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UAB School of Nursing gets \$1.1M to grow mental health workforce

By **Jennifer Lollar**

The **University of Alabama at Birmingham School of Nursing** has received a three-year, \$1.1 million grant from the **U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA)** to help put more psychiatric nurse practitioners into the workforce, and for interprofessional education for both nurse practitioners and health informatics professionals in the use of technology to manage psychiatric conditions.



According to the **National Alliance on Mental Illness**, more than 187,000 adults in Alabama live with serious mental illness, and more than 51,000 children in the state live with serious mental health conditions. This includes schizophrenia, dementia, bipolar disorder and post-traumatic stress disorder (PTSD). Currently, approximately 300 psychiatrists and 50

psychiatric nurse practitioners care for this population.

In the past 15 years, according to the **Alabama Rural Health Association**, the **Alabama Department of Mental Health** has been moving toward community-based treatment and has closed 10 hospitals. The department says that by 2016, 25 percent of state-operated psychiatric hospital acute care services—meaning the first 90 days of involuntary commitment—will be transitioned to community-based programs.

The primary goal of this grant is to not only increase the number of primary mental health nurse practitioners to help meet the mental health care needs of rural and underserved populations in Alabama and Mississippi with serious mental illness, but also to train the nurse practitioners to help lead interprofessional teams in these community-based programs to provide care that is timely, efficient, safe and person-centered, says the grant's principal investigator, Teena McGuinness, Ph.D., CRNP, FAAN., professor of nursing and interim assistant dean for graduate clinical programs.

“In Alabama, the new model is to treat people with serious mental illness receiving care in community-based settings. Psychiatric nurse practitioners, by virtue of their knowledge of psychiatric assessment, psychotropic medications and general health assessment, will help consumers of mental health services experience a better quality of life,” she says. “We know that people with serious mental illness



... earlier than the general population. The psychiatric nurse
... skill set will be able to help promote health and prevent
re-hospitalization among these patients.”

A key part of
this grant is
developing a
health
information
technology-
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primary mental

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health nurse practitioner training program that will admit at least 10 students each year and teach them how to use new technologies to increase their reach in treating patients with psychiatric conditions.

“Health care information technology has the potential to transform psychiatric care, but not without innovative interprofessional educational efforts,” McGuinness says. “There are apps for everything—optimism, sleep, pain, even PTSD—and these apps, if designed and used properly, can essentially be extenders for clinicians who treat people with mental health issues. It’s mental health promotion, giving people the tools they need to perform to their best ability and to meet their obligations, and it gets patients involved in their own care.”

In addition to the state’s needs for mental health professionals, McGuinness says the **Department of Veterans Affairs** is seeking to hire 300 new psychiatric nurse practitioners over the next year to address the high rates of PTSD and traumatic brain injury (TBI) in returning veterans. About 30 percent of them have experienced some degree of these issues, and PTSD and TBI are complex disorders that will require interdisciplinary coordination of care.

“The skills that the UAB psych nurse practitioner students will acquire in our new program will prepare them for such positions,” she says.

For the technology and cross-disciplinary portion of the grant, the UAB School of Nursing is partnering with graduate health information management students from the **UAB School of Health Professions** and counselor education students from the **UAB College of Arts and Sciences** to create an interprofessional educational environment. This opportunity allows those who are learning to develop health care applications to integrate their knowledge and experiences with that of the clinicians who treating patients with mental illness. This, McGuinness says, will allow both clinicians and developers to fulfill their professional goals while respecting patient and community values and priorities/preferences for care.

And because the primary mental health nurse practitioner program incorporates distance learning, McGuinness says enrolling does not mean that mental health nurses need to leave their communities—many of which are underserved areas.

“In Alabama, there is a shortage of mental health professionals in 66 of 67 counties,” she says. “In 2008 it was only 63 of 67. The shortage is not improving,



of this program makes it easier for students to retain ties in the community, making them more likely to stay in those communities to help a population that is in need. Population data show us that 50 percent of those with no insurance and 30 percent of the insured suffer from some type of mental illness. Students will retain ties with their own communities, learn from local mental health providers, and learn to lead the community-based treatment efforts.”

McGuinness adds that primary mental health nurse practitioners in communities also have the ability to serve the mental health community as a whole, helping patients and practitioners alike.

“Those working in mental health in community-based settings have a great opportunity to increase mental health literacy and destigmatize mental illness through better access to care, technology and education,” she says. “Being treated for mental illness is still stigmatized in many ways, and if we can end this, we can help so many more people because psychiatric disorders are treatable.

“There is no health without mental health,” McGuinness continues. “For all physical conditions, treating co-occurring illnesses of depression and anxiety improves outcomes, whether the condition is diabetes, heart disease, or HIV. It’s not only cost effective but maintains dignity. It’s the right thing to do.”