PMHNPs and Social Care: Implications for Mental Health System Transformation

Abstract

Background

Despite increasing awareness that addressing social determinants of mental health is paramount in achieving equitable mental wellness across populations, mental health care in the United States remains largely delivered within a biomedical model. Psychiatric mental health nurse practitioners (PMHNPs) offer an alternative: their training is founded in the nursing model of person-, family-, and community-centred care, which offers more promise in being able to conceptualize and address the social determinants of health than the biomedical model. PMHNP proponents argue that PMHNP practice thus has the capacity to transcend current mental health care delivery models.

Objective

This study explicates how PMHNPs in an urban community mental health care system operationalize social care in their work with patients who have serious mental illness and who face structural barriers to achieving mental wellness.

Methods

An institutional ethnographic (IE) design was used in data collection and analysis. IE offers a novel approach to evaluating social care approaches by focusing on the practices that frontline providers undertake to accomplish work. Data collection and concurrent analysis involved interviews with PMHNPs and clinical leaders; participant observation; and textual analysis of clinical and organizational documents and local/state policies and regulations.

Results

Three main threads emerged from the data: 1) creatively conceptualizing and acting on patient needs; 2) operationalizing "meeting clients where they are at"; and 3) attending to patients' minds, bodies, and lives with equal emphasis. PMHNPs' ability to undertake these care practices is governed by the extent to which their institutional and regulatory scope of practice allow them autonomy in their work.

Conclusion

As clinicians trained in a biopsychosocial-structural approach to mental health, PMHNP practice is a key clinical driver of social mental health care. Study findings offer implications for scope of practice as a determinant of individual, institutional, and system-level ability to enact social care in mental health care.