



THE STATE OF THE PSYCHIATRIC-MENTAL HEALTH NURSING WORKFORCE

The demand for mental health services in the United States continues to increase, along with significant gaps in access to care:

- Only 54% of adults with any mental health disorder receive treatment.¹
- Only 53% of children aged 3-17 with a mental health disorder receive treatment or counseling.²
- Adolescents have lower outpatient treatment rates and higher inpatient treatment rates compared to adults.³
- 19% of individuals aged 12 and older needed substance use treatment, but fewer than 1 in 4 of those (23.5%) received it.⁴

Rising rates of mental health and substance use disorders are significant challenges, compounded by a shortage of mental health professionals, which leaves millions without the treatment they need.

The growing Psychiatric-Mental Health (PMH) nursing workforce can play a critical role to close gaps in access to mental health care.⁵ Tracking key workforce trends and research ensures accurate understanding of number, geographic distribution, licensure, and service delivery. This American Psychiatric Nurses Association (APNA) annual report provides a snapshot of this rapidly evolving workforce to help national stakeholders fully address unmet needs.

Psychiatric-Mental Health Registered Nurses (PMH-RNs) and Advanced Practice Registered Nurses (PMH-APRNs) represent the second largest group of mental health professionals in the U.S. They are educated and prepared to provide mental health and substance use services, increasing access to quality care across the nation. Yet, PMH nurses are not utilized to the full extent of their abilities, in part due to poor recognition in national workforce planning.⁹

PMH-RNs have graduated from a nursing program and passed a national licensure exam which qualifies them to practice. PMH-RNs provide care for individuals with mental health and substance use disorders in a variety of settings, including inpatient psychiatric units, mental health clinics, and primary care practices.

PMH-APRNs have further graduate-level training and provide the full scope of psychiatric services, including psychiatric assessment and diagnosis, ordering/interpreting diagnostic tests, and treatment for individuals and families with mental health and/or substance use disorders. They are licensed and educated to provide psychotherapy and prescribe medications. PMH-APRNs include two licensed groups: PMH Nurse Practitioners (NPs) and PMH Clinical Nurse Specialist (CNSs). The majority of PMH APRNs practice in outpatient clinics, but practice sites also include hospitals and school-based clinics.

SUPPLY OF SELECT BEHAVIORAL HEALTH PROFESSIONALS	
Psychiatrists ⁶	47,894
Psychologists ⁶	99,030
Social Workers ⁶	537,338
Physician Assistants ⁶	2,999
PMH APRNs⁷	55,520
PMH RNs⁸	104,220

A SNAPSHOT OF THE PMH NURSING WORKFORCE

According to published data and the most recent [APNA Workforce Survey](#) results:

PMH-RNs

104,220 PMH-RNs are practicing today.⁸



41% provide telehealth services, with $\frac{3}{4}$ reporting they provide telehealth services to patients in rural communities.



40% report they provide counseling and therapeutic relationships to most patients, a key historical component of the PMH-RN role.



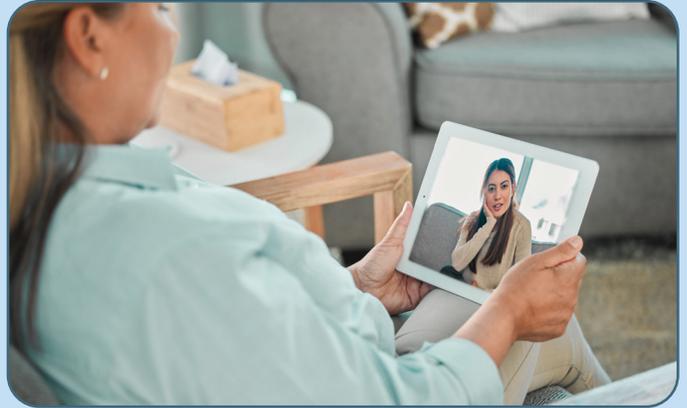
89% work in hospital settings



22.4% work in mental health clinics



9.4% work in the Veterans Administration (VA)



THE MAJORITY (61-71%) OF PMH-RNS REPORT THAT FOR MOST PATIENTS THEY:

- Assess physical health status
- Assess mental health status
- Educate patients and families

PMH-RNS REPORT PROVIDING THE FOLLOWING SERVICES FOR PATIENTS:

- Health promotion and maintenance
- Intake screening, evaluation, and triage
- Case management
- Administration and monitoring of treatment regimens
- Crisis intervention and stabilization efforts
- Psychiatric rehabilitation and intervention
- Educating patients, families, and communities
- Coordinating care



A SNAPSHOT OF THE PMH NURSING WORKFORCE

According to published data and the most recent [APNA Workforce Survey](#) results:

PMH-APRNs

55,520

PMH-APRNs are practicing today (52,176 PMH-NPs and 3,344 PMH-CNSs).⁷



88% have prescriptive authority.



85% provide telehealth services, on average in 2 states to approximately 25 patients per week.



42% completed nationally required training to provide Buprenorphine treatment for opioid use disorders.



70% practice in outpatient settings, including private practice



15% practice in hospitals



2% practice in correctional facilities

PMH-APRNS REPORT PROVIDING THE FOLLOWING SERVICES FOR PATIENTS:

Psychotherapy in combination with medication management (70%)

Conduct diagnostic evaluations (66%)

Order lab tests and diagnostic studies (41.5%)

Provide education (81%)

Provide care coordination (43.5%)

PMH-APRNs HOLD ADVANCED DEGREES:

82%

earned a Master of Science in Nursing (MSN) degree

17%

earned a Doctoral degree



“RECOMMENDATION #1: REMOVE SCOPE-OF-PRACTICE BARRIERS. ADVANCED PRACTICE REGISTERED NURSES SHOULD BE ABLE TO PRACTICE TO THE FULL EXTENT OF THEIR EDUCATION AND TRAINING.”

“Regulations defining scope-of-practice limitations vary widely by state. Some are highly detailed, while others contain vague provisions that are open to interpretation. Some states have kept pace with the evolution of the health care system by changing scope-of-practice regulations to allow nurse practitioners to see patients and prescribe medications without a physician’s supervision or collaboration. However, the majority of state laws lag behind in this regard.”

National Academies of Sciences, Engineering, and Medicine. 2011. The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press.

<https://doi.org/10.17226/12956>

PMH NURSING WORKFORCE VALUE

The value of PMH nurses continues to be illuminated through key trends and advances within the profession. Three important themes have emerged from the data:

PMH nurses are filling critical gaps in care.

— Increasing Access to Care

Activating PMH-RNs in community settings results in improved access and quality of care. PMH-RNs on teams in community settings who are permitted to use their full skillset improve access and achieve better care coordination and more effective symptom management.¹⁰ Such outcomes demonstrate improved quality of care and increased community and patient engagement in treatment – a central focus of national mental health care service planning.¹¹ Approximately 14% of PMH-RNs now practice in outpatient settings, which is a promising shift from traditional inpatient hospital care. Tracking PMH-RN participation in team-based, community care models will reveal how they can be more effectively utilized when working to their full scope of practice.¹²

A growing number of states are granting PMH-APRNs full practice authority to grow their local workforce and increase access. Currently 28 states, plus the District of Columbia, have granted full practice authority to PMH-APRNs, up from 21 states in 2017.¹³ Research consistently demonstrates that states that grant full practice authority (allowing APRNs to practice to the full extent of their education and training) experience a greater APRN supply. This greater supply is associated with improved access to care among rural and underserved populations.¹⁴ Reports also show that states which restrict the practice authority of PMH-APRNs limit their ability to improve patient access to mental health care.^{15,16}

The growing number of PMH-APRNs can expand care into more underserved areas. While the number of PMH-NPs has more than doubled in both rural and urban areas, they remain more concentrated in urban counties (4.8 per 100,000) compared to rural ones (3.4 per 100,000). As of 2021, nearly 69% of rural counties still had no PMH-NPs.¹⁷ However, distribution of PMH-NPs is expected to increase with the rising number of PMH-NPs, supported by a 150% increase in PMH-NP education programs since 2014 and a 70% increase since 2018.¹⁸

— Decreasing Barriers to Care

Financial: PMH-APRNs are accepting commercial insurance, Medicare, and Medicaid, while the number of other mental health providers that accept insurance has been rapidly declining - According to the APNA Workforce Report, a majority of PMH-APRNs (nearly 70%)¹⁹ reported that most of their patients use insurance, with more than half stating most of their clients were covered by federal insurance. Providing services to patients that need to pay with insurance is critical as psychiatrists are less likely than other physicians to participate in public and private insurance networks²⁰ and 30% of psychologists²¹ no longer accept any form of insurance. A study from the Harvard T.H. Chan School of Public Health also found that PMH-APRNs provided 1 in every 3 mental health prescriber visits to Medicare patients in 2019, while the number of psychiatrists billing Medicare dropped by 6% during the same period. Without growth in the PMH-APRN work-



PMH PMH-NP Breaks Down Barriers to Care with the First Tiny House Mental Health Clinic on Wheels

Joanne Patterson, a pioneering PMH-NP in Georgia, created Nurse Practitioners on Wheels, a mobile mental health clinic housed in a tiny home. Designed to offer culturally accessible care in a warm, home-like setting, the clinic brings mental health services directly to communities across Georgia. Joanne visits schools, events, and public spaces to reach underserved patients where they are, and accepts both Georgia Medicaid and commercial insurance.

<https://www.drjoannepsychiatrynp.com/>

force, there would have been a 30% decline in mental health specialist visits for Medicare patients. Instead, the drop was just 12%, as PMH-NPs helped fill the gap.²² With even larger numbers of PMH-APRNs who can provide the full scope of psychiatric services practicing today, more patients can now access the care they need.

Transportation / Location: PMH-APRNs are a significant workforce leveraging telehealth to improve access, particularly in rural areas.²³ According to the APNA Workforce Survey, 85% of PMH-APRNs provide mental health services using telehealth. Unfortunately, some states have yet to pass legislation that extends licenses and practice regulations to allow PMH-APRNs to provide telehealth or practice across state lines.²⁴ Advancing legislation that reduces these barriers is critical to optimizing utilization of all providers to meet current need for services.

PMH-APRNs serve as a vital resource for the growing needs of substance use disorder treatment.

A significant segment of PMH-APRNs now practice in substance use treatment, with a growing percentage of recent PMH-APRN graduates going on to complete Medication for Substance Use Disorder training, which allows them to prescribe buprenorphine for opioid use disorders. With a unique blend of medical knowledge, psychiatric expertise, and therapeutic skills, PMH nurses are helping to expand patient access to treatment of substance use disorders.

PMH nurses are innovators – tailoring care to the unique needs of communities.

PMH nurses are uniquely prepared to lead expansion and restructuring of services in their communities, while also building community trust in mental health care.^{25,26} For example, PMH nurses are responding to community needs by creating mobile mental health units to make care more accessible,²⁷ developing new treatment programs tailored to substance use disorders in older adults,²⁸ leveraging telepsychiatry to make mental health care more accessible to veterans struggling with PTSD,²⁹ and integrating mental health services into primary care settings to improve access and reduce stigma.

PMH NURSING WORKFORCE RESEARCH HIGHLIGHTS

Tierney and colleagues³⁰ mapped the capabilities and capacity of the PMH nursing workforce to address mental health needs and outlined how optimizing their use will improve patient outcomes and access to care.

- A new study shows care delivered by PMH-APRNs is associated with positive patient outcomes across settings and populations.³¹ This reinforces earlier findings of positive PMH-APRN outcomes in depression care³² and treatment of mental health conditions in primary care.³³
- A recent study of clinicians who provide medication treatment for opioid use disorders shows that PMH-APRNs are leading the way with the highest growth in providing this treatment.³⁴
- PMH-NPs have also been shown to improve access and outcomes in integrated behavioral health care settings.³⁵

Further research is needed to track data and trends on PMH-RNs across various settings, highlighting how they improve care through coordination and by managing mental health alongside medical conditions. Investigations should also include PMH-APRNs' work in telehealth and integrated care, particularly their role as psychiatric consultants. On a broader level, data collection should be focused on tracking PMH APRN care delivery and their particular contribution to patient outcomes.

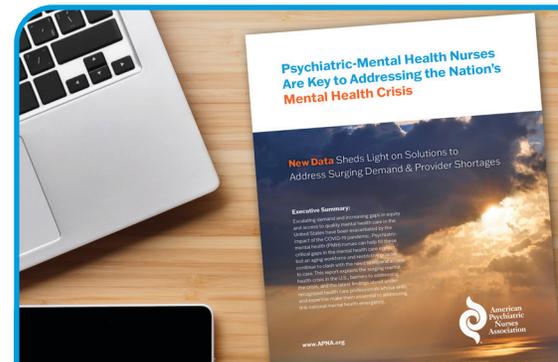
PMH NURSING VISIBILITY & REPRESENTATION MATTERS

PMH nurses are a vital and growing segment of mental health providers that help increase access to care. National workforce experts recommend evaluating if patients are receiving care appropriate to their needs. Only with improved data about demands for specific services will we identify opportunities to match patients with the most appropriate providers for their conditions and utilize and allocate provider types appropriately.³⁶ This would help focus PMH nursing workforce efforts to address unmet mental health and substance use needs and match workforce supply with population-based needs.³⁷

Last year, a report by the Health Resources and Services Administration (HRSA),⁶ *State of the Behavioral Health Workforce* offered solutions to improve access to care, including expanding integrated behavioral care – where mental health care is delivered within a primary care model via collaboration of mental health and medical providers. Here PMH-APRNs hold promising roles in developing integrated services,³⁸ thus inviting broader consideration of the demand for PMH-APRNs to fill key roles in the mental health system. While the report identified the size of the PMH-APRN workforce, it did not project a demand for these providers, a key miss partially due to HRSA demand formulas, data gaps and the reluctance to identify PMH-APRNs as a workforce capable of addressing mental health professional shortage areas.³⁹

Ensuring accurate depiction of the PMH nursing workforce in state and federal reporting is critical to assessing the distribution, need, and trends within the mental health workforce. Some states, such as Indiana, display mental health workforce data on a public facing dashboard⁴⁰ and provide information on PMH-RN and PMH-APRN size and distribution. States such as Nebraska⁴¹ and Virginia⁴² only provide data on PMH-NPs. Monitoring the practice patterns and distribution of all PMH nurses is a task well suited for the seven nationally supported workforce centers, which currently do not regularly include monitoring of the PMH nursing workforce.

With the need for mental health services continuing to rise and the population of PMH nurses growing, PMH nurses are a significant workforce resource to close gaps in care. Leveraging accurate data and including PMH nursing representatives in federal and state discussions about the mental health workforce will help align the nation's needs with this expanding population of professionals.



“The core of any national effort to address the shortage of mental health professionals and reduce the number of Americans in need of treatment must be an expansion of the PMH nursing workforce to practice within the full scope and authority of their education and training in all states.”

APNA Report: Psychiatric-Mental Health Nurses Are Key to Addressing the Nation's Mental Health Crisis, 2023

www.APNA.org/workforce

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