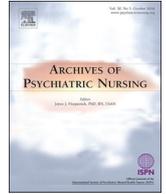


Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

# Archives of Psychiatric Nursing

journal homepage: [www.elsevier.com/locate/apnu](http://www.elsevier.com/locate/apnu)

## Commentary on article practice characteristics of nurse practitioners in mental health and psychiatric settings



To the Editor

The recent article *Practice Characteristics of Nurse Practitioners in Mental Health and Psychiatric Settings* is an informative summary of the 2012 National Sample Survey of Nurse Practitioners. The focus of the paper is nurse practitioners (NPs) who on the survey indicated they practice in mental health settings. The author creates several variables to examine practice trends of this group, yet fails to create a critical distinction: what percent of the sample is Psychiatric Mental Health (PMH) NPs. By failing to make this distinction the article sidesteps the issue that her sample contains NPs who are not licensed and certified to practice as mental health providers. Since the author was able to create several variables for her analysis it is puzzling that she did not add this element into the research. The paper also forwards a dangerous trend in how Health Resources and Services Administration (HRSA) characterizes the PMHNP workforce. In a recent report [HRSA \(2016\)](#) named our specialty Behavioral Health Care NPs and included this newly named specialty into the list of providers that were to be considered part of the behavioral health care workforce. It is of note that HRSA did not indicate physicians as Behavioral Health Care MDs but retained the title psychiatrists. They similarly respected the social work specialty by indicating this group was mental health and substance abuse social workers. Ms. Jones' research is another example of attempts to blur the

lines between PMHNPs and other NP specialties and propagates the new titling of the specialty. We must be clear about the parameters of the core mental health professionals. Characterizing a new cohort of providers, (comprised of any NP working in behavioral health care setting) is misleading to both the public and other health care professionals. Examination of the health care workforce, its capacity and distribution relies on clarity and consistency. It is critical that researchers and federal agencies studying the workforce be held to this standard.

Sincerely

### References

Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation (2016). *National projections of supply and demand for behavioral health practitioners: 2013–2025*. Rockville, Maryland.

Kathleen R. Delaney  
 Rush College of Nursing, 600 S Paulina St, Chicago, IL, United States of America  
 E-mail address: [Kathleen\\_R\\_Delaney@rush.edu](mailto:Kathleen_R_Delaney@rush.edu)

<https://doi.org/10.1016/j.apnu.2018.08.001>

Received 23 July 2018; Accepted 4 August 2018

0883-9417/ © 2018 Elsevier Inc. All rights reserved.