Introduction

Severe emotional disturbance and mental illness across the lifespan are significant problems in both urban and rural areas across the United States. Access to mental health care is a national problem. In rural areas, there are additional burdens of access, few providers, and a dearth of culturally-sensitive outreach to diverse populations. According to the Health Resources and Services Administration Shortage Designation Branch (2009), 3,132 mental health HPSAs (health professional shortage areas) exist in the United States with 80 million people living in them. The Annapolis Coalition, a group of mental/behavioral health experts and stakeholders commissioned by the Substance Abuse and Mental Health Services Administration (SAMHSA), published a report in 2007 that found a need to address the workforce size in general and inadequate geographic distribution. Psychiatric-mental health nurse practitioner (PMHNP) clinicians and faculty are a solution to meet the mental health needs of the nation.

The Criteria for Evaluation of Nurse Practitioner Programs (2008) provides the standards for review of all NP educational programs. The evaluation criteria document has, for accreditation purposes, been adopted by the Commission of Collegiate Education (CCNE) and endorsed by the National League for Nursing Accrediting Commission (NLN). The aim of this paper is to address the most challenging aspects faced by PMHNP programs as they strive to meet the Criteria for Evaluation standards while transitioning from Psychiatric-Mental Health Clinical Nurse Specialist (CNS) to a Psychiatric-Mental Health Nurse Practitioner (NP) and combined CNS/NP majors. A specific goal was to address the criteria pertaining to administrator and faculty qualifications.

A multi-organizational, psychiatric-mental health advanced practice registered nursing task force has developed this paper in an effort to provide clear guidance to PMHNP educational programs. Recognizing that many PMHNP programs may have grown from CNS programs, we hope to clarify the expectations for how PMHNP programs would meet the Criteria for Evaluation of Nurse Practitioner Programs (2008) and incorporate the NP competencies into curriculum. This level of standardization is needed to sustain high quality, NP-specific programs. This paper does not address the 2008 Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education at this point in time.

Background

The National Organization of Nurse Practitioner Faculties (NONPF) convened this task force, which represents collaboration between NONPF, the International Society of Psychiatric Nurses (ISPN/SERPN), International Nurses Society on Addiction (IntNSA), and the American Psychiatric Nurses Association (APNA), to create a common statement. The goals of the task force work were to:

1. Identify areas of common agreement among NONPF, ISPN, IntNSA, and APNA about PMHNP educational programs; and
2. Prepare a statement on PMHNP education.

The task force met through a series of teleconferences from late 2008 through summer 2009 to discuss the issues facing PMHNP educational programs. The group confirmed that the Criteria for Evaluation of Nurse Practitioner Programs document represents the standard that all PMHNP programs should meet. The group agreed that educational programs work purposefully and in a timely manner to achieve congruence with the Criteria for Evaluation. In addition, the task force acknowledged that educational programs would require clarification, guidance on expectations, and other assistance during this transition period. The time-sensitivity for programs may become more acute as the profession moves forward with implementation of the consensus model for the future regulation of APRNs.

Recommendations and Opportunities

The task force recognizes that this is a challenging, yet exciting, time for psychiatric-mental health advanced practice registered nursing. Finding consensus about how to move forward in PMHNP education while honoring our past and creating our future is the ultimate goal for all of us.
To assist PMHNP educational programs in moving forward to ensure compliance with the Criteria for Evaluation of Nurse Practitioner Programs (2008), the task force has identified recommendations and associated opportunities. These recommendations relate to Criterion I, Organization and Administration, which has sub-criteria that stipulate qualifications of the faculty and administrators of NP programs. Within Tables I-IV, the task force sets forth targeted recommendations to address criteria I.A – I.C and V.A(1). Some suggestions may be for interim measures as programs develop the needed PMHNP faculty workforce. The task force emphasizes, however, that the goal is for all PMHNP programs to amass adequate personnel and program support resources to meet the standards of the evaluation criteria.

The task force further recognizes that this paper does not address all of the issues that PMHNP educational programs need to address for the future. Discussion about additional standards from the Criteria for Evaluation of Nurse Practitioner Programs may be useful for highlighting student and program criteria. In addition, a paper that elucidates the implications of the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education for PMHNP education will have critical importance for expansion and new development of PMHNP programs. The task force recommends that NONPF continue to convene the multi-organizational task force for continuation of these discussions and developments of more guiding documents for PMHNP educators. We all share the commitment to ensuring the availability of quality PMHNP educational programs at a time when we need to expand the mental health care workforce.

Table I

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| * Until a director/coordinator who is an NP is in the leadership position:*  
  * Place the PMHNP major under a certified NP who directs all NP majors*  
  * Partner with an NP to jointly coordinate major*  
  * Set a timeline for director and faculty to become NPs. Remove barriers to faculty achieving this goal by:*  
    * Giving release time and/or work credit for pursuing NP preparation*  
    * Paying for NP preparation with payback requirement and/or*  
    * Giving faculty time to take courses at home university*  
  * Programs that have transitioned from CNS to NP need to implement a plan for preparing faculty to be certified as NPs*  
  * Hire new faculty who are NPs with doctoral preparation to assume leadership*  
  * Support new PMHNP in assuming leadership and faculty roles through mentoring with experienced PMH CNS and PMHNP faculty and other faculty.* | * Administration is encouraged to utilize the expertise of current faculty to facilitate this implementation*  
  * Current PMHNPs could serve as mentors for future faculty members.* |
**Table II**

**Criterion I.B:** The lead NP is nationally certified in the same population-focused area of practice and provides direct oversight for the nurse practitioner educational component or track.

The NTF *Criteria for Evaluation* document, Criterion I.B also states in its elaboration the following: “If there is a diversion from this criterion (for example, an FNP who has spent all of his/her work career in caring for the adult population and leads the ANP program) the program/track must provide additional documentation on the qualifications and experience of the individual for teaching in this program/track.” However, the expectation is for PMHNP programs to take the necessary steps to meet fully this criterion.

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| • While the profession develops the Psychiatric-Mental Health Nurse Practitioner workforce, programs can consider interim partnering strategies:  
  o Partner with another NP or CNS with population focused certification for clinical supervision, for example partner with Child/Adolescent CNS with Adult PMHNP  
  o Partner with Pediatric NP or CNS for growth and development and well child content  
  o Partner with Gerontological NP or CNS for geropsychiatric content  
| • We have an opportunity to build workforce capacity of Psychiatric-Mental Nurse Practitioners to provide care and increase the availability of mental health care providers in underserved areas. |
| • Schools of nursing are strongly encouraged to support current faculty to obtain the certification to reflect the same preparation as the NP program. |

**Table III**

**Criterion I.C:** Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.

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| • Use documents that NONPF has on its Web site that can help meet this criterion (e.g., “Nurse Practitioner Faculty Practice: An Expectation of Professionalism,” “Faculty Practice Promotion & Tenure,” “Definitions and Models,” and links to related resource documents).  
| • Whereas state regulations vary regarding faculty practice, programs can be creative as to how to support faculty to meet certification requirements, e.g. release time  
| • Formulate individualized plans for education and clinical experiences to enable the transition from Adult PMHNP faculty and providers to across the lifespan.  
| • Faculty practice informs teaching, research, and other scholarly endeavors  
| • NONPF develop a readily-accessible team of consultants available to provide support for schools and program directors regarding programmatic and curricula development  
| • Creative community partnerships can provide opportunities for faculty practice |

• Where state regulations vary regarding faculty practice, programs can be creative as to how to support faculty to meet certification requirements, e.g. release time
Table IV

**Criterion V.A(1): Faculty have preparation and current expertise appropriate to area(s) of teaching responsibility.**

For successful implementation of the *curriculum*, faculty must have the preparation, knowledge-base, and clinical skills appropriate to their area of teaching responsibility. Institutions need a balance of faculty, as also supported through Criterion V.B, to ensure coverage of the full breadth of content for a PMHNP program. Programs should maximize the value of the experience and skills of existing faculty, as well as explore the availability of additional content expertise among community-based clinicians.

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| • Separate theory and clinical parts of courses such that,  
- NP faculty, jointly with CNS faculty, teach role congruent didactic and clinical content  
- NP faculty supervise clinical practica specific to the NP role | • Programs can enrich the curriculum by using the full breadth of theoretical and clinical expertise among current graduate non-NP PMH faculty.  
• APRN PMH clinicians, especially CNSs, have been nationally recognized as one of the four core mental health disciplines along with psychiatry, psychology, and social work. This legacy of expertise will serve all students in the NP curriculum.  
• Explore all possible relationships and partnerships to elicit expertise from the clinical community, as needed, to cover content breadth for the program |

**References**


1 Endorsements

The National Organization of Nurse Practitioner Faculties and the International Nurses Society on Addiction have endorsed this document.

2 Task Force Members

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