A call to action: Leveraging dual-certified APRNs to optimize holistic patient care

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Introduction

Nursing programs are on the forefront of addressing the current medical and mental health challenges of our health care system, and dual nurse practitioner certification programs have represented a step forward in tackling the mental health crisis facing the nation. There are currently 374 Psychiatric Mental Health Nurse Practitioner (PMHNP) programs in the United States, made up of Master of Science in Nursing (MSN), Bachelor of Science to Doctor of Nursing Practice, and Master of Science to Doctor of Nursing Practice degrees. Twenty-seven are MSN dual-track programs, four of which are programs preparing students to sit for both family nurse practitioner (FNP) and PMHNP examinations (2024 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, 2024). However, providing education for dual-certified nurse practitioners may not fully address the problem; the current system is built around siloed care where clinicians are all too often not supported in addressing both medical and mental health needs in the same visit. Most dual-certified providers are forced to choose between one specialty and the other. This is not to say that these unique, highly trained nurse practitioners are not providing nuanced holistic care, but they often do not work in an optimal infrastructure to support and facilitate the level of care they are able to provide.

This article will review the prevalence of medical and mental health comorbid diagnoses, identify the impediments in access to care, and recommend potential solutions to facilitating the integration of mental health care in primary care settings.

Mental health in America

According to the 2023 report by the Mental Health America, 21% of adults in the United States are experiencing mental illness, which is the equivalent to more than 50 million Americans. Serious thoughts of suicide are reported in 13.6% of adults ages 18–25 years and 16% of youth report suffering from at least one major depressive episode in the past year ("Substance Abuse and Mental Health Services Administration"). Of this group, 23% are not able to access medical care due to costs ("Substance Abuse and Mental Health Services Administration"). This group typically experiences 14 or more mentally unhealthy days each month. More than 28 million people receive no treatment at all, and one in 10 children do not have coverage for mental or emotional difficulties, which equates to 1.2 million youth. These numbers clearly indicate a mental health crisis in the United States. Depression is one of the most common comorbidities of chronic medical diseases, including cancer, cardiovascular, metabolic, inflammatory, and neurological disorders. Cooccurrence of mental and general medical disorders can be profoundly disabling.

Access to mental health care

In the United States, despite the reduction in the number of uninsured Americans since implementation of the Affordable Care Act in 2010, there are still tens of millions of Americans lacking any type of health insurance. Lack of insurance is a primary impediment to health care. Additional barriers to mental health care include stigma, mental health workforce shortage, and geographical maldistribution of access to care. Because of these challenges, primary care clinicians are often the "defacto" mental health specialists for their patients. However, there are significant barriers to delivering the depth of mental health services needed in the traditional primary care environment. These barriers include a variance in scheduling and length of visit, prioritization of medical over mental health challenges, and decreased time to

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access mental health support systems and levels of care. Primary care clinicians working with patients with multiple health concerns, including depression and anxiety, are often overwhelmed and may feel forced to choose between treating their medical condition or their mental health (Moise et al., 2021).

Current paradigm of health care delivery

The current paradigm of care for individuals with cooccurring mental and medical health diagnoses is siloed. The National Academy of Medicine has stated that despite progress achieved by evolving models of integration, the care system remains fragmented; the appropriate workforce is undersized, underprepared, and poorly distributed, and payment models continue to reinforce care silos and fragmentation. When considering the mental health training for primary care nurse practitioners, physician assistants, and physicians, on average, the number of weeks spent in mental health training represents less than 5% of total training time despite the high prevalence of mental illness in primary care settings. Although there are dual training medical residencies for Internal Medicine and Psychiatry, as well as growing number of dual-certified nurse practitioners (FNP/PMHNP), these health care professionals are often hamstrung to integrate their training in a single visit. Although the clinician may be able to diagnose and treat both physical and mental health diagnoses, time, scheduling, and documentation models do not support this paradigm of care (Moise et al., 2021). Despite enthusiastic health professional students pursuing training to meet both the medical and mental health needs of their patients, administrative frameworks often do not support integrated models of care because of the lack of case management resources and scheduling constraints (Moise et al., 2021).

It is critical to appreciate the multiple factors that impact health and well-being in our current siloed health care system. Healthy People 2030 identified social determinants of health as foundational to comprehensive health care. Social determinants of health (SDOH) have a major impact on well-being and quality of life (Gomez et al., 2021). Examples of SDOH include the following:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water, and
- Language and literacy skills.

Our current health care system is divided by specialty, electronic medical records with variable interoperability, and geographic location. This care fragmentation often leads to failure in delivering high-value health care when patients need it the most. The cost of fragmented care is high, affecting national economies, health security, and global health. Historically, marginalized populations often bear the greatest burden (Gomez et al., 2021).

Advancing new paradigms of care

The current recommendations from the Behavioral Health Integration Compendium (2021) promote "embedded mental health" in primary care (Moise et al., 2021). This approach focuses on having a mental health therapist (social worker, psychologist, psychiatric registered nurse) onsite to provide counseling and mental health case management (Moise et al., 2021). However, this paradigm does not completely address the full complexity of comorbid medical and psychiatric diagnoses. There is a paucity of research evaluating the "in time" provision of medical and mental health diagnostic and pharmaceutical management during a single visit.

There is tremendous benefit from expertise provided by dual-certified providers who are able to assess and treat both medical and mental health concerns. Combined expertise in dual disciplines addresses the holistic mind-body connection of many conditions seen every day in a busy clinic, including asthma, irritable bowel syndrome, polycystic ovary syndrome, allergic dermatitis, headache, and fibromyalgia—all of which have been shown to cooccur with anxiety and depression (Marrie & Bernstein, 2021). Furthermore, conditions that require more complex psychiatric and psychopharmacologic interventions, particularly those with potential medical complications (e.g., metabolic syndrome seen with antipsychotic medications) require expertise in both physical and mental health (Chang et al., 2021). This demographic often struggles the most when trying to coordinate separate psychiatric and medical appointments. If their clinician is dual certified, they can address both concerns in one visit (Grudniewicz et al., 2022). Judge-Ellis and Buckwalter apply Peplau's Theory of Interpersonal Relations to capture the many roles a dual-certified primary care-PMHNP may contribute to the patient with complicated physical and mental health diagnoses (Judge-Ellis & Buckwalter, 2024).

Promoting the Integration of Primary and Behavioral Health Care, a report published by Substance Abuse and Mental Health Services Administration outlines the benefits of integrating medical and mental health care ("Substance Abuse and Mental Health Services Administration"). There are three salient goals presented:

- Promote full integration and collaboration in clinical practice between behavioral health care and primary physical health care, including for special populations;
- Support the improvement of integrated care models for behavioral health care and primary/physical

health care to improve the overall wellness and physical health status of adults with a serious mental illness; adults who have cooccurring mental illness and physical health conditions or chronic disease; children and adolescents with a serious emotional disturbance who have a cooccurring physical health conditions or chronic disease; individuals with a substance use disorder; or individuals with cooccurring mental and substance use disorder; and

- Promote the implementation and improvement of bidirectional integrated care services, including evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for mental and substance use disorders and cooccurring physical health conditions and chronic diseases."

The holistic approach provided by dual-certified clinicians is expressed when considered from the patient perspective (Judge-Ellis & Buckwalter, 2024). The visit becomes holistic when the patient presents with both physical and mental health needs, for example, a sore throat during a psychiatric medication management follow-up visit. The provider is able to easily transition from a psychiatric visit to a medical visit seamlessly, provide timely care, and save the patient significant time.

Advantages of mental health treatment in conjunction with primary care access promotes patient-centered care, leveraging an established and trusted provider relationship, and employs a holistic approach that acknowledges that medical conditions improve with treatment of comorbid mental health conditions, and visa versa (Judge-Ellis & Buckwalter, 2024; Moise et al., 2021). Research continues to demonstrate inflammatory diseases and multisystem disorders are directly associated with chronic mental health conditions, and treatments that positively affect mental health diagnoses can impact the medical diagnosis. The recent example of the connection between mental health and medical diagnoses can be observed from the profound impact seen from the treatment of endocrine disorders with GLP-1 receptor agonists (Gunturu, 2024). Initially known for their ability to manage diabetes, these drugs are now showing a positive effect on mental health diagnoses of anxiety and depression (Gunturu, 2024).

Opportunities and challenges moving forward

Addressing the medical and mental health needs of patients synergistically allows both the patient and the provider to understand the nuance that medical and mental health diagnoses are not separate but inform and synthesize with each other. As medical and mental health diagnoses converge, dual-certified FNP and PMHNPs are uniquely situated to support these complex patients in a timely and holistic manner.

A challenge facing dual-certified nurse practitioners is variability in clinical and didactic training, licensure, and scope of practice. The regulation of NPs is maintained by state-specific licensure requirements, three accreditation organizations, five certification organizations, and one encompassing educational organization that is supported by multiple discipline-specific professional organizations (McMichael & Markowitz, 2023). This complexity of the nursing organizational structure has resulted in broad statements regarding NP scope of practice that unfortunately lack the specificity needed for external stakeholders to clearly and consistently interpret.

An opportunity for dual-certified providers is to create systems that support their practice. There are simple administrative changes that can support a combined medical/mental health visit, such as expanding the time of a follow-up visit to 40 minutes and expanding a new patient visit that includes a mental health intake to 90 minutes, as well as increased time for visits and expanded current templates in the electronic medical record to include an integrated care visit that includes a physical and mental health assessment (**Table 1**). The first step is to recognize and clearly communicate the tremendous patient benefit to patients and other stakeholders, a benefit coincident with a high return on investment through reduced disease burden and expedited care within our struggling health systems. High value care is realized when patients can receive both their medical and mental health care at the same visit, saving not only resource costs and time but also opportunity costs for patients and families, schedulers, and medical and psychiatric colleagues. Moving forward, reimbursement and scheduling paradigms need to catch up with the innovative nurse practitioners on the forefront of patient centered care. Working collaboratively to develop administrative systems that support additional training,

Table 1. Challenges and opportunities to holistic care

	Challenges	Opportunities
Medical visits	15- to 20-min medical visit	Expand to 30–40 combined med/psych visit
Annual visits	45-min annual examination	90-min medical mental health intake visit
Visit fragmentation	Medical OR mental health visit	Integrated care visit
Electronic medical record	Medical or mental health EMR template	Combined visit template addressing physical examination and mental health

a scheduling system that allows flexibility in follow-up scheduling for more complex patients, and documentation systems that combine medical and mental health assessments will facilitate positive change for these complex patients.

Conclusion

Dual-certified clinicians are a way of enacting the health care reform goals of providing holistic care, effectively addressing the determinants of health, and providing equitable access to physical and mental health services. Nurse practitioners who are trained and certified in Family and Psychiatric Mental Health services are well positioned to play an integral role in breaking down silos that continue to impede timely holistic care. Clinical systems and organizations must redesign the workflow, training, and support systems to facilitate an integrated care model.

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