ACAPN News

Addressing Children’s Mental Health Needs: Educational Preparation of Advanced Practice Nurses

In 1999, the President’s New Freedom Commission Report reported that nearly 14 million children were in need of mental health services, but the vast majority of these youth did not receive care. One underlying cause of the system failure was the shortage of providers for children with mental health needs, a shortage that continues, particularly among clinicians who prescribe psychiatric medications (Koppelman, 2004). Of concern to ACAPN is training advanced practice nurses (APNs) to deliver what science informs is the best mental health care available for children. In the coming months ACAPN will examine how nursing educational programs are training APNs to provide mental health care to children and adolescents.

There are five avenues for training of APNs who can address the needs of children with mental health issues. These educational options are listed in Box 1. The programs vary in the breadth of content devoted to child and adolescent mental health pathologies and therapies. The Child and Adolescent (C/A) Clinical Nurse Specialists (CNS) programs have been preparing APNs since the 1950s. Currently, approximately 900 APNs are certified C/A Psychiatric Mental Health (PMH)-CNSs. These programs have grown out of the traditional CNS emphasis on the nurse therapy role but have expanded in recent years to include pharmacotherapies. Vanya Hamrin, the interim coordinator of the C/A PMH-CNS program at Yale University, comments on the role distinctions of graduates of programs such as Yale:

Yale’s child adolescent psychiatric nurse practitioner and the combined clinical nurse specialist program contains over 500 clinical hours with direct care of children, adolescents and their families in modalities of diagnostic assessment, evidence-based individual therapies such as CBT for anxiety and depression, trauma-focused CBT for children who have been physically or sexually abused. Students also learn to lead group therapies, parent training groups as well as the art of assessing and prescribing and monitoring psychotropic medications to children and adolescents. Students also learn to apply the modalities of family therapy, which is an essential component of child treatment. While their clinical exposure contains some exposure to treatment of adults with mental health problems, their primary focus is on children, adolescents, and their caregivers. Students are eligible to sit for the family NP exam as well as the child and adolescent CNS exam.

In a similar educational model, C/A PMH-Nurse Practitioner (NP) programs are also being developed. The C/A PMH-NP program at University of Rochester is one of the most recent, last year receiving an HRSA grant to further develop the program. C/A PMH-NP programs such as Rochester’s have courses devoted to child pathologies and psychopharmacology as well as some 672 hr in practicum with children and adolescents. Dr Janice De Socio sees this as a distinct advantage of the program.

At the University of Rochester we came to the conclusion that competent practice with children and adolescents requires a dedicated curricular focus. From parent–child interaction therapies to developmental pharmacokinetics, the prevailing evidence points to a unique body of knowledge and skills for competent practice with children and adolescents. The cognitive,
psychosocial, and neurobiological foundations for practice change over development. This principle affects every aspect of curricular design in preparing child/adolescent psychiatric nurse practitioners. Child/adolescent psychiatric nurse practitioners require knowledge and skills for engaging parents and guardians, working with families, and collaborating with interdisciplinary team members representing a variety of social systems.

Five years ago a certification was developed for a family PMH-NP, an APN trained to deliver PMH services across the lifespan. There are currently 20 schools that are providing curriculum for family PMH-NPs. An estimated 500 APNs are now certified to practice in this role. These APNs receive intensive preparation in the management of psychiatric illness, emphasizing the similarities and differences between populations. In some programs, particularly ones that have been developed from a family nurse practitioner model, there is particular emphasis on a treatment approach that combines medication and psychosocial interventions. The lifespan approach fits particularly well with rural mental health needs.

Margaret Brackley, RN, PhD, the coordinator of the PMH-NP programs at University of Texas Health Science Center at San Antonio, comments on family PMH-NP preparation:

The FPMH-NP is minimally prepared for safe practice with patients with mental illness across the lifespan. It is important that the student in these programs have appropriate supervised clinical practice with children and adolescents. While they will not have the depth in specialty that a C/A-CNS has, they can be a valuable asset to patients especially in areas where there are no C/A specialists.

Many children with mental health needs are treated by their pediatrician; for instance, estimates are that 70% of children using medication for ADHD are prescribed that medication by their pediatrician. Pediatric nurse practitioners are integral to many sectors of pediatric primary care delivery. Their curriculum contains content on the treatment of common mental health disorders and scope of practice leaves ample room for the delivery of pediatric services for which they have been trained. Arizona State University has developed a program to train pediatric NPs in the management of behavioral health problems; the Child & Adolescent Mental Health Early Intervention Specialist Graduate Certificate Program. This program is a 15-credit, post master’s degree training that focuses on the detection of common mental health issues in children. Graduates are not prepared to sit for a child PMH or family PMH certification but are provided with a set of skills that will broaden their knowledge of behavioral health treatment and assessment.

Clearly we are seeing the development of a child behavioral work force, in both medicine and nursing, which has variations in graduate educational preparation and some overlaps in scope of practice. Scope of practice is not static and educational changes often follow expansions that have occurred among expert clinicians in practice (Changes in Health Care Professionals Scope of Practice, n.d.). Yet, as the Annapolis Coalition forwards, all mental health professionals should be trained in a core group of competencies (Annapolis Coalition, n.d.). Given the diversity in educational preparation, ACAPN along with the ISPN’s Education Chair will consider what might be a core group of competencies for PMH APNs who deliver mental health services to children as well as the legitimate differences in the child specialist programs (C/A PMH-CNS, C/A PMH-NP) and the broader family PMH-NP programs. I welcome commentary on this issue from ACAPN members and readers of this column.

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References


