

## Testimony of Umeika Stephens

Good morning Representative Brabec and the House Behavioral Health Subcommittee. My name is Umeika Stephens, I am honored today to represent numerous Advanced Practice Psychiatric Mental Health Nurse Practitioners. I am here today also representing the nurse practitioner organizations including the Michigan Council of Nurse Practitioners (MICNP). I am here today to share with you how nurse practitioners can assist with addressing the tremendous un-met need for the care of the acutely mentally ill. In addition, this legislation will bring the Mental Health Code in line with other areas of Michigan statute. The climate of health care has changed since 1974, when the mental health code was first drafted and the role of Advanced Practice Registered Nurses was not yet fully actualized. Over the past five decades, Advanced practice registered nurses such as nurse practitioners and clinical nurse specialist have proven that they can improve the access, cost, and quality in the delivery of mental health services. The inclusion of nurse practitioners and clinical nurse specialists in the Michigan Mental Health Code will positively impact the provision of comprehensive services for people with mental illness.

The prevalence of people living with a psychiatric illness is a significant public health issue. Major mental illnesses such as schizophrenia, bipolar disorder and depression are costly to individual care providers, insurers and government agencies, and for patients and their families. The National Alliance on Mental Illness estimates 1 in 5 adults suffers from some form of mental illness. The consequences of untreated mental illness are significant. They include high rates of incarceration, homelessness, substance use, suicide, and hospitalization.

One of the major concerns for people with psychiatric illness is access to mental health care professionals who have the knowledge and skills to provide comprehensive mental health care. Psychiatric mental health nurse practitioners (PMHNPs) and Psychiatric clinical nurse specialists are trained in the competencies that could help meet the needs of this vulnerable population. The first graduate program granting a master's degree for clinical nurse specialists in psychiatric mental health nursing was developed at Rutgers University in 1954. Since that time, psychiatric advanced practice nurses have provided mental health care to patients, including independent assessment, evaluation, and management of patients with mental illness. All board-certified PMHNPs are prepared to provide psychiatric care, including prescribing medications and psychotherapy for patients across the lifespan.

Nurses opting to pursue a psychiatric mental health nurse practitioner credentials must have a current registered nursing license and hold a bachelor's degree from an accredited school. As registered nurses, they have gained competencies in basic interpersonal and therapeutic communication, assessment, diagnosis, and care planning. The psychiatric mental health nurse practitioner program builds on the foundation of the basic nursing education and leads toward a master's or doctoral degree. All psychiatric mental health nurse practitioners are required to complete courses in psychopharmacology, psychiatric assessment, and diagnostic evaluation.

Psychiatric mental health nurse practitioners currently practice across a vast array of clinical practice settings providing primary mental health services. Regardless of the practice setting, there are concerns about destabilization that can lead to patients becoming a danger to themselves or others. These destabilization periods often

require hospitalization to maintain the safety of the patient and the community. These behaviors are a major public health issue, and all psychiatric mental health nurse practitioners are trained to be proficient in suicide/ violence risk assessment and crisis intervention. Therefore the ability to complete clinical certification is integral for nurse practitioners.

As a practicing psychiatric mental health nurse practitioner for the last 23 years in Michigan, this has been a stressor in every clinical environment that I have practiced in. I have often practiced in setting where I may be the only prescribing provider in clinic or covering the psychiatric service and one of my patients present in crisis. In these situations, I have either forced to send patients via ambulance to the nearest emergency room or attempt to have a physician certify the patient for a direct admission to the psych hospital. Either solution costs time and money plus wastes clinical resources. It is frustrating that that I have an established clinical relationship with these patients and am well versed on the patterns of their psychiatric illness but am not able to facilitate care when they are in crisis.

These changes to the mental health code are invaluable to the improving the delivery of acutely ill psychiatric patients and improving utilization of mental health resources. By increasing the work force of practitioners able to manage hospitalization of individuals experiencing mental health decompensation will improve safety for the individual and community by expediting admission to acute services.

Thank you for allowing me to contribute to this important discussion about amending the Michigan Mental Health code. I will be happy to answer any of your questions.