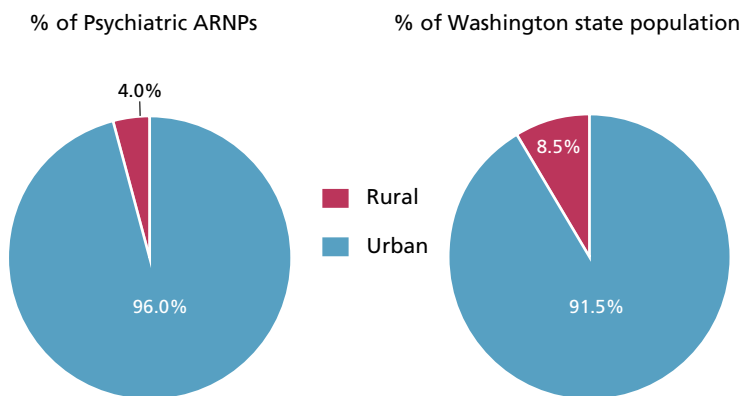


## OCCUPATIONAL PROFILE: PSYCHIATRIC ADVANCED REGISTERED NURSE PRACTITIONERS (ARNPs)

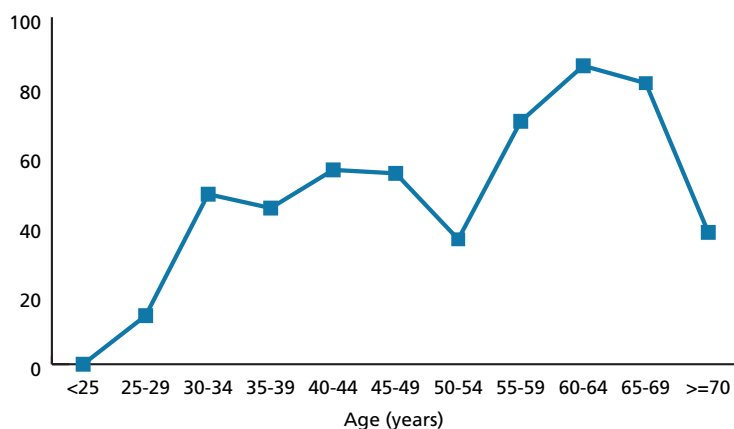
As one of the few health professions able to prescribe psychiatric and substance use disorder pharmaceutical treatments, advanced registered nurse practitioners (ARNPs) with behavioral health certifications assume a variety of clinical roles. In Washington State, they may diagnose mental illnesses, provide psychiatric care, prescribe psychotropic medications, administer risk assessments, and help coordinate treatment between primary care providers and other behavioral health providers. ARNPs may directly provide psychiatric care, or they may serve in the role of a care coordinator or manager.

**Figure 1: Rural/Urban Distribution of Psychiatric ARNPs and the General Population in Washington State**



Data sources: 2016 Washington State Office of Financial Management county population data; Washington State Department of Health, 2017 Health Professions Licensing Data System.

**Figure 2: Age Distribution of Licensed Psychiatric ARNPs in Washington State, 2017**



Data sources: Washington State Department of Health, 2017 Health Professions Licensing Data System.

### Size, Distribution, and Demographics of Supply

In April 2017, there were 670 ARNPs who held an active Washington state license with a psychiatric subcategory designation, of which 79.1% had addresses in Washington (Table 1). Psychiatric ARNPs were approximately 8.6% of all ARNPs (including certified nurse midwives, certified nurse specialists, certified registered nurse anesthetists and certified nurse practitioners) and 10.7% of certified nurse practitioners with active Washington licenses in 2017.<sup>1</sup> The mean age of the Washington psychiatric ARNPs was 53 years old, and 87.2% were female. Nearly all (96.0%) had urban addresses.

About half of these nurses (321) held other credentials in Washington in the past, 101 as registered nurse temporary practice permits and 50 as licensed practical nurses, among others. Several also held certifications in mental health professions, including counselor registration (57), agency affiliated counselor registration (13), chemical dependency professional trainee (1), marriage and family

**TABLE 1. Psychiatric ARNPs with Washington State Licenses, 2017**

With address in:	
<b>Washington</b>	530 (79.1%)
<b>Oregon</b>	37 (5.5%)
<b>Idaho</b>	8 (1.2%)
<b>Other</b>	95 (14.2%)
<b>Total</b>	670

Data sources: Washington State Department of Health, 2017 Health Professions Licensing Data System.

<sup>1</sup>Mary Sue Gorski, Nursing Consultant Advisor, Washington State Nursing Care Quality Assurance Commission, personal communication, October 30, 2017

counselor certificate (1), mental health counselor certificate or license (13), and licensed independent clinical social worker license (1). The early supplementary credentials and the age distribution showing fewer younger psychiatric ARNPs suggest that the occupation is more advanced in the career pathway. This may raise supply concerns when the 60+ year old ARNPs retire, unless other occupations absorb their role.

**TABLE 2.** Distribution, Age, and Sex of Psychiatric ARNPs in Washington by Accountable Community of Health

Advanced Registered Nurse Practitioners	N	Population	Rate per 100,000	Mean Age	% (N) >55 Years	% (N) Female
<b>Statewide*</b>	530	7,183,700	7.4	53	51.9 % (275)	87.2% (462)
<b>Accountable Community of Health (ACH) †</b>						
<b>Pierce County</b>	60	844,490	7.1	53	58.3% (35)	86.7% (52)
<b>North Sound</b>	61	1,206,900	5.1	57	67.2% (41)	90.2% (55)
<b>King County</b>	214	2,105,100	10.2	50	44.4% (95)	89.7% (192)
<b>Better Health Together</b>	41	587,770	7.0	54	53.7% (22)	87.8% (36)
<b>Cascade Pacific Action Alliance</b>	38	614,750	6.2	57	65.8% (25)	86.8% (33)
<b>Greater Columbia</b>	43	710,850	6.0	52	46.0% (20)	86.0% (37)
<b>Southwest Washington</b>	31	493,780	6.3	53	48.4% (15)	77.4% (24)
<b>Olympic Community of Health</b>	25	367,090	6.8	55	60.0% (15)	88.0% (22)
<b>North Central</b>	17	252,970	6.7	50	41.2% (7)	64.7% (11)

Data source: Washington State Department of Health, 2017 Health Professions Licensing Data System.

\* ARNPs with Washington State license address only.

† Counties in multi-county ACHs are Whatcom, Skagit, Snohomish, San Juan, Island (North Sound), Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams (Better Health Together), Grays Harbor, Mason, Thurston, Pacific Lewis, Wahkiakum, Cowlitz (Cascade Pacific Action Alliance), Whitman, Asotin, Garfield, Columbia, Walla Walla, Franklin, Benton, Kittitas, Yakima (Greater Columbia), Clark, Skamania, Klickitat (Southwest Washington), Clallam, Jefferson, Kitsap (Olympic Community of Health), Okanogan, Chelan, Douglas, Grant (North Central).

## Education/Training

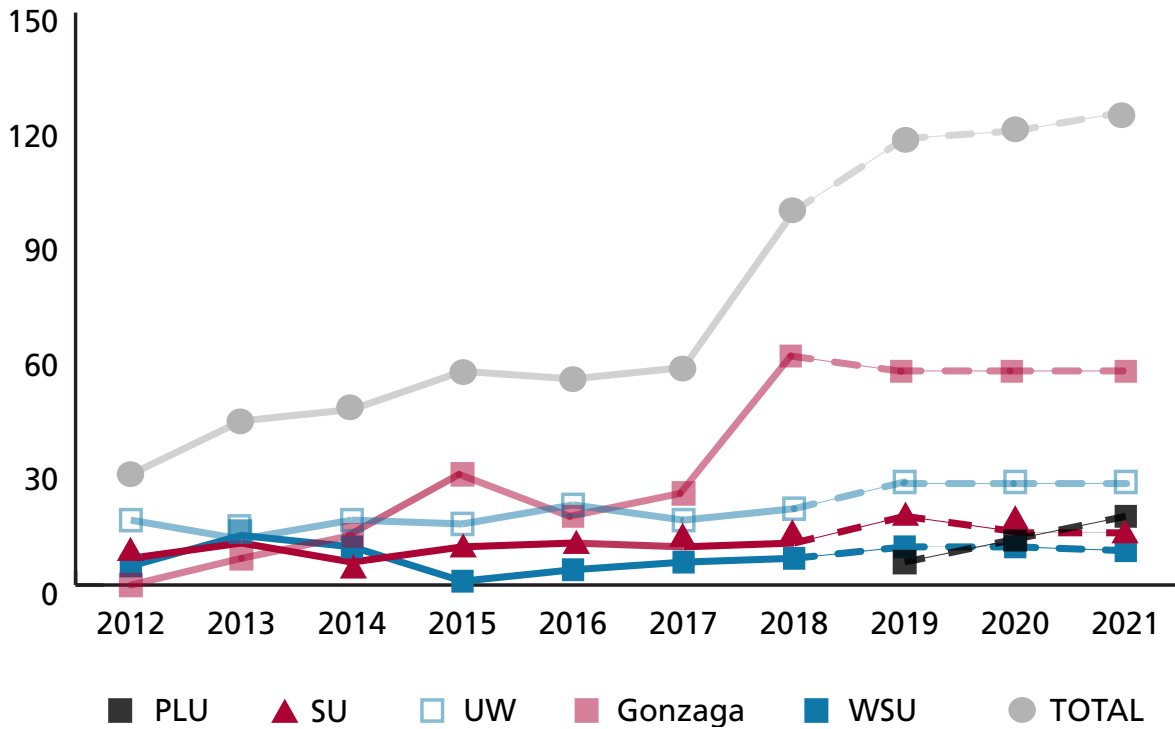
There are five psychiatric nurse practitioner educational programs in Washington accredited by the Commission on Collegiate Nursing Education: Pacific Lutheran University, Seattle University, Gonzaga University, University of Washington, and Washington State University. The Washington State University program has campuses in Spokane, Tri-Cities, and Vancouver. It is a hybrid program model where students are on campus once per month and the programs are open to out-of-state students, but applicants must have a Washington registered nurse license. Gonzaga University's programs offer online instruction with required in-person immersion experience and evaluation, and are open to enrollment from ten Western states. Since 2013, an average of 31% of Gonzaga graduates were from Washington.<sup>2</sup> All five universities offer programs leading to the specialty credential of Psychiatric Mental Health Nurse Practitioner (PMHNP). University of Washington and Washington State University also provide post-doctoral certificate programs leading to a PMHNP, and Gonzaga University offers a Master in Science in Nursing program leading to a PMHNP designation. Program enrollments vary based on prerequisite requirements, program faculty capacity, and the availability of preceptors for clinical experiences.

Advanced registered nurse practitioners who received PMHNP education from out-of-state nursing programs are approved for clinical practice placements by the Washington State Nursing Care Quality Assurance Commission. (Washington State Department of Health,

<sup>2</sup>Rachel Young, Academic Operations Specialist, Gonzaga University, personal communication, October 17, 2017.

2017) In 2015, there were five out-of-state PMHNP students completing their clinical or practice experiences in Washington state, and eight students in 2016.<sup>3</sup> Data enumerating the students in Washington enrolled in out-of-state (online) nursing programs are not available.

**Figure 3: Washington PMHNP Program Graduates and Projected Graduates, 2012 - 2021**



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
<b>PLU</b>								6	12	18
<b>SU</b>	7	11	6	10	11	10	11	18	14	14
<b>UW</b>	17	12	17	16	21	17	20	27	27	27
<b>Gonzaga</b>	n/a	7	13	29	18	24	60	56	56	56
<b>WSU</b>	5	13	10	1	4	6	7	10	10	9
<b>TOTAL</b>	29	43	46	56	54	57	98	117	119	124

- Data were reported by PMHNP programs directly for the purpose of creating this profile
- Italicized are projected totals
- Light blue cells are projected totals carried forward from last reported projection for estimation only
- PLU – program began 2016, first graduates 2019; full program cohort of 18 students expected in 2021
- Gonzaga – data not available (n/a) 2012; added DNP program in 2014 for combined program totals beginning 2018 (gray cells)
- WSU – transitioning from masters to doctorate program in 2012, total includes both programs beginning 2016 (gray cells)

Psychiatric ARNPs are well poised to assume major roles in the integration of physical and behavioral health, having advanced training in both areas. Their small numbers may limit their impact on behavioral health delivery in Washington State—although the projected increase in graduates from educational programs in Washington is promising.

<sup>3</sup>Mary Sue Gorski, Nursing Consultant Advisor, Washington State Nursing Care Quality Assurance Commission, personal communication, October 19, 2017

When contacted to collect completion data, multiple schools remarked that the greatest limitation to increasing enrollment in their PMHNP programs was lack of supervised clinical placement sites and preceptorships. The Washington State Department of Health also remarked on this challenge in their 2016 Nursing Education Programs Annual School Report.(Washington State Department of Health, “2015-2016 Annual School Report”, 2017) Schools reported that precepting can be burdensome due to unreimbursed expenses incurred and disruption to work flows on site. Clinicians may not feel competent to serve as preceptors, and online training programs are available to help newer preceptors gain confidence in this area. The Washington Nurse Practitioner Education Alliance is exploring solutions to challenges in clinical site placement. The Washington Nurse Care Quality Assurance Commission is reviewing the allowance of potential exceptions to preceptorship approval rules, and the impact it may have on the available pool of qualified preceptors and quality of training.<sup>4</sup>

## **Credentialing**

To be licensed to practice as an ARNP in Washington, one must have a current, unencumbered Registered Nurse (RN) license, provide a university transcript verifying advanced practice preparation, provide proof of current national advanced practice certification through a commission-approved certifying body, and if endorsing as a licensed ARNP from out-of-state, verify completion of at least 250 hours of advanced nursing practice in the two years prior to application.

National certifications are available for psychiatric mental health nurse practitioners. Nurses at the masters or doctoral level may be clinical nurse specialists (CNS) or nurse practitioners (NP) and can become board certified through the American Nurses Credentialing Center (ANCC) as a psychiatric specialist (PMHCNS-BC or PMHNP-BC). The ANCC discontinued issuance of new PMHCNS credentials in late 2017, but will continue renewing the PMHCNS credential for those already in practice. A pediatric subspecialty (Pediatric Primary Care Mental Health Specialist [PMHS]) is available through the Pediatric Nurse Certification Board.(American Psychiatric Nurses Association; American Nurses Association, 2014)

## **Practice Characteristics**

Psychiatric mental health nursing is a specialty within nursing. While psychiatric ARNPs may offer primary care services to the psychiatric population, their clinical experience is focused on behavioral/mental health conditions.

As independent practitioners, psychiatric ARNPs can assess and diagnose patients, prescribe psychotropic medications, and provide therapy and community interventions, case management, consultation and liaison services, and clinical supervision. They can be self-employed in private practice, or employed in outpatient, inpatient, crisis, and residential clinical agencies, and in primary care, forensic, occupational, and community-based settings.(American Psychiatric Nurses Association; American Nurses Association, 2014)

In 2014, 5.6% (7,034 total) of practicing NPs in the U.S. specialized in psychiatry/mental health.(U.S. Department of Health and Human Services, Health Resources and Services Administration, 2014) When examined by year of graduation in a 2012 National Sample Survey of Nurse Practitioners, the distribution of ARNPs working in the psychiatric specialty area remained fairly consistent, ranging from 4.4 to 6.6%.(U.S. Department of Health and Human Services, Health Resources and Services Administration, 2014)

The national median annual wages for all ARNPs, not just psychiatric ARNPs, was \$100,910 in May 2016.(Bureau of Labor Statistics, “Employment Statistics”, 2017) In Washington State, the annual mean wage for nurse practitioners was \$107,400 in May 2016.<sup>5</sup> The 10<sup>th</sup> percentile mean annual wage was \$77,630 and the 90<sup>th</sup> percentile mean annual wage was \$135,620.

### *Relevant Skills Needed for Behavioral Health – Primary Care Integration:*

With their current education and scope of practice, psychiatric ARNPs may provide consultative services to primary care practitioners and/or provide direct care in primary care or behavioral health integrated settings. Their scope of practice also allows for direct telepsychiatric care and telebehavioral health consultative service for evaluating, prescribing for, and monitoring behavioral health conditions remotely.

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<sup>4</sup>Mindy Schaffner, Associate Director, Washington State Nursing Care Quality Assurance Commission, personal communication, November 28, 2017

<sup>5</sup>Estimates do not include self-employed workers.

In 2016, the Comprehensive Addiction and Recovery Act extended the privilege of prescribing buprenorphine in office-based settings to qualifying ARNPs until October 1, 2021. To be eligible to qualify, ARNPs must complete 24 hours of additional training, complete a waiver notification form, and be assigned a special identification number by the Drug Enforcement Agency. Once approved, ARNPs may prescribe for up to 30 patients in one year.

## **Demand**

Washington's "early warning" system of health workforce demand changes, the Washington Health Workforce Sentinel Network, allows employers to report workforce shifts and high-priority needs. (Workforce Training & Education Coordinating Board, 2017) Nurse practitioners periodically appear in the top five occupations with exceptionally long vacancies reported by sentinels in a variety of healthcare settings. Emerging roles in integrated settings that require a complex skills mix and the maturity of an experienced, independent ARNP can be difficult to fill. Sentinels reported recruiting psychiatric ARNPs as a behavioral health facility medical director and as consultative psychiatric service providers, roles that were previously held by psychiatrists. Too few qualified candidates, recruitment and retention issues such as rural practice or part-time schedule, and inability to offer a competitive salary are some of the factors contributing to recruitment difficulty.

State data from the Washington State Employment Security Department (ESD) indicates that the average annual growth rate for nurse practitioners (ARNPs excluding nurse anesthetists and nurse midwives), including, but not limited to psychiatric ARNPs, between 2015 – 2020 will be 3.2% and for 2020 – 2025 will be 2.8%. (Washington State Employment Security Department, 2017) This equates to 93 and 95 annual openings due to growth, respectively. ESD estimates, however, are based on average health sector growth trends and do not necessarily take into account state initiatives that may increase demand for behavioral health occupations. Data describing psychiatric ARNP growth projections specifically are not available.

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## TECHNICAL NOTES

- Washington State ARNP data are from the Washington State Department of Health, Health Professions Licensing Data System, April 2017, as analyzed by the Washington State Office of Financial Management. All analyses include ARNPs ages 18 – 75 years with active license status and expiration of license  $\geq$  2017.
- % psychiatric ARNPs of total ARNPs calculated by subtracting 2017 psychiatric ARNP total from 2016 ARNP total (Andrilla, Skillman, & Marshall, 2016), then calculating percentage.
- Washington population data are from the Washington State Office of Financial Management, 2016 data.
- Rural/urban status determined using Rural Urban Commuting Area (RUCA) taxonomy.(U.S. Department of Agriculture) and practitioner's license public address ZIP code.
- Educational program completion data provided by schools and compiled by the Center for Health Workforce Studies.
- Washington State Employment Security Department, SOC code 29-1171 (Nurse Practitioners).

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## SUGGESTED CITATION

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