



## **POSITION STATEMENT: SBIRT in Psychiatric-Mental Health Nursing Practice**

### **Introduction**

The American Psychiatric Nurses Association (APNA) was founded in 1986. It is the largest U.S. organization of professionals committed to the specialty practice of psychiatric-mental health and substance use disorder nursing (PMH/SUD). Initiatives include wellness promotion, prevention of mental health problems and the care and treatment of persons with psychiatric and substance use disorders across the lifespan. APNA is the only PMH nursing organization whose membership is inclusive of all PMH nurses at basic (RN), advanced practice (NP and CNS), academic faculty and research scientist levels. APNA's more than 14,000 members come from every state and include international members.

Research findings of the last thirty years support the efficacy of early interventions by health professionals using Screening, Brief Intervention, and Referral and Treatment (SBIRT) to reduce negative health outcomes related to the use/misuse of substances including alcohol, tobacco and prescription and illicit drugs . APNA fully endorses the adoption of this evidence-based early intervention into all clinical settings.

### **Discussion**

Prevention of disease and reduction of harm related to psychiatric disorders, including substance use disorders, is integral to the practice of psychiatric-mental health nursing. Screening for health risk behaviors, including substance use, with appropriate assessment and referral, are within the scope and standards of practice for psychiatric-mental health RNs as set forth by the ANA (2015) and APNA (2014).

The adoption of SBIRT will standardize screening and intervention practices in nursing to reduce population risk for medical and psychiatric illnesses subsequent to abuse and misuse of substances including, alcohol, tobacco and prescription and illicit drugs. The Centers for Disease Control (USDHHS, 2014) reports that tobacco use remains the single largest cause of preventable death, killing almost 500,000 Americans annually and costing our country more than \$300 billion a year in direct medical care and lost productivity (Xu et al, 2015). Substance use disorders costs our country more than \$740 billion annually in lost workplace productivity, healthcare expenses and crime related activities (NIDA, 2017). Of those adults battling a substance use disorder, almost 74% were diagnosed with alcohol use disorder and 38% were diagnosed with an illicit drug use disorder (SAMHSA, 2018). Given that almost 20 million Americans ages 12 and older suffered from a substance use disorder in 2017, with over 8.5 million suffering from comorbid psychiatric and substance use disorder (SAMHSA), it is clear that healthcare professionals, across disciplines, need to have the tools and resources to screen for these common and deadly health concerns and be able to refer for appropriate treatment.

Ample evidence, including randomized controlled trials, systematic reviews, and numerous field studies, shows the efficacy of screening and brief intervention, referral to treatment (SBIRT) and supports the promotion of adopting SBIRT in all clinical settings by the National Institute of Drug Abuse, National Institute of Alcohol Abuse and

Alcoholism, and the Center for Disease Control. Nurse-delivered SBIRT should be an integral part of the scope of nursing practice (Finnell et al 2014)

The Future of Nursing Consensus Report (Institute of Medicine, 2010) advocates that nurses practice within a scope reflective of their educational preparation. The use of SBIRT will expand nurses' current contributions to risk reduction for the public's health. In addition, implementation of SBIRT is an opportunity for psychiatric-mental health nurses at generalist and advanced practice levels to strengthen a prevention agenda through direct practice, role modeling, and the education of non-psychiatric-mental health nursing colleagues in the techniques and effectiveness of SBIRT. The Centers for Medicare and Medicaid (CMS) have already identified reimbursement codes for use by advanced practice nurses in cooperating states, and the Joint Commission of Hospitals has delineated metrics for prospective payment for SBIRT provision in their member institutions.

## Conclusion

APNA is a proponent of the continued use of SBIRT in all clinical settings. Ample evidence exists to support the efficacy of this intervention and its implementation can only serve to benefit consumers. The competencies and scope of practice of psychiatric-mental health nurses make them well positioned to use and teach others about this intervention for maximum benefit to nursing colleagues, patients, families and communities.

## References

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