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Nurses and Assertive Community Treatment Teams: A Critical Combination

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Persons with severe mental illness have high rates of physical health problems (Chwastiak et al., 2006; Hippisley-Cox, Vinogradova, Coupland, & Parker, 2007; Jones et al., 2004), unmet physical health needs (Colton & Manderscheid, 2006; Druss, Rosenheck, Desai, & Perlin, 2002; Salsberry, Chippis, & Kennedy, 2005), and earlier mortality relative to the general population (Hennekens, Hennekens, Hollar, & Casey, 2005; Joukamma et al., 2006). Clearly, integration of physical health and mental health care is vital for persons with severe mental illness (Druss & von Esenwein, 2006; Weiss, Haber, Horowitz, Stuart, & Wolfe, 2009); however, critical shortages of psychiatrists and nurses (Ellis, Konrad, Thomas, & Morrissey, 2009) could threaten services that already integrate physical and mental health care. A case-in-point is assertive community treatment (ACT).

ACT is one of the most widely studied evidence-based practices for persons with severe mental illness and is a multi-disciplinary, team-based approach with a small (1:10) staff-to-consumer ratio, 24-hour a day/7 days a week staff availability, shared caseloads, and daily team meetings (Bond, Drake, Mueser, & Latimer, 2001). ACT can best be viewed as a platform for delivering services, such as psychosocial interventions, medication, housing, and substance abuse treatment (Stein & Santos, 1998). Nurses and psychiatrists are important members of ACT teams, in particular; thus, ACT is an ideal setting in which mental health and physical health care can be integrated.

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With a few exceptions, the role of nurses on ACT teams has not widely been studied. Wallace, O'Connell, and Frisch (2005) used the Nursing Interventions Classification system to document the work of nurses affiliated with an ACT-like program in Canada and found case management (including liaison to coordinate services), complex relationship building, medication management, and surveillance ("purposeful and ongoing acquisition, interpretation, and synthesis of patient data for clinical decision-making," Wallace et al., p. 489) to be their most prevalent interventions. In another study, Kane and Blank (2004) compared outcomes among 38 persons with mental illness who received ACT services enhanced with an advanced practice psychiatric mental health nurse and peer support specialists and 21 persons with severe mental illness who received traditional ACT services without such enhancements and found the enhanced-ACT group had greater improvement on psychiatric symptoms, health behaviors, and greater satisfaction with services compared to those who received traditional ACT.

There is little doubt that nurses play a key role on ACT teams (Stein & Santos, 1998); however, the extent to which ACT teams across the United States have difficulty recruiting and retaining quality nurses has gone largely unexamined. This is of concern given shortages of psychiatric nurses (Ellis et al., 2009) and anecdotal evidence based on the corresponding author's experiences that ACT teams around the country struggle to recruit and retain nurses. Recruiting and retaining nurses has implications for an ACT team's ability to address physical health and mental health needs and to interface with the primary care system.

There are a number of factors that could explain why some ACT teams may have trouble recruiting and retaining nurses. Specifically, there is a shortage of registered nurses (American Association of Colleges of Nursing, 2010), a shortage of psychiatric and mental health nurses at the basic and advanced practice levels (Hanrahan & Gerolamo, 2004), and evidence of lower salaries for psychiatric and mental health nurses

(Hanrahan & Gerolamo, 2004). Moreover, there are fewer new nursing graduates entering the psychiatric and mental health specialty, and some speculate that this is due to the stigma within the profession about being associated with persons with psychiatric and mental health problems (Halter, 2008). These factors could explain why there are fewer nurses available for the demanding yet rewarding work in ACT and other mental health settings and provide some insight with respect to practice and policy issues that need to be addressed to attract greater numbers of nurses to psychiatric and mental health specialties.

In particular, efforts to advocate for more advanced practice nurses for both primary care and psychiatric and mental health specialties (Kane & Blank, 2004; Wallace et al., 2005; Weiss et al., 2009) should be strengthened and accelerated, student interest in psychiatric and mental health nursing (Stuhlmiller, 2006) should be promoted through internship opportunities within ACT and other mental health settings, and salaries for psychiatric nurses should be increased to attract greater numbers of qualified nurses who choose psychiatric or mental health specialties. Moreover, the onus of responsibility for attracting qualified psychiatric and mental health nurses should be shared by local mental health authorities and providers, who should be active in strengthening relationships and developing internship opportunities with local nursing schools and providing educational outreach about the health care needs of persons with severe mental illness and the opportunities for nurses to serve this vulnerable and underserved population.

The President's New Freedom Commission on Mental Health (2002) envisions a future when all persons with mental illness can recover and will have access to effective treatment and support. In light of the fact that mental and physical health are so closely intertwined (Weiss et al., 2009), nurses will continue to play a critical role in ensuring persons with severe mental illness achieve recovery and realize meaningful and fulfilling lives in their communities. Efforts to attract nurses to psychiatric and mental health specialties need to be accelerated and more research on the role nurses play to integrate physical health and mental health within community based mental health services such as ACT is needed.

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