation
- · Unfamiliarity with the rural lifestyle

(Hunsberger et al., 2009; Thomas et al., 2012; & Weinhold & Gurtner, 2014)





Curriculum

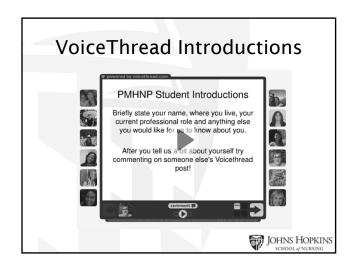
- Fall
 - Differential Diagnosis 1
 - Neurobiology 1
 - Psychopharmacology 1
 - Psychotherapy 2
- Spring
 - PMHNP Practicum: Peds/Family 4
 - *Peds or Adult Health Assessment (if needed) 1
- Summer
 - PMHNP Practicum: Adult/Gero 4



Learning in an Accelerated Online Environment

- How do we form a community when we are all in different places?
 - Digital Café
 - VoiceThread discussions
 - Group case studies
 - Synchronous meetings
 - Optional in fall semester
 - · Required in spring and summer semester
- · All ideas are welcome!





1st Semester

- · Brief lectures
- · Collaborative problem-based learning
- Take-aways
- Self-reflection
- VoiceThread discussions of important insights
- Practice quizzes
- Final exam



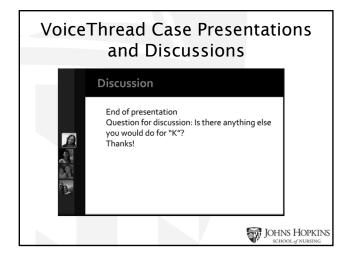
Week	Case	Neuro	Pharm	Dx	Therapy
1	N/A				
2	N/A				
3	Neurodevelopmental	1	2	3	4
4	Schizophrenia spectrum and other psychotic disorders	2	3	4	1
5	Depressive and bipolar disorders	3	4	1	2
6	Anxiety disorders	4	1	2	3
7	Obsessive compulsive and related disorders	1	2	3	4
8	Trauma and stressor related disorders	2	3	4	1
9	Somatic symptom and related disorders	3	4	1	2
10	Feeding and eating disorders Disruptive, impulsive control and conduct disorders	4	1	2	3
11	Sexual disorders, gender dysphoria, paraphiliac disorders	1	2	3	4
12	Substance related disorders	2	3	4	1
13	Neurocognitive disorders	3	4	1	2
14	Personality disorders	4	1	2	3



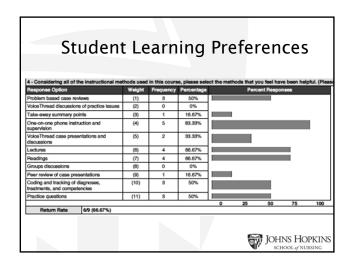
Clinical Semesters

- PMHNP practicums: 500 hours
- One-on-one supervisory meetings with faculty
- Online VoiceThread case presentations and discussions
- Health literacy project
- · Professional meeting presentation
- Advocacy presentation
- · Integrated care application paper
- Self-reflection
- Coding
- Practice quizzes





Evaluating Student Competency • Observation • Documentation Practice Competency Statement Evidence of achieving the competency statement Preceptor Initials and date Recognizes clinical signs and symptoms of psychiatric illness. Selects and implements bright, evidence-based and the recognized competency properties and operations and interprets a comprehensive and/or interval history and mental status examination. Identifies appropriate laboratory and diagnostic studies if needed. Performs and interprets a psychosocial assessment and family psychiatric history.



The Pros and Cons of an Accelerated Online NP Program

Pros

Cons

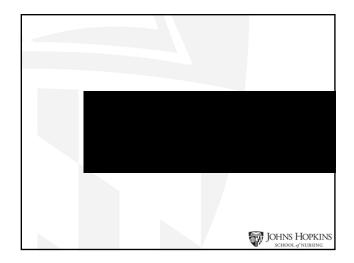
- Program duration
- No wiggle room
- · Immersion into role
- · Time intensive

Future Challenge

Reporter Manager Educator

Pangaro, L. (1999). A new vocabulary and other innovations for improving descriptive in-training evaluations. *Academic Medicine*, 74(11), 1203-1207.





References

- Murray et al. (2012). Disability-adjusted life years (DALYS) for 291 diseases and injuries in 21 regions, 1990-2010: A systematic analysis for the Global Burden of Disease Study 2010. Lancet, 15(280), 197-232
- Costello, E. J., He, J. P., Sampson, N. A., Kessler, R. C., & Merikangas, K. R. (2014). Services for adolescents with psychiatric disorders: 12-month data from the national comorbidity survey-adolescent. Psychiatric Services (Washington, D.C.), 65(3), 359-366. doi:10.1176/appl.ps.201100318 [doi]
- Hunsberger, M., Baumann, A., Blythe, J., & Crea, M. (2009). Sustaining the rural workforce: Nursing perspectives on worklife challenges. The Journal of Rural Health: Official Journal of the American Rural Health Association and the National Rural Health Care Association, 25(1), 17-25. doi:10.1111/j.1748-0361.2009.00194.x [doi]
- Pangaro, (1999). A new vocabulary and other innovations for improving descriptive in-training evaluations. Academic Medicine, 74(11), 1203-1207.
- Substance Abuse and Mental Health Services Administration. (2013). Results from the 2012 national survey on drug use and health: Mental health findings. (No. HHS Publication No. [SMA] 13-4805).
- Thomas, D., MacDowell, M., & Glasser, M. (2012). Rural mental health workforce needs assessment: A
 national survey. Rural Remote Health, 12, 2176.
- World Health Organization (WHO) and World Organization of Family Doctors (Wonca). (2008).
 Integrating mental health into primary care. A global perspective. Geneva, Switzerland: WHO Press.
- WHO (2013). Comprehensive mental health action plan 2013-2020. Geneva, Switzerland: 66th World Health Assembly.
- Weinhold, I., & Gurtner, S. (2014). Understanding shortages of sufficient health care in rural areas. Health Policy (Amsterdam, Netherlands), 118(2), 201-214. doi:10.1016/j.healthpol.2014.07.018 [doi]



