

A photograph of a woman with dark hair, wearing a pink button-down shirt, looking attentively at a person with blonde hair wearing a blue and red plaid shirt. The person in the plaid shirt has their hand near their face, possibly resting their head on it. They appear to be in a professional setting, like a clinic or office.

# Expanding Mental Health Care Services in America:

The Pivotal Role of Psychiatric-Mental Health Nurses



**An Informational Report Prepared by  
The American Psychiatric Nurses Association**

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# As the Need Grows, the Nation Struggles with a Shortage of Mental Health Professionals



## The Expanding Need

The need for qualified mental health professionals in the United States (U.S.) has never been greater.

Today, approximately [56 million Americans experience mental illness or substance use disorders](#) and [nearly 17 percent](#) report comorbid mental and physical health challenges. Ultimately, [1 in every 5 adults](#) in the U.S. experiences a mental health condition in a given year.

Similarly, the [2016 National Survey on Drug Use and Health](#) (NSDUH) revealed that 7.8 percent of Americans (20.1 million people) ages 12 years and older experienced a substance use disorder that year. Thirty-seven percent of those individuals struggled with illegal drugs, 75 percent with alcohol, and 12 percent with a combination of drugs and alcohol. [Opioids, specifically, are misused by 11.8 million people](#) annually in the U.S.

Mental illness and substance use disorders also impact the lives of young people across the U.S. – [40 percent of youth age 13 to 17](#) experience a behavioral health problem by the time they reach the seventh grade. Young adults also have some of the highest [rates of alcohol and substance use disorders](#): 10.7 percent (3.7 million) of young adults experienced an alcohol use disorder and 7 percent reported (2.4 million) using illegal substances in 2016.

**The dramatic shortage of qualified psychiatric professionals to treat persons with mental health and substance use disorders threatens our nation's ability to provide timely and effective treatment.**

Ongoing consumer education efforts and [celebrity disclosures are beginning to decrease](#) the stigma related to seeking treatment for mental health and substance use disorders. These efforts are moving the needle to help Americans understand that mental disorders are illnesses just like diabetes or heart disease. Likewise, treatment and support for people struggling with mental illness or substance use greatly improves millions of lives each year. As a result, more people are beginning to seek mental health and substance use treatment to improve their health, happiness, and quality of life.

Today, we know that mental health is absolutely foundational to overall health and wellness. Mental illness and substance use is linked to community issues such as homelessness, lower educational achievement, and legal problems. Addressing these expanding gaps in care for mental illness and substance use disorders should be a top national priority.

**Mental illnesses are illnesses just like diabetes or heart disease.**

It's important for people to know that treatment works and greatly improves the lives of those struggling with mental health and substance use disorders.



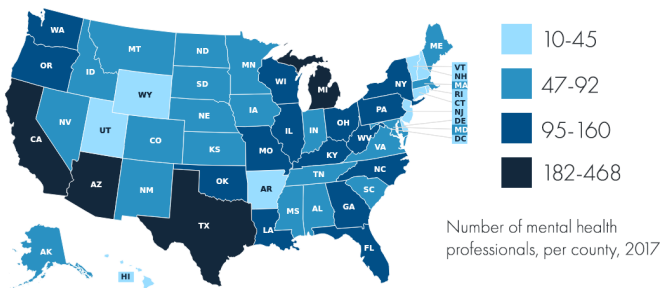
## Help Wanted: A Shortage of Mental Health Professionals

The supply of skilled, educated, and trained mental health professionals has not been able to keep up with growing demand. Far more individuals are in need of care and support for a wide range of mental health conditions – including depression, anxiety, acute grief, drug or alcohol addiction, personality disorders, and psychoses – than can access a mental health professional.

Currently, [only 44 percent of adults and 20 percent of children and adolescents](#) receive the mental health and substance use care they need. And, even if a mental health condition is identified, [treatment is often delayed](#) from 6 to 8 years for mood disorders and 9 to 23 years for an anxiety disorder.

In fact, [less than half of those affected](#) by the most common mental health conditions – co-existing major depression and substance use – ever receive any form of mental health or substance use treatment. The [lack of treatment significantly contributes to an increasing suicide rate](#), which is one of the leading causes of death in America today.

**Mental Health Professional Shortage Areas**



Source: Kaiser Family Foundation

According to [a report](#) released by the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration, the field of mental health will be 250,000 professionals short of the demand projected for the year 2025.

More than 75 percent of all U.S. counties have a [shortage of any type of mental health worker](#) and 96 percent of all counties have an unmet need for mental health prescribers.

This care gap is most profound in rural states where [111 million Americans live in mental health professional shortage areas](#).

The national need for increased access to mental health care is further exacerbated by the [disproportionate impact on racial, cultural, and ethnic minorities](#) who have higher levels of unmet mental health needs. Even with targeted efforts addressing minority populations, [data indicates](#) there were no reductions in racial-ethnic disparities between 2004 and 2012 and African Americans and Hispanic Americans experienced an increase in unmet mental health treatment. The stigma related to seeking mental health and substance use treatment is higher in minority populations, and further complicated by the dearth of minority mental health professionals.

Medical professionals also have a difficult time referring patients for mental health and substance use care and support. [Two-thirds of primary care providers](#) report difficulty referring patients for mental health care – that's twice the number reported for any other health specialty. And, with nowhere else to turn, [the number of patients going to hospital emergency departments seeking psychiatric services](#) increased by 42 percent over a recent three-year period.

Young people entering college also face significant challenges in receiving care or maintaining the care they previously received at home. For example, [at James Madison University's counseling center](#) the number of clients has grown 191 percent since the year 2000. The center has just one psychiatric nurse and one psychiatrist so it can only provide short-term services. Once a one-time prescription is issued, students are referred out to one of just a few private practices in Harrisonburg. Students then have to wait several months to get a psychiatric appointment.

**The lack of access to effective mental health treatment has created a crisis that is negatively impacting every American community and every family in some significant way.**



**In Washington State:** [Jess Calohan](#), a Psychiatric-Mental Health Advanced Practice Registered Nurse (APRN), leverages his own 20+ years of military experience through three overseas deployments to provide psychiatric care to veterans in the underserved, rural parts of the state. Leveraging tele-psychiatry, Jess, an expert in combat-related trauma, provides innovative care to patients in need of psychiatric services via two area hospital systems.

Jess applied his personal experience to develop the Nightmare Reduction Initiative (NRI). This program significantly expands access to care and directly supports veterans experiencing combat-trauma nightmares. His work is also helping to overcome the stigma attached to seeking mental health care within the military by targeting sleep challenges to help treat patients struggling with PTSD. This important work has opened doors around innovative treatment strategies for veterans – an often forgotten population in our nation.



## Shortage of Mental Health Care Providers: Impacts and Consequences

Our society faces grave consequences from the lack of available mental health treatment. The entirety of American society is impacted by untreated mental illness and substance use disorders preventing people from completing their education, working and supporting themselves, building relationships and contributing positively within their communities.

Serious mental illness costs America **\$193.2 billion** in lost earnings per year.

**More than a third** (37 percent) of students with a mental health condition drop out of school—the highest dropout rate of any disability group.

The U.S. Department of Veterans Affairs estimates that each day **18-22** veterans lose their lives to suicide.

More than **72,000** Americans died from drug overdoses in 2017, including illicit drugs and prescription opioids—a 2-fold increase in a decade.

**75 percent** of chronic mental health conditions begin by age 24, yet the delay between the first appearance of symptoms and intervention is an average of almost a decade.

And, overall, persons living with serious mental illness have **higher mortality** rates than the rest of the American population due in large part to preventable medical conditions.

**Improving access to professional mental health care and substance use treatment will not only transform the lives of millions of individuals, it will also have a positive impact on the nation as a whole.**



# PMH RNs and APRNs: Ready to Fill the Gap

## Who are PMH Nurses?

Psychiatric-Mental Health (PMH) registered nurses (RN) and advanced practice registered nurses (APRN) [represent the second largest group of behavioral health professionals in the U.S.](#) Both PMH RNs and APRNs play a pivotal role in providing professional mental health services to patients all across the nation.

PMH nursing intervention is both an art and a science – employing a wide range of nursing, psychosocial, and neurobiological expertise to produce effective interventions and positive outcomes for patients facing mental health or substance use disorders.

PMH nurses are trained mental health care professionals that practice according to high quality licensing and credentialing standards. Psychiatric nurses form strong therapeutic relationships with people experiencing mental illnesses and/or substance use disorders, and often with their families as well. PMH nurses also work to educate patients, families, health care peers, and communities to understand that whole health begins with mental health – actively working to shatter the stigma associated with mental health care and treatment.

The role of PMH nurses must be acknowledged and their utilization expanded to increase patient access to quality care for mental health and substance use challenges.

## There are several kinds of PMH nurses

**Psychiatric-Mental Health Registered Nurses** (PMH-RN) work with individuals, families, groups, and communities to assess mental health, and contribute to the development of a diagnosis and a plan of care. PMH nurses maintain current knowledge of advances in genetics and neuroscience and their impact on psychopharmacology and other treatment modalities.

## Services Provided by Psychiatric Mental Health Registered Nurses

1. Health promotion and maintenance
2. Intake screening, evaluation and triage
3. Case management
4. Teaching self-care activities
5. Administration and monitoring of psychobiological treatment regimens
6. Crisis intervention and stabilization efforts
7. Psychiatric rehabilitation and intervention
8. Educating patients, families and communities
9. Coordinating care





# PMH RNs and APRNs: Ready to Fill the Gap

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**Psychiatric-Mental Health Advanced Practice Registered Nurses (PMH-APRNs)** provide the full range of specialized services that constitute mental health and psychiatric care and treatment. They hold advanced master's or doctoral degrees, national certification, and additional licensure (based on their state board of nursing requirements).

The additional education, clinical experience, and training allows APRNs to assess, diagnose, and prescribe medication; provide integrative therapy interventions, psychotherapy, consultation and liaison services; oversee case management; undertake policy development for programs and service offerings; and actively engage in comprehensive advocacy education and research efforts.

PMH APRNs practice as Clinical Nurse Specialists (CNS) or Nurse Practitioners (NP), though titles vary by state. PMH-APRNs may hold a doctoral degree, including either the Doctor of Nursing Practice (DNP) or the Doctor of Philosophy (PhD).

PMH-APRNs work in a wide variety of settings – outpatient, ambulatory, emergency department, and hospitals.

Others own their own private practice businesses that see patients and consult within local communities, with corporations, and even with local government.

All 50 states permit APRNs some level of prescribing authority. [22 states](#) and the District of Columbia allow APRNs to diagnose, treat, order diagnostic tests, and prescribe medications to patients without physician oversight under the licensure authority of the state board of nursing. Seventeen states limit APRN scope of practice and 12 states [severely restrict nursing scope of practice regulations](#).

## Services Provided by Psychiatric Mental Health Advanced Practice Registered Nurses\*

- 1. Educate patients and families**
- 2. Provide psychotherapy**
- 3. Prescribe medication for acute and chronic illnesses**
- 4. Diagnose, treat and manage chronic illness**
- 5. Diagnose, treat and manage acute illness**
- 6. Provide care coordination**
- 7. Make referrals**
- 8. Order, perform and interpret lab tests, X rays, EKGs and other diagnostic studies**
- 9. Provide preventative care including screening and immunizations**
- 10. Conduct physical examinations**
- 11. Manage medical problems**
- 12. Perform procedures**

\* PMH-APRN scope of practice is determined by each state's nurse practice act and there is therefore variability from state to state. States that do not grant PMH-APRNs full scope of practice may limit one or more of the above services.





## Highly Trained, Certified and Diverse in Practices

Certification for PMH nursing at all levels is provided by the [American Nurses Credentialing Center](#) (ANCC). According to the ANCC, the requirements for the PMH-RN include an RN license, two years of practice as a full-time registered nurse, and a minimum of 2,000 hours of clinical practice and 30 hours of continuing education - both in PMH nursing and within three years

PMH nurses have degrees in nursing – which means that the nursing process informs their overall approach. However, often the role of a PMH-APRN with a master's or doctoral degree will overlap with that of a psychologist, social worker, or psychiatrist. For example, all of these professionals perform psychotherapy. And, both APRNs and psychiatrists can prescribe medications to patients.

**Psychiatric nurses work across the full lifespan, engaging patients over the long-term – becoming familiar with their personal stories and challenges – to transform lives in a positive way they can see every day.**

### For example, PMH nurses:

- Help children exposed to traumatic and adverse events.
- Work with soldiers returning from combat operations.
- Help older adults struggling with Alzheimer's Disease and dementia.
- Support teens and adults confronting anxiety and depression.
- Treat and counsel those fighting to recover from opioid, alcohol and other substance use disorders.
- Develop safety plans for those experiencing suicidal thoughts.

**Additionally, PMH nurses have a wide variety of career choices and can work in a variety of different settings including:**

- Hospitals
- Primary care
- Clinics
- Schools
- Telemedicine
- Public health facilities, and
- Private practice (PMH-APRNs only)

All PMH nurses are rigorously trained to provide mental health care to patients and play an important role in the articulation and implementation of new models of care and treatment that place the patient at the center of the care delivery system.

Therefore, the role of PMH nurses must be acknowledged and their utilization expanded to increase patient access to quality care for mental health and substance use challenges. For example, PMH nurses are positioned well to further integrate care for mental health and substance use into primary care settings. PMH nurses are also increasing access by providing patients with ongoing services and support via telecommunications technologies.

**PMH nurses are poised and ready to help expand access to mental health care across the United States.**

## Common PMH Nursing Areas of Focus:

- Child & Adolescent Mental Health
- Emergency Nursing
- Gero-psychiatric Nursing
- Military Mental Health & PTSD
- Substance Use
- Collaborative Care/Integrated Care
- Addictions





# More PMH Nurses Are Needed to Expand Access to Mental Health Care

## Call to Action: Build a Larger Mental Health Workforce

Our nation must develop a well-educated, trained and well-distributed behavioral health workforce to meet the rising demand for mental health services. The workforce must be diverse to meet the needs of the nation. Additionally, all Americans must understand that whole health begins with mental health, treatment is effective, and people can and do recover from mental health and substance use disorders.

PMH-RNs and APRNs have the skills and qualifications to step forward and expand access and the quality of mental health care across the U.S. – we just need more of them.

According to a 2016 American Psychiatric Nurses Association (APNA) survey, there are 15,911 active PMH nursing certifications held by PMH APRNs – 10,345 PMH nurse practitioner certifications and 5,566 PMH clinical nurse specialist certifications. And, it's predicted that by 2025, there will be 17,900 active PMH APRNs. Past workforce surveys show that only 4% of licensed registered nurses (RNs) work in psychiatric-mental health. If that percentage is still consistent, then there are approximately 154,000 RNs working in psychiatric-mental health, which is not nearly enough to meet the demand.

PMH RNs and APRNs currently face incredibly high demand for their services. There has been a 58 percent increase in psychiatric RN job openings and a 17 percent increase in psychiatric APRN job opportunities from 2014 to 2015. PMH nurses are the fastest-growing non-physician specialties in health care.

While there is a clear need for more professionals entering the field of PMH nursing, a variety of state reports are effectively demonstrating how PMH APRNs are stepping forward to help address the nation's shortage of mental health practitioners. And, a growing group of PMH RNs are taking on innovative new roles, demonstrating their commitment to improving the field of mental health care.

For example, at Parkview Behavior Health – youth inpatient services in Indiana, a team of PMH Registered Nurses (RNs) sought

to determine if bullying or cyberbullying played a significant role in contributing to youth admissions for mental health care and if parents were aware of their child's bullying/cyberbullying experiences. To guide unit programming and patient treatment, the team added new patient and parent forms asking for information about the patient's experiences with bullying or cyberbullying. Initial results show a significant relationship between patients presenting with depression or suicidal ideation who have experienced a form of bullying. Treatment strategies at the center are now more targeted, a new emphasis is placed on support for the effects of bullying, and staff can ultimately better measure a patient's comfort with returning to their home environment upon completing their inpatient treatment.

In New York City a team of PMH APRNs established a center for individuals who were homeless and dealing with serious mental illness. The center was staffed exclusively by PMH APRNs who provided both comprehensive mental health services and interventions to address social needs, such as housing. Data available on two years of outcomes indicate low levels of inpatient hospitalization of clients served and that none were incarcerated. The practitioners provided the full range of mental health services to their patients.

And, over the past 15 years, New Hampshire has worked to revise previous legislation and pass new legislation significantly expanding the ability of PMH APRNs to treat patients with mental illness and began integrating them into clinical leadership roles. The changes have allowed APRNs to demonstrate their significant clinical effectiveness as practitioners treating patients. This effort serves as a very successful model for other states needing to expand access to mental health care.

These and numerous other initiatives clearly speak to the ways in which PMH nurses can effectively address a wide range of mental health needs and serve as a successful solution to our nation's mental health provider shortage. We must therefore attract more PMH nurses into the field to expand access and improve mental health care.



**In Illinois:** Suicide is one of the top causes of death among all Americans aged 15 to 35. At Linden Behavioral Health, a team of PMH Registered Nurses (RNs) sought approval from Hospital administration to train the center's multidisciplinary RNs according to the APNA Competency Based Training for Suicide Prevention. This protocol requires safety planning to be completed with all patients upon admission and during any transitions in care. As a result, nurses are better able to assess warning signs and provide patients with support and coping strategies to mitigate suicide risk. As a result of this program, nurses have been trained and report feeling better equipped to assess potentially suicidal patients and plan for their care. Patients are complying in working on their personal safety plans and developing coping strategies. Ultimately, the risk of suicide for patients at all level of care in the facility will decrease due to the implementation of this proactive approach.



## Qualities of a Successful PMH Nurse

PMH nurses must have exceptional communication and relationship development skills coupled with a deep knowledge of the sciences.

You can enter the field of PMH nursing in a variety of ways. Science, liberal arts, and nursing undergraduate or master's students are all fantastic candidates to work toward a career in PMH nursing. Similarly, licensed practical nurses working in other areas of health care are also excellent candidates for education, training, and licensure in psychiatric-mental health nursing.

PMH nursing demands significant compassion, sensitivity, and communication skills to assess the ongoing needs of patients and help them navigate ever-changing life challenges. PMH nurses are educated and receive clinical training to deliver effective psychotherapeutic interventions, such as behavioral activation which guides patients to feel more empowered. It's not only important for PMH nurses to deliver the right response to a patient, but also to deliver it in the right tone of voice, volume, and body language necessary for that particular patient. Therapeutic communication is an important part of numerous PMH nursing tools, including teaching coping skills and problem-solving techniques. This nurse-patient relationship has a significant impact on healthcare outcomes.

PMH nurses also must have command over multiple bodies of knowledge including medical science, neurobiology of psychiatric disorders, treatment methods, and relationship science in order to fulfill their role of promoting optimal mental and physical health and wellbeing.

Ultimately, those who are passionate about working in behavioral science or nursing and find inspiration in helping patients access healing and recovery will thrive in a psychiatric-mental health nursing career.



**In North Carolina:** Connie Mele, a Psychiatric-Mental Health Advanced Practice Registered Nurse (APRN), spent her more than 30 years in the field working to advance the treatment of addiction. Among her numerous accomplishments providing treatment to patients and teaching new PMH nursing students, Connie also stepped forward to address the challenges facing inmates struggling with mental health issues.

Connie formed a Task Force of criminal justice officials to work together and develop an algorithm to identify appropriate jail diversion steps – from what police personnel can do when they encounter a person with mental illness or substance use disorders all the way to helping people struggling to find permanent housing. A new Crisis Intervention Team (CIT) Training Program was developed for police officers and detention personnel to better support those they encounter struggling with mental health, substance use and developmental disabilities. To date, more than 1,000 officers have been trained. This effort is another great example of an experienced PMH practitioner using the nursing process to identify a population in need and getting the right stakeholders to the table to successfully address a need in the community.





## PMH Nursing Provides Flexibility and Strong Compensation

PMH nursing provides great career flexibility and job security due to the rising demand. The wide variety of work settings and specialty areas allow professionals to choose the type of work they want to do and the setting that best fits their lifestyle.

For example, a significant proportion of mental health care is provided in the community setting – with patients living in their own homes and receiving care in local clinics, private practices and mental health facilities. PMH nursing roles in those community settings more typically follow regular business hours, so if you are interested in a PMH nursing role with a more predictable daily schedule, community-based mental health facilities and clinics may be the settings for you.

PMH nursing jobs in hospitals have other advantages. Hospital hours are often based on covering needed shifts and can be less predictable. But a hospital setting provides PMH nurses with the ability to work weekend or overnight shifts that allow a full-time schedule to take place over the course of just a few days each week, with the other days off.

Overall, PMH nursing is a financially rewarding nursing role due to the career requirements and rapidly expanding demand.

## Obstacles to Growing the Field of PMH Nursing

While it's clear that more PMH nurses are needed to address the shortage of mental health providers, [initial growth may be limited](#) by the relatively small number of PMH nursing programs and their insufficient distribution across the United States. For example, three states do not have any schools that offer PMH APRN programs and 15 states have only one such program state-wide.

In addition to the small number of nursing schools offering PMH APRN nursing programs, students enrolled in general nursing programs are reporting an overall [lack of defined, testable mental health care content and competencies within nursing school curriculum](#). It is also rarely emphasized that mental health is foundational to whole health, even in the face of [evidence indicating that care that addresses both mental and physical health is essential](#) to recovery from mental illness.

As career opportunities for PMH nurses expand and the applicant pool continues to increase, nursing programs will face increased pressure to quickly build more education options while ensuring that they maintain the quality of the program and faculty.

If mental health care was better represented throughout the entirety of nursing education, the population of nurses across the board would be better prepared, more compassionate and feel more confident in their ability to successfully work with patients suffering from mental health and substance use challenges.



**In Ohio:** A team of PMH Registered Nurses (RNs) working in an outpatient psychiatry clinic that began seeing rising levels of patients diagnosed with Autism Spectrum Disorders (ASD). Patients with ASD often exhibit aggressive behaviors when distressed and the facility space was not conducive to this patient population. The team brought a multidisciplinary group together to determine new protocols to ensure the safety of patients, family members and staff. Several new policies were put in place, along with infrastructure changes, additional training for staff, and fresh workflow and clinical processes to identify at-risk patients prior to their clinical appointments.

As a result of this new paradigm at the clinic, staff are now able to provide more effective individualized care and prevent behavioral escalation in many situations. The team continues to collaborate to make adjustments and identify areas for expanded policies to benefit this new patient population.

Non-psychiatric nurses often view patients with mental illness negatively – as problematic, [disruptive, more complex](#), and [unpredictable](#). [Non-PMH nurses often share that they even fear and dislike patients with mental illness](#); disparage the important work of PMH nurses, and perpetuate damaging myths and misperceptions about people suffering from mental illnesses.

As a result, nursing students often report that when they interact with nursing school teachers and non-PMH nursing professionals, they are actively discouraged from entering the field of PMH nursing – an important field of health care that desperately needs skilled professionals.

Those who are interested in a career in PMH nursing have a very difficult time finding mentors who will support them through their education and embarking on this chosen career.

More work must be done to help those outside the PMH field better understand that mental illnesses are no different than other illnesses like diabetes or heart disease – they are illnesses of the brain. Treatment for mental illness and substance use disorder are very effective and people can and do recover.

If mental health care was better represented throughout the entirety of nursing education, the population of nurses across the board would be better prepared, more compassionate, and feel more confident in their ability to successfully work with patients suffering from mental health and substance use challenges.



# Implications for the Future

**We must attract more nurses into PMH specialty areas and ensure rigorous PMH clinical education for all nursing professionals to increase nationwide access to mental health care. We therefore must consider:**

## **To Improve PMH Education and Clinical Training:** **To Improve Mental Health Care in America:**

- Nursing schools are missing an opportunity to help solve our nation's mental health provider shortage. Schools must teach that whole health begins with mental health; expand PMH nursing program offerings; integrate psychiatric nursing into the general curriculum and provide students with access to psychiatric rotations to gain experience.
- Stronger standards must be developed that require mental health clinical training as a basic tenet of all nursing curriculum to assure that graduates can demonstrate performance competencies in this important area of health care.
- The general nursing profession must actively work to embrace the fact that mental health is absolutely vital to physical health, support efforts to break down stigma and begin to help recruit more professionals into the field of mental health care.
- Nursing curricular models would benefit from a shift away from exclusively hospital settings to provide PMH clinical experience for nurses in integrated care settings – opening the door to a wider array of real world experiences and providing more professionals with opportunities for training placement.
- American undergraduate colleges and universities have the opportunity to increase student's awareness of psychiatric-mental health nursing as a career option for those studying in the sciences or liberal arts.
- The deep skillsets and vital contributions of PMH nurses must be acknowledged and their utilization expanded to provide Americans with increased access to qualified mental health and substance use treatment to improve the whole health of the nation.
- PMH nurses must work to define and standardize PMH nursing performance competencies and integrate those values into general healthcare.
- The scope of practice for PMH nurses is determined by state nursing boards and current state legislative statutes. We support nurses working to the full extent and authority of their education, as has been done successfully in 21 states across the nation, to allow PMH nurses to step forward and fill the gaps in mental health care.
- More robust research is needed to provide deeper detail on the PMH nursing workforce to adequately represent this growing field and demonstrate to government organizations and key stakeholders the important contribution the profession.
- Data collected must be used to further PMH nursing workforce development efforts, including improving education and regional practice guidelines while informing public policy decisions.
- PMH nursing leadership must work more proactively to advance the visibility of the profession and advocate for the important role PMH nurses play in America. PMH nurses must step forward to serve as mentors, advocates, policy, and curriculum advisors and conduct research to advance the profession.
- Leaders at our nation's top health and mental health organizations – Health Resources and Service Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health (NIH), National Institute of Mental Health (NIMH) and the Centers for Medicare and Medicaid Services (CMS) – must better understand the importance of mental health, treatment and recovery, and allow PMH nurses a seat at the table to partner in efforts to design solutions to our nation's top health care issues.

PMH nurses play a pivotal role within the mental health workforce. They are rigorously educated, clinically trained, very experienced and provide a wide range of effective support and treatment to those with mental health and substance use challenges in a variety of settings.

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