

Mini Plenary: Critical Gaps in Addressing Behavioral Health: Are the Nation's 3.8 Million Registered Nurses a Workforce Solution?

**Marcella Rutherford, Ph.D., M.B.A.,
M.S.N.**

**Margaret W. Baker, Ph.D., R.N., F.A.A.N.,
F.G.S.A.**

*Associate Dean for Academic Affairs, University of Washington School
of Nursing*



Critical Gaps in Addressing Behavioral Health: Are the Nation's 3.8 Million Registered Nurses a Workforce Solution?

MARCELLA RUTHERFORD, PHD, MBA, MSN, RWJF-ENF FELLOW
2013 COHORT

MARGARET W. BAKER, PHD, RN, FAAN, FGSA, RWJF-ENF
FELLOW 2013 COHORT

DEBORAH GREEN, DNP, RN, RWJF-ENF FELLOW 2013 COHORT



RWJF-ENF Action Learning Team

David Keepnews, PhD, JD, RN, FAAN

Cheryl B. Jones, PhD, RN, FAAN

Margaret W. Baker, PhD, RN, FAAN, FGSA

Marcella Rutherford, PhD, MBA, MSN

Raymond Phillips, PhD, RN, FAAN

Deborah Green, DNP, RN

Donna Dinkin, PhD (ALT Coach)

Virginia Trotter Betts, MSN, JD, RN, FAAN (Consultant)



Transformation through Innovative Partnerships Team
(TIP)

TIP project

PROBLEMS

- The U.S. behavioral health system is failing to meet the needs of the country
- The generalist nurse was not identified in any of the efforts to date aimed at seeking a workforce solution.

SOLUTIONS

- Identify the RN as a potential workforce solution
- Provide resources needed to tap into the RN workforce for this role
- Support RNs to utilize their knowledge in the care of patients with behavioral health disorders.

Policy Context

- Mental Health: A Report of the Surgeon General (1999)
- President's New Freedom Commission on Mental Health (2003)
- Improving the Quality of Health Care for Mental and Substance-Use Conditions- Quality Chasm Series (Institute of Medicine, 2006)
- Better But Not Well: Mental Health Policy in the United States since 1950 (Dr. Richard G. Frank PhD, Dr. Sherry A. Glied PhD, 2006)
- Annapolis Coalition (2007) Action Plan on BH Workforce Development
- Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities (Institute of Medicine, 2009)
- The Future of Nursing: Leading Change, Advancing Health (RWJF Initiative on the Future of Nursing at the Institute of Medicine, 2010)
- Blueprint for Development of the Advanced Practice Psychiatric Nurse Workforce (Nursing Outlook, 2012)
- SAMHSA 2015 Strategic Plan: Leading Change 2.0 (2015)

Behavioral Health –

- Behavioral health is being defined to include mental health disorders, mental illness, substance use disorders, and addictions.
- Behavioral health care includes promotion of emotional health; preventative activities; treatment services; and recovery support to those with mental illness, problems and/or addictions.

U.S. Department of Health and Human Services. (2013, Jan. 24). Report to Congress on the nation's substance abuse and mental health workforce issues

Cost Impact

- Serious mental illness costs America \$193 billion in lost earnings every year
- Cost of country's unmet BH need is \$444 billion annually and is nearing a crisis
 - Only one-third of cost goes to health care
 - Bulk goes to society for disability payments and lost productivity
 - Does not include caregivers' lost earnings or tax dollars spent to build prisons



U.S. prevalence of mental disorders

25% of all U.S. adults have a mental disorder; nearly 50% of U.S. adults will develop at least one mental disorder during their lifetime

Anxiety disorders are the most common type of mental disorder, followed by depressive disorders

Nearly 41,000 people in the United States die from suicide annually or 1 person every 13 minutes

In dually-eligible M/M populations, after heart conditions, mental health conditions are the second most frequently co-occurring condition



U.S. prevalence of substance use disorders



In 2014, 20.2 million adults (8.4%) had a substance use disorder. Of these, almost half had a co-occurring mental disorder

Between 1999 and 2010, there was a four-fold increase in opioid overdose deaths and substance use treatment admissions

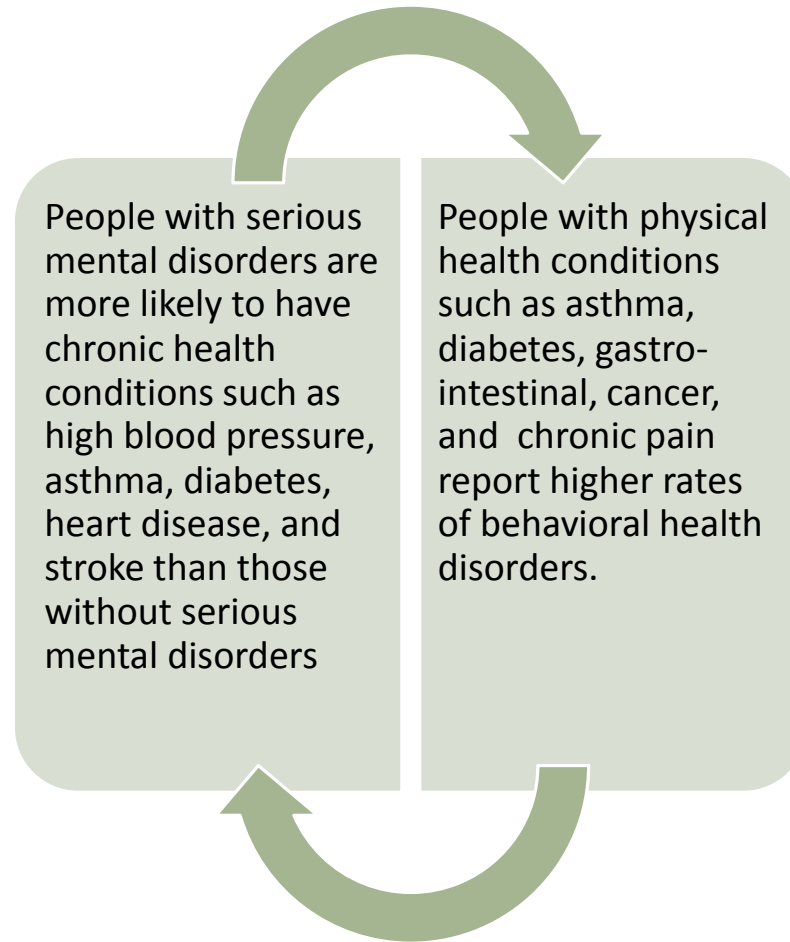
Alcohol and substance use disorders are more severe in some **underrepresented** populations

In any population - sick or well - there is a high likelihood of behavioral health disorders

- 4 out of 10 leading health problems in people ages 5-and-over are behavioral health in nature.
- 16.3% prevalence of alcohol dependence in 18-25 year olds among persons over age 12.
- ~ 18.5% of service members returning from Iraq or Afghanistan have post-traumatic stress disorder or depression
- Intentional and unintentional injuries are 2 to 6 times higher among people with a mental disorder than in the population overall



Relationship between BH conditions and physical health conditions



TIP

Unmet needs – unidentified and untreated



- **Underlying behavioral health disorders**
 - Interfere with recovery and participation in plan of care.
 - Affect individuals' management of health needs.
 - Impact pregnancy and post-partum
 - Impact veterans' reintegration into society.
 - Care is less accessible to rural, poor, and pediatric populations.

BH Workforce Crisis

Inadequate workforce – physicians, social workers, nurse practitioners, etc.

Geographic maldistribution of providers – half of U.S. counties have no mental health professional

General lack of available treatment in primary care.

Increased coverage access to BH-covered services through ACA implementation



Nurses: Potential to Effect Wide-Reaching Changes

Largest component of
health care workforce

Spend most time with
patients

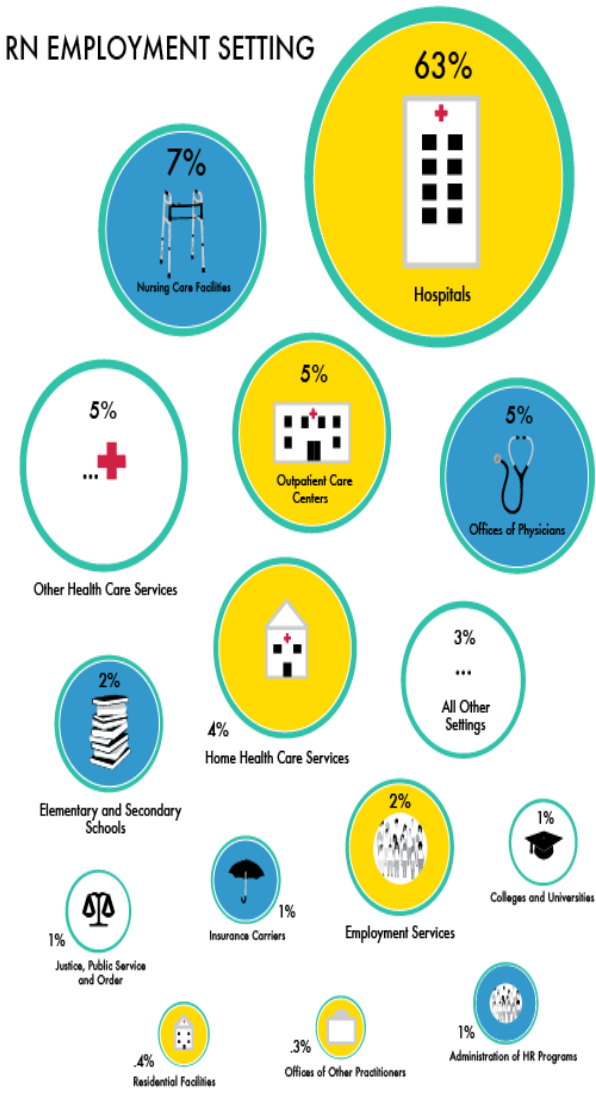
Understand care processes
across continuum of care

Evidence links them to high-
quality patient care



NURSES: IN EVERY SETTING

RN EMPLOYMENT SETTING



Sources
 1. The US Nursing Workforce: Trends in Supply and Education, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, April 2013
 2. Occupational Employment Statistics, US Department of Labor, Bureau of Labor Statistics, May 2012
 3. The Registered Nurse Population: Findings from the 2008 National Sample Survey of Registered Nurses, US Department of Health and Human Services, Health Resources and Services Administration, September 2010

Now Let's Connect the
Dots...

Baccalaureate-prepared RNs have the basic BH competencies called for by the Annapolis Coalition

...RN roles are evolving with health care reform

...with better health outcomes being rewarded, the role of RNs should expand.

Annapolis Coalition (2007)	AACN BSN Essentials (2008)	Pioneer ACO Organizations (2015)
<ul style="list-style-type: none"> • Communication • Systems oriented 	Interpersonal communication	Embedded team member-hospital and primary care
<ul style="list-style-type: none"> • Collaboration & teamwork • Care planning and coordination 	Collaboration for improving health outcomes	<ul style="list-style-type: none"> • Care coordination and management • Patient education
<ul style="list-style-type: none"> • Screening & Assessment • Brief intervention • Cultural competencies 	<ul style="list-style-type: none"> • Baccalaureate generalist nurse practice • Clinical prevention and population health 	<ul style="list-style-type: none"> • Direct patient care • Patient triage • Population health • Assessment • Care across the continuum
Practice-based learning and quality improvement	<ul style="list-style-type: none"> • Basic organization and systems leadership for quality patient care and patient safety • Scholarship and evidence-based practice 	Evaluation
Informatics	Information management and application of patient care technology	
	Professionalism and values	
	<ul style="list-style-type: none"> • Health policy, finance and regulatory environments • Liberal (general) education 	

Strategic Innovations for RNs and BH



Education - Pre-licensure nursing education programs should

- Emphasize BH throughout the curriculum
- Integrate and ensure students' understanding of BH assessment and treatment
- Ensure that learning materials emphasize content that builds students' knowledge, skills, and attitudes.

Policy - Electronic documentation systems should incorporate BH plans of care for all patient populations.

Service – Prepare the nursing and other workforce partners to transform the care of BH patients

BH Innovations at Cone Health



Summary

BH disorders have been overlooked for too long

BH disorders keep people from being well, getting well, staying well

There is an urgent need to close the behavioral health gaps in our nation

Closing those critical gaps will require a transformation of a workforce that can meet these fundamental needs

Let's reframe our expectations for health and truly integrate BH in all health care settings

Generalist RNs have been overlooked as an answer to the BH workforce gaps

Then, let's deploy the nation's 3.8 M registered nurses to meet basic BH needs and fill those gaps!!

Questions

??

Margaret W. Baker – mwbaker@uw.edu

Marcella M. Rutherford – rmarcella@nova.edu