The 2014 scope and standards of practice for psychiatric mental health nursing: Key updates

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Abstract

The 2014 Psychiatric-Mental Health Nursing: Scope and Standards of Practice is the specialty's description of competent nursing practice. The scope portion of this document identifies the focus of the specialty by defining nursing practice extents and limits. Standards are statements that identify the duties and obligations for which specialty nurses are held accountable, including general registered nurses and advanced practice nurses. This article begins with a brief overview of the revision process. The author describes key factors that influenced the revision, such as external documents and current priorities in healthcare, and synthesizes significant changes to the document, including commentary and comparisons to the generalist Scope and Standards of Practice: Implications for nursing education, and a companion resource are discussed.

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The American Nurses Association (ANA) established a formal process in the late 1990s to recognize specialty areas of nursing practice as they develop and evolve with advancements in healthcare. Presently, there are over twenty specialties for which ANA produces a dedicated Scope and Standards of Practice. The ANA production schedule aims to publish revisions of each volume every five years.

The scope portion of these volumes identifies the focus of the specialty by defining nursing practice extents and limits. Therefore, the presentation of the scope of practice varies from specialty to specialty in the topics and contexts addressed. Standards are statements that identify the duties and obligations for which specialty nurses are held accountable, including general registered nurses and advanced practice nurses. All of the standards follow the organization of the ANA Nursing: Scope and Standards of Practice, 2nd Edition (2010).

Scope and Standards publications serve as a reference document for the relevant specialty, nursing in general, and across roles, including education, research and practice. These documents are also used by regulators, payors, policy makers and other stakeholders. The current article offers information and commentary that addresses the specialty of psychiatric mental health (PMH) nursing practice, specifically the Psychiatric-Mental Health Nursing: Scope and Standards of Practice, 2nd Edition (referred to as PMH Scope and Standards).

Brief Overview of the Revision Process

To review and update such a significant document, numerous strategies were employed by ANA to ensure both the expertise of the contributors and representation across the specialty on the dedicated Joint Task Force for revision. Sources of expertise were drawn from national nursing organizations and members of the previous task force. For revision of the PMH Scope and Standards, two nursing organizations identified representatives to serve as co-chairs for the review process; neither had served on the ANA Joint Task Force for the 2007 edition. Five of the fourteen members had served on the previous Joint Task Force. Members represented all educational levels from bachelors to doctoral level preparation; sub-specialty areas; and settings including community and inpatient practice, child/adolescent, consultation liaison, acute and primary care. Due to contributions to practice, education...
Key Factors for the Revision Process

Several key factors that emerged for review in the revision process included external documents and priorities currently influencing the United States healthcare system...

External Documents and Priorities

Dynamic and recent changes in the United States healthcare system influenced the deliberations of the task force as review and analysis proceeded. The President’s New Freedom Commission Report on Mental Health (President’s New Freedom Commission on Mental Health, 2003) launched a review and revision of the structure of mental health care delivery in the United States. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2006) validated the resulting consumer driven framework of a person-centered, recovery-orientation for assessment and treatment. The Institute of Medicine (IOM, 2010) report on the future of nursing promoted the role of advanced practice nurses as leaders in policy and practice development and supported the premise that nurses should practice to the full extent of their education and training. Finally, the implementation of the Patient Protection and Affordable Care Act (ACA, 2010) has provided the foundation for universal healthcare coverage with concomitant expectations of improving the quality of care, improving population health and reducing healthcare costs. These factors informed and influenced the review and revision of the PMH Scope and Standards.

Consumer-Provider Partnerships

The recovery concept (SAMHSA, 2006) has promoted change in many aspects of psychiatric mental health care. A concerted effort is being made to integrate the consumer into policy and program development, which in turn emphasizes consumer participation in all aspects of care-planning and treatment. This emphasis on consumer participation goes beyond earlier efforts to include the consumer in treatment planning. The intent is to ensure that the consumer is integrated into all aspects of planning for treatment with the goal of treatment being recovery.

In the instance of serious and persistent mental illness, recovery as an achievable goal has not been perceived by healthcare providers and, indeed, consumers themselves. This perception has prevented the service system, healthcare providers, and consumers from envisioning a healthy future for persons with mental health problems. The recovery orientation supports investing in efforts to truly achieve higher and higher levels of wellness for the consumer. Higher expectations for progressive improvement over time can promote the development of appropriate treatments that are acceptable to consumers in settings that promote hope on the path to recovery.

The PMH Scope and Standards support this initiative in a number of ways. The concept of recovery is integrated throughout the document. The document incorporates the term ‘healthcare consumer’ throughout, thus promoting the aspects of respect for the client and engagement in the healthcare delivery system. ANA (2010) used the term ‘healthcare consumer’ throughout Scope and Standards to emphasize the orientation of nursing practice toward engaging individuals and families throughout the trajectory of involvement in healthcare services from promoting health and wellness to treating disease and illness.

PMH nursing has a long tradition of relationship-based care, first conceptualized and defined for nursing by Peplau (1952). This process directs the nurse to form interpersonal relationships with individuals in their care to understand, as fully as possible, circumstances, emotional responses, beliefs, motivations, and potential for action on their own behalf. The interpersonal relationship is foundational to a person-centered, recovery oriented approach. A recovery orientation is integral to PMH nursing practice.

A paradigm shift toward prevention promotes an appreciation of the social determinants of health. PMH nurses must also ensure that a preventive orientation is demonstrated in integrated...
delivery systems of mental and physical healthcare by providing screening and early intervention for at-risk children and adults.

Finally, the prospect of integrated care is emerging across the nation (Manderscheid, 2010). As new models of service delivery are developed, PMH nurses must work to ensure that person-centered, recovery-oriented principles are incorporated through the inclusion of healthcare consumers in the process of designing and implementing these services. The dynamic nature of healthcare reform requires continual vigilance and adherence to principles of inclusion and acceptance of the consumer voice.

**PMH Nursing Workforce Requirements and Challenges**

To deliver preventive and treatment services in integrated service systems, PMH nursing requires a well-educated and clinically competent workforce. PMH-APRNs are well prepared to deliver quality care. Though the size of the mental health workforce in general has been deemed adequate, a shortage of clinicians exists in rural areas (SAMHSA, 2012). Potential nurses and schools of nursing must have adequate funding to ensure a continuing stream of qualified PMH nurses to meet the growing need.

Nursing education is incorporating informational and educational technologies and telehealth modalities into curricula as the demand for services grows. However, the existing nursing workforce is challenged to build expertise to design and manage distance education and telehealth care systems (Nguyen, Zierler, & Nguyen, 2011).

**APRN Practice**

Regulatory barriers add restrictions in areas such as full scope of practice and reimbursement streams. This even further limits consumer access to services from PMH Advanced Practice Registered Nurses (PMH-APRN). The IOM report (2010) on the Future of Nursing provides the evidence and rationale for removal of these barriers. As the healthcare delivery system experiences ongoing fundamental transformation, PMH nursing leadership is integral to delivering meaningful and responsive person-centered, consumer-oriented services.

The National Council of State Boards of Nursing (NCSBN) convened the NCSBN Joint Dialogue Group to address APRN regulation across states. APRN practice varies across states due to licensure regulations determined by state legislation. The NCSBN Joint Dialogue Group developed the licensure, accreditation, certification, and education (LACE) model to provide guidance to state boards of nursing and state legislative bodies regarding APRN scope of practice.

The LACE model identifies four broad APRN roles appropriate for certification and licensure: clinical nurse specialist (CNS), certified nurse practitioner (CNP), certified nurse anesthetist (CRNA), and certified nurse mid-wife (CNM). Specialized graduate education applied to a focused population is required for certification. The nursing specialty area, as represented by the national specialty nursing organizations, defines the competencies required for practice (NCSBN Joint Dialogue Group, 2008).

One advanced practice examination is offered by the American Nurses Credentialing Center for both roles. The only difference in practice is that, in most states, the PMH-CNS does not prescribe medications. However, as states adopt more progressive PMH-APRN practice acts, prescriptive authority will eventually be available to PMH-CNS and PMH-NPs. State practice acts define the scope of practice and PMH-APRNs are held responsible for practicing within the boundaries of their educational preparation. As with all APRNs, referrals should be made to appropriate clinical specialists when the consumers' health conditions are deemed outside of the PMH-APRNs scope of practice.

**Significant Changes to the Scope and Standards**

Significant changes to the second edition of the PMH Scope and Standards (ANA, 2014) included content related to nursing ethics, scope of practice, and standards of practice. Guidelines related to ethical behaviors and standards of practice had multiple changes; the scope of practice changes were targeted to address current trends and priorities in healthcare environment.

**PMH Nursing Ethics**

Given the emphasis on interpersonal process within PMH nursing practice and changing cultural mores, the ANA Joint Task Force broadened the focus and elaborated in depth on ethical issues involved in PMH nursing practice (ANA, 2014). Using the Code of Ethics for Nurses with Interpretive Statements (ANA, 2015) as a framework, the nine provisions of the code are discussed with clinical applications. Respect for the individual is the fundamental value of nursing practice and is consonant with the person-centered, recovery-oriented model of PMH nursing care provision (SAMHSA, 2006). This care incorporates compassion and instills hope and empowerment, while respecting the dignity and worth of the individual.

**Professional boundaries:** Commitment to and advocacy for the healthcare consumer are values associated with fundamental respect. Professional boundaries are integral to these values. Participation in self-assessment processes (including peer and supervisory levels) is essential to ensuring the ethical integrity of the professional interpersonal process. When healthcare consumers are unable to control their behavior to the point of being a serious threat to themselves or others, PMH nurses must intervene with the consciousness of the need to balance human rights with professional actions to prevent harm. An explicit statement on unethical behavior involving sexual intimacy or activities with consumers or their behavior to the point of being a serious threat to themselves or others, PMH nurses must intervene

**Responsibility and accountability for self.** Responsibility and accountability to the consumer, self and healthcare environments are addressed (ANA, 2014). The expectation of functioning within one's scope of practice is key to professional care for the PMH nurse. The expectation of self-care, stress management, and...
Professional performance. The 10 Standards of Professional Performance are presented as a means to enhance the overall effectiveness of the treatment environment. Ensuring that the overall treatment trajectory is proceeding as expected, and that changes in policy are made with appropriate feedback from healthcare consumers, significant others, and interprofessional collaboration in the assessment process.

Advancing practice. Finally, the PMH nurse engages in advancing the profession; actively collaborates inter-professionally in assessment, treatment, and evaluation; and demonstrates leadership to develop informed policy and improve healthcare systems. PMH nurses are ethically obligated to keep their knowledge of evidence base practice current and their skills and abilities appropriate to the population they care for. Collaboration with other professionals, agencies, organizations and the public is essential to holistic care delivery. Commitment to the recognition and advancement of the nursing profession involves knowledgeable contributions to policy development and implementation. PMH nurses promote the perspective that mental, emotional, and behavioral disorders are treatable within the context of a person-centered, recovery orientation involving respect and advocacy for vulnerable populations.

Scope of Practice

The 2014 PMH Scope and Standards of Practice (ANA, 2014) presents an updated perspective on PMH nursing that considers the implications of the Patient Protection and Affordable Health Care Act, provides a foundation for reorienting practice toward recovery models, and directs the PMH nurse clinician toward strategic opportunities inherent in models of integrated physical and mental health care. The revised scope takes into account the current transition in U.S. healthcare to help PMH nurses appreciate the ongoing change as a platform for further development and improvement of quality healthcare delivery systems.

Standards of Practice

The PMH-APRN competencies demonstrate the higher level of nursing practice requiring supervision by APRNs to ensure an advanced set of knowledge, skills, and abilities. The six Standards of Practice follow the traditional nursing process, including assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. Each standard is tailored to psychiatric and mental health nursing practice. The sub-categories of the Implementation Standard include care coordination; health teaching and health promotion; consultation; and prescriptive authority and treatment. In addition, the PMH Nursing Standards (ANA, 2014) are specifically tailored to PMH clinical nursing practice by including milieu therapy, therapeutic relation/counseling, pharmacological-biological integrative therapies, and psychotherapy. Several key changes are described briefly below (ANA, 2014).

Milieu therapy. Milieu therapy has always had a prominent place in PMH nursing practice due to the importance of structure and safety for persons experiencing acute mental disorders. Standard 5F: Milieu Therapy emphasizes the PMH-RN’s role to provide an orientation for healthcare consumers to their treatment environment. This includes providing an orientation to rights and responsibilities; maintaining safety individually and collectively within the milieu.

Therapeutic relationship and counseling. Standard 5G: Therapeutic Relationship and Counseling emphasizes the competency base necessary to promote symptom stabilization and recovery. This sub-category is foundational to both PMH-RN and PMH-APRN practice and thus has no advanced competencies for the PMH-APRN. This sub-category provides an extensive, though not exhaustive, listing of various intervention strategies including crisis intervention, relaxation and stress management, and concomitant group work. Based on this sub-category, Standard 5H: Psychotherapy describes the competencies necessary for the PMH-APRN to conduct psychotherapy with individuals, groups and families. Emphasizing the use of evidence-based psychotherapeautic frameworks, this sub-category presents competencies that are applicable only within PMH-APRN practice. The need to select therapies that are grounded in the best available empirical evidence is paramount to this skill-set. The need to evaluate the outcomes of the intervention using standardized empirical methods is also stressed.

Evaluation. Standard 6: Evaluation provides competencies for the PMH-RN and advanced competencies for the PMH-APRN. The PMH-RN competencies emphasize collaboration with the healthcare consumer, significant others, and interprofessional collaboration in the assessment process. These competencies also describe the ongoing feedback process inherent in the evaluation process as the healthcare consumer recovers, necessitating reevaluation and revision of treatment goals and plans. The PMH-APRN competencies describe the supervisory competencies of the PMH-APRN to ensure that the overall treatment trajectory is proceeding as expected, and that changes in policy are implemented to enhance the overall effectiveness of the treatment environment.

Professional performance. The 10 Standards of Professional Performance address two areas: Standards of Practice and Standards of Professional Performance (ANA, 2014). This portion of the document has been revised from the first edition to present specific sets of competencies for each standard. Each set presents the competencies of the psychiatric-mental health registered nurse (PMH-RN) and additional competencies of the psychiatric-mental health advanced practice registered nurse (PMH-APRN). A PMH-APRN is expected to demonstrate the competencies of both the PMH-RN and PMH-APRN. The PMH-APRN competencies demonstrate the higher level of nursing practice requiring preparation in graduate education programs, including clinical
Implications for Nursing Education

The recent revision of the PMH Scope and Standards (ANA, 2014) has several implications in the realm of nursing education.

Teaching content related to psychiatric and mental health concerns has become increasingly challenging. The value of guiding documents, such as the PMH Scope and Standards, and a more detailed companion document informed by it (Kane & Brackley, 2012), becomes more evident with consideration of recent trends, thus a brief overview is offered to provide context. Over the last two decades, psychiatric nursing content has eroded in nursing educational programming. Nursing faculty have integrated PMH content with other content in curricula and eliminated the requirement for PMH clinical practice experiences. This erosion has been driven by the reduction of psychiatric nursing content in the National Council Licensure Examination (NCLEX) exam (Kane, 2012).

NCLEX is a minimal competency exam which bases item validity on an analysis of basic skills required for entry into nursing practice (NCSBN, 2011). NCSBN (2009) reported that the majority of newly licensed RNs were working in medical/surgical (39.5%) and critical care (34.5%) settings, whereas the remainder were employed in pediatrics (6.1%), nursing homes (5.0%), and nurseries (3.0%). Thus the NCLEX exam is developed on the premise that new graduates are not employed directly into psychiatric care settings, and therefore PMH-RNs are expected to engage in practices that are environmentally sound and to form professional relationships that promote policies to develop environmentally sustainable conditions.

The PMH nursing scope and standards as revised (ANA, 2014) are consonant with ANA’s (2010) directives and serve to enhance the specialty’s understanding of current and future expectations for the knowledge, skills, and abilities of the various roles and levels of practice. The document provides a thorough and strong foundation to see the PMH nursing specialty through the coming years as cultural and legislative evolution broadly impacts the nursing profession across education, practice, and research. The 2014 scope and standards attest to the enduring principles of nursing inherent in registered nursing and advance nursing practice that can evolve incrementally over time to ensure the development and maintenance of an appropriate, meaningful and responsive healthcare environment.

Environmental health. Environmental health (Standard 16) is the final set of competencies addressed within the revised document. Knowledge and skills are required to promote and maintain environmentally healthy work settings and communities. PMH-APRN are expected to engage in practices that are environmentally sound and to form professional relationships that promote policies to develop environmentally sustainable conditions.

The revised PMH Scope and Standards (ANA, 2014) is essential to nursing education as a foundational document upon which to base curricular priorities and content. An important companion document to the PMH Scope and Standards is the Essential Psychiatric, Mental Health and Substance Use Competencies for the

The Essentials document was informed by and
emphasizes the responsibilities of all registered nurses to promote the mental health of all persons in their care. Finally, the Essentials content applies to the nursing care of persons with substance use disorders as well as those who have medical or surgical conditions that are accompanied by psychosocial stressors. Diploma, Associate Degree and Baccalaureate degree nursing programs should include content areas and skill sets presented and elaborated in this document.

The task force member authors of The Essentials (Kane & Brackley, 2012) undertook the charge of articulating the essential foundational PMH nursing competencies that any registered nurse must have in order to provide quality nursing care. This document exceeds competencies required to practice as an entry level graduate to address the scope of the foundational knowledge base necessary to practice nursing across settings and beyond entry level expectations. The Essentials describes the basic PMH Nursing knowledge and skill base in a format familiar to educators to clarify the linkage to essential general nursing skills and inform the development of entry level nursing education, continuing education, and clinical orientation curricula (Kane & Brackley, 2012).

Conclusion

Given the complexities and stressors of 21st century living, psychiatric mental health and substance use knowledge, skills, and abilities are integral to provide quality, holistic care to populations in need of nursing care. Resources such as the Psychiatric-Mental Health Nursing: Scope and Standards of Practice (ANA, 2014) and the Essential Psychiatric, Mental Health and Substance Use Competencies for the Registered Nurse (Kane & Brackley, 2012) provide timely and relevant guidance for the psychiatric mental health knowledge, skills and abilities required for current general nursing practice which are foundational for advanced practice in any nursing specialty.

The work of the task force to revise the PMH Scope and Standards (ANA, 2014) carefully considered the existing document and other key factors in the current context of healthcare to craft a document with specificity to guide both dedicated PMH nurses and generalist nurses in all settings. In addition, content specific to PMH and PMH–APRN nurses provides a valuable resource for each level of nursing practice. The content, especially related to APRN scope of practice, serves as a framework to promote external priorities in healthcare delivered by the President’s New Freedom Commission on Mental Health (2003), SAMHSA (2006), the IOM (2010), and the ACA (2010). The content available to nurses in these guiding documents is relevant to opportunities and challenges in today’s healthcare environment, and they have value for any nurse, in any setting, who cares for patients with a wide range of mental health concerns.

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References


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