Behavioral Healthcare Integration: Principles and Application.
A White Paper & Framework for Nursing

ISPN Task Force on Behavioral Healthcare Integration
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1   EXECUTIVE SUMMARY

1.1   PURPOSE OF THE SUMMARY

This Executive Summary briefly presents and discusses a White Paper entitled *Behavioral Healthcare Integration*: *Principles and application. A framework for nursing* which is a product of the International Society of Mental Health Nurses (ISPN). The White Paper was developed and written by a task force of ISPN members from 2014-2016. Five main sections in the White Paper address the principles related to the: (a) Statement of the Position; (b) Purpose; (c) Background; (d) Current practices and (e) Recommendations for this framework. Within each main section, there are subsections which present and discuss the application for nursing. This summary is meant to be initially an interaction between the ISPN task force (writers of the White Paper) and the ISPN Membership. It will then be used as a statement and framework for nursing practice, education, research, policy and workforce planning. Dr. Soltis-Jarrett, as facilitator of this Talk Force, authored this Executive Summary and also led the first manuscript in a series to explicate the principles presented and discussed in this summary. The first manuscript was published in Archives in Psychiatric Nursing in 2017. Additional manuscripts are in progress.

1.2   BACKGROUND SYNOPSIS

Mental health is inextricably related to physical health and is an essential component of human being-ness. As such, the International Society for Psychiatric-Mental Health Nurses (ISPN) underscores and embraces the World Health Organization's definition that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1946). Psychiatric symptoms and illnesses can and do occur across the lifespan. From birth until death, one in four adults and approximately one in five children and adolescents suffer from a mental health problem and/or diagnosable psychiatric illness in a given year (Kessler RC, 2005). In 2014 alone, there were an estimated 43.6 million individuals (18.1%), aged 18 or older in the United States who met criteria for a psychiatric illness (National Institutes of Health, n.d.). Many individuals suffer from more than one illness at a given time, with nearly 50% meeting the criteria for two or more psychiatric illnesses. The severity of the psychiatric symptoms, combined with medical problems or illnesses, leads to comorbidity and increased risk of mortality. Those individuals who go on to develop a Severe and Persistent Mental Illness (SPMI) have been shown to die 25 years earlier than those in the general population (Agency for Healthcare Research and Quality, 2009). The idea of integrating behavioral healthcare services into primary care has reemerged recently as a potential solution to provide high

quality, patient-centered, accessible health care while managing the costs and fragmentation of the health care system. With the implementation of the Mental Health Parity Act (Barry, 2010), re-integrating mental health care into the US health care delivery system is an important goal. However, this extraordinary endeavor requires a systematic, step-by-step, sustainable model that will promote the ability of all health care providers to work at the highest level of their scope of practice while emphasizing the importance of interprofessional teams. Fortunately, over the past few years, examples of health care service delivery models that unite behavioral and physical health care have laid the foundation for promising approaches of behavioral healthcare integration into acute, primary, and extended care settings (Collins, 2010). It is therefore essential that ISPN and its membership provide recommendations for the future of healthcare delivery from the perspective of the role of the nurse as well as to:

1. Serve as a guide for the development of psychiatric-mental health advanced practice registered nurses' (PMH-APRN's) roles in the design and delivery of integrated behavioral health in acute, primary, and extended care settings across the patient lifespan,
2. Inform future policy recommendations, and
3. Provide information, guidance, and support to members of ISPN, nursing colleagues, faculty, students and other health care professionals.

1.3 RECOMMENDATIONS

This white paper and its principles and framework for the discipline of nursing and behavioral healthcare integration are poised for enhancing the recommendations and ongoing work identified in the Institute of Medicine's (IOM) report "The Future of Nursing: Leading Change, Advancing Health" (Institute of Medicine, 2010). Therefore, the following recommendations have been made:

1.3.1   Psychiatric-Mental Health APRNs should take the lead in developing, initiating, and evaluating innovative models of effective integrated care delivery across all practice settings.

1.3.2   Practice and Academic Partnerships should be established to assist in the development of Integrated Care skills in RNs and APRNs working on inter-professional teams in primary care and primary behavioral health care settings.

1.3.3   A focus on the integration of behavioral and primary care services should become a standard part of the educational preparation of all Psychiatric-Mental Health APRNs as well as other advanced practice nurses expected to deliver primary care (e.g. FNPs, PNPs, GNPs, etc.).

1.3.4   Practice and Academic Partnerships should be established to facilitate the development of Integrated Care skills in all behavioral health and primary care advanced practice nursing students.

1.3.5   Seamless opportunities should be developed to encourage non-PMH advanced practice nurses to complete post-graduate certificate programs as PMHNPs.

1.3.6   Practice and academic partners should collaborate to translate the Integrated Care competencies into the clinical setting and to develop psychometrically sound Integrated Care Competency Assessment tools.

1.3.7   Psychiatric-Mental Health APRNs should lead and/or collaborate on efforts to evaluate the outcomes of integrated care services across all practice settings.

1.3.8   Psychiatric-Mental Health APRNs should advocate for all clients to have access to integrated care across all clinical settings.

1.3.9   Psychiatric-Mental Health APRNs should advocate for additional funding from both federal and private sources to support their work in developing, implementing, and evaluating innovative models of integrated care.

1.3.10   Incentives should be provided for the recruitment and retention of Psychiatric-Mental Health APRNs.

1.3.11   Psychiatric-Mental Health APRNs should take leadership in planning for an appropriate and effective integrated care workforce of the future.

1.3.12   Workforce planning should allow for maximum flexibility of services provided to meet client needs and focus on the development of practitioners across all disciples who have shared values and core competencies.

1.4   Focal point and summary of paper

The International Society of Psychiatric-Mental Health Nurses (ISPN) believes that it is essential for Advanced Practice Psychiatric-Mental Health Nurses to promote and lead the models and concepts of Integrated Behavioral Healthcare nationally and internationally as well as to partner with our interprofessional colleagues. ISPN also believes that it is imperative to provide clarity and vision of the roles and attributes of all nurses (current and future) in all healthcare settings who are practicing behavioral health integration and to be at the forefront, ensuring that the roles are being defined and prescribed using the Standards and Scope of Practice of PMHN (American Nurses Association, 2014).

1.5   Select References

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1.6 <mark>LINK TO IPSN Member's only Section for link to publication:</mark>
<mark>TBA</mark>

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