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An Evidence Based Practice Perspective Regarding The Role Of The Nurse Practitioner In Access To Mental Health Care

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**AN EVIDENCE BASED PRACTICE PERSPECTIVE REGARDING THE
ROLE OF THE NURSE PRACTITIONER IN ACCESS TO MENTAL
HEALTH CARE**

being

An Evidence Based Practice Project Presented to the Graduate Faculty
of Mississippi University for Women in
Partial Fulfillment of the Requirements for
the Degree of Master of Science in Nursing

by

Alvin Terry Ricks Jr.

BSN, Mississippi University for Women

Date _____

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Graduate Committee Approval

The Graduate Committee of Alvin Terry Ricks Jr.
hereby approves his project as meeting partial
fulfillment of the requirements for the Degree of
Master of Science in Nursing

Date 7-31-06

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DEDICATION

There are many people whom I own a debt of gratitude. First there is glorification to the Lord God for giving me the ability to progress this far. I would not progress this far without the love and support of Joyce Ricks, my wonderful wife. Thanks to my mother, Minnie Ricks for the encouragement from childhood to this very day. I would like to thank my children, Alyssa, Artis, Alex, and Alvin, for being agreeable and manageable during the time that I was the time that I've diverted my attention to education, taking from their quality time. Thanks to my preceptors, Mrs. Maxine Puckett FNP, and Mrs. Mary Smith FNP for the inspiration and patients to see me through the doubtful moments. Thanks to Sander Cross FNP and Evanda Lyons MSN, RN for the refusal to settle. Thanks to Dr. Luis Borrell for seeing more in me than I could see in myself.

I would like to give a special thanks to the faculty of members of MUW for their wisdom and endurance during this trying year. A heart felt thanks to Dr. Smith who chaired my project and expected and inspired the best of me. Thanks to Dr. Janice Davidson for the encouragement to look adversity in the face without self-doubt.

**EVIDENCE BASED PRACTICE PERSPECTIVE REGARDING THE ROLE OF
THE
NURSE PRACTITIONER IN ACCESS TO MENTAL HEALTH CARE**

Alvin Terry Ricks. MSN ©, RN

Mississippi University for Women, 2006

Supervising Professor: Dr. Brenda Smith

Abstract

Mental health care, persecuted without merit, has long suffered from the prejudice and shame fashioned by a public blinded by ignorance. The real barriers created by the primary health care system hampering access to mental health care are increased by the preconceived ideals that ridicule the patient in crisis confronts. The purpose of this project is to identify the barriers to access, how access to mental health care can be achieved through primary care and how the nurse practitioner can aid in mental health access as a primary care provider. Research of literature provides a base of information and foundation of the concept of access and the views explored by authorities in the health care profession. Data gathered by from the review of literature synthesizes the nurse practitioners role as a primary care provider in easing the process of access to mental health care.

Development of an integration model and referral system of consulting family nurse practitioners and psychiatric nurse practitioners meets the need for mental health care in the primary health care setting. Unmet mental health needs can be met by educating primary care family nurse practitioners about the importance of mental health assessment, accessibility, and management. Those mental health needs can be met by providing on-site psychiatric nurse practitioners for consultation and follow-up for mental health problems that are too complex for the primary health care provider (Sousa 2004).

Baumann approaches access to primary care as an avenue to mental health care. In the National Comorbidity Survey, a cross-sectional, nationally representative household survey, fewer than 40% of those surveyed that had serious mental illness reported receiving stable treatment (Kessler et al., 2001). Three main barriers to access to mental health care through primary health care system were identified by the researchers, situational, economic and ineffectiveness. Primary care settings that provide access to integrated mental health services can make available cost-effective care. Psychiatric nurse practitioner skills to integrate the two aspects of primary and mental health care in one location (White, 2000).

Removal of internal and external obstacles to allow reasonable entry into the health care arena is not an easy task. Navigating that entangled systems of insurance companies, employee specialized health care coverage, Medicare and Medicaid, and other forms of access, along with the medical institutional bureaucracy, leaves the uniformed consumer at the mercy both advocates and predators. The nurse practitioner can pave the path to a safe, consumer friendly accessible health care system. Stabilizing the access to the primary health care system provides easier access to the mental health care system.

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CHAPTER I

Dimensions of the Problem

The importance of access to care has been debated throughout the modern health care area and is one of today's topics of unrest within the government and the general population. According to the report, *Healthy people 2010* (USDHHS, 2000), "Clinical preventive services have a substantial impact on many of the leading causes of disease and death. People must have access to clinical preventive services that are effective in preventing disease or in detecting asymptomatic disease of risk factors at early, treatable stages."

Problem Statement

Access to health care is viewed in a variety of ways by researchers. Lynda Anderson's (2003) approaches the concept access in relation to the rural community. Anderson (2003) uses the *1994 National Health Interview Survey* and a sample size of 17,412 to generate the information in her study. No significant difference is found between the age groups relating to private insurance. Women and private insurance holders of all age groups and socioeconomic status are likely to have a constant source of regular care and primary provider of care. Persons living in the country or metropolitan statistical area with populations less than 10000 are statistically likely not to have insurance or seek health care (Anderson, Guoya, & Zhang, 2003). Smith-Campbell's (2005) study examines access to care in relation to emergency room verses community health care centers and the uninsured population. Smith-Campbell uses The Aday, Anderson, and Fleming (1980) Framework on Access to health care as the theoretical foundation to generate the findings. The study shows a decrease of

40% of uninsured visit, as a relation to the funding of community health centers and public hospitals save an average of \$14 million dollar a year. There is no established link between the decline of uninsured emergency room visit and the funding of community health centers, but the data indicates a correlation of the two (Smith-Campbell, 2005).

Merzel (2003) examines access to care related to gender in a low-income community. Findings are generated using personal interviews of 695 individuals in a low-income community. Merzel's (2003) study indicates access to care in this low-income community reflexed the socioeconomic factors of influence rather than the gender factor. There is evidence to support the ideal that females relieved and accessed health care with greater frequency and use of primary health provider that their' male counterparts. Affordable private insurance and availability in pubic insurance is reducing the gender gap. Access for both genders is improving with the current changes in welfare policies. Availability of employment increase the potential for private insurance continues to reduce the uninsured and increase access to health care (Merzel, 2003).

Choe's (2004) study looked at access to care in relation to children with health care insurance. The study is conducted using a questionnaire and sample size of 111. Supplementary insurance programs are not well received by physicians or health care agencies. Low reimbursement rate from government supplemented programs contribute to excessive administration burdens and financial deficits of health care agencies; therein, increasing the health care access woes of those living in poverty. The rapid expansion of governmental funded health insurance programs continue to decrease physician participation to such programs by comparison to individuals that have private insurance.

Paxton (2004) looks at a unique way of creating access to mental health care via the primary health care setting. Opening a clinic that offers mental health care access on site increased the self-referrals and encouraged primary health care providers to make referrals. Professionals within the system assessed patients in mental health crisis. The workload on the general practitioners is decreased (Paxton & Richardson, 2004).

Baumann (2004) approaches access to primary care as an avenue to mental health care. In the National Comorbidity Survey, a cross-sectional, nationally representative household survey, fewer than 40% of those surveyed that had serious mental illness reported receiving stable treatment (Kessler et al., 2001). Three main barriers to access to mental health care through the primary health care system are identified by the researchers, situational, economic, and ineffectiveness. Primary care settings that provide access to integrated mental health services can make available cost-effective care. Psychiatric nurse practitioners can draw from the practical experiences of primary care and the advanced psychiatric nurse practitioner skills to integrate the two aspects of primary and mental health care in one location (White, 2000).

Fox's (2000) study focused on the special needs children. The study finds children with insurance were four times more likely to have their health care needs met than uninsured children. Medical needs, prescription medications, dental care, and mental health care needs are more likely to be met by special needs children with insurance as related to special needs children that were uninsured. Ambulatory care services are also closely associated to the presence or absence of health care insurance. Insured children received twice the physician contacts as compared to the uninsured child (Fox, 2000).

Fox's (2000) study also shows that children with insurance frequently have access needs that are unmet. In the study, 9% of the special needs children with insurance did not have sufficient numbers of visits to their primary health care providers. After-hour care is unobtainable to 7% of children with adequate insurance coverage. There are 15% of families with insurance that have at least 1 aspect of care that does not meet the needs of the special needs child. Publicly insured special needs children fared even worse than privately insured children. They are less likely to see a regular health care provider or seek after-hours care compared to special needs children with private insurance (Fox, 2000).

The study by Sousa (2004) focuses on increasing access to mental health care through the primary health care setting. The study conducted by Sousa (2004) indicates a large number of mental health problems untreated in the primary providers clinic patient population. These findings identify the unmet need in the clinic setting and improved the potential outcome. Practitioners are being alerted to the possible mental disorders that have presented in the clinic (Sousa 2004).

Development of an integration model and referral system of consulting family nurse practitioners and psychiatric nurse practitioners meets the need for mental health care in the primary health care setting. Unmet mental health needs can be met by educating primary care family nurse practitioners about the importance of mental health assessment, accessibility, and management. Those mental health needs can be met by providing on-site psychiatric nurse practitioners for consultation and follow-up for mental health problems that are too complex for the primary health care provider (Sousa 2004).

Primary health care access to mental health care establishes a way of meeting a need in an underserved population. Primary health care and psychiatric health care working together will improve client health status. Improve health care outcomes is the goal in optimizing mental health intervention (Sousa 2004).

Sousa's (2004) research is comforting to those seeking to increase access to mental health care, but it has major internal and external flaws. The qualitative design does little to offer concrete evidence to support finding in Sousa's (2004) report. The small sample size does not offer support for validity or reliability of Sousa's (2004) research.

Statement of Purpose

The purpose of this study is to further explore the nursing literature regarding the role of the nurse practitioner in access to mental health care in the primary health care setting. Gaining access to health care can be hindered by multiple factors, the main factor being socioeconomic factors. Mental illness, with preexisting stigmatism, further complicates access to mental health care in the primary health care setting. Therefore, the purpose of this investigation was to examine the role of the nurse practitioner in access to mental health care.

Significance of the Study

The current level of nursing knowledge regarding the role of the nurse practitioner in access to mental health care is limited. A computer search utilizing CINAHL, MEDLINE, and PsycINFO, revealed several corresponding articles to this subject. Terms utilized in the search include those seen in (Table 1).

Table 1***Summary of Literature Search***

Search	Number of Citations	Database
nurse practitioner and health care access	6	CINAHL
	3	MEDLINE
	0	PsycINFO
nurse practitioner role and access	0	CINAHL
	0	MEDLINE
	0	PsycINFO
nurse practitioner role and mental health	4	CINAHL
	3	MEDLINE
	2	PsycINFO
nurse practitioner and mental health access	0	CINAHL
	0	MEDLINE
	0	PsycINFO
primary healthcare and mental health care	4	CINAHL
	2	MEDLINE
	3	PsycINFO

Note. CINAHL = Cumulative Index to Nursing and Allied Health Literature, MEDLINE = Medical Literature Online, PsycINFO = American Psychological Association's Library

Clinical significance regarding the role of the nurse practitioner in access to mental health care is focused on the need for reliable, cost-effective, high-quality mental health care in the primary health care setting. Limited financial support and competition

for mental health access to patients make it incumbent on nurse practitioners to document the cost effectiveness of their care. “Studying cost-effectiveness of the nurse practitioners in various health-care delivery systems can build and strengthen connections between nursing and health policy”. “These connections can influence the ability of nurse practitioners to provide high-quality cost-effective health care to patients and their families in various countries and health-care delivery systems” (Vincent, 2002).

Theatrical Foundation

The work of Patricia Benner served as the theatrical foundation for this research project. Benner’s “Novice to Expert” (1984) is the foundation for the role of the nurse practitioner utilized in this project. Benner based her philosophy in Dreyfus (1980, 1986) Model of Skill Acquisition and Development. The acquisitions of skills spanning the five levels of development are described in this model.

The pyridines of nursing are identified as nursing, person, health, and situation in Benner’s philosophy. Benner identifies nursing as a care relationship, an “enabling condition and concerns”. Nursing is the relation between illness, disease, and the care and study of the lived experience. Benner defines person as, a self-interpreting being. Benner interprets health as, not just the absence of disease and illness, but also the assessment of human experience. Benner uses situation as a replacement for environment. Situation suggests a social environment with social definition and meaning.

The five stages are as follows:

1. Novice: acquisition of skills. Stage one is the student of nursing, the beginner with only the basic knowledge. Benner also suggest that nurse at a higher level can become a novice if placed in a unfamiliar situation are environment.

2. **Advanced Beginner:** demonstrate acceptable performance. Benner states that at this stage the nurse express a competence of situations and can grasp aspects of the situations.
3. **Competent:** learns from active practice and follows the actions of others. Benner points out that the nurse begins to recognize the elements of the situation that warrants action and identifies those that can be ignored.
4. **Proficient:** the situation is viewed as a whole rather than a series of events and interactions. Benner suggest that nurse on longer relies on preset goals and exhibits increasing confidence in ones own abilities and knowledge.
5. **Export:** no longer requires rules, guidelines, or maxim to understand the situation and take the appropriate action. Benner finds the export views the patient's needs as the utmost importance and will meet those need by reevaluating the situation and modifying the care plan if needed.

Definition of Terms

Mental Health Access

Operational. For the purpose of this project, mental health access is the ability to enter mental health setting and acquire medical needs, prescription medications, and mental health care needs in a safe, cost-effective, efficient manner.

Nurse Practitioner

Theoretical. For the purpose of this project, nurse practitioner role is theoretically defined as the scope of practice, in which an advanced practice nurse engages, that is focuses on improving the patient ability to enter the health care system to obtain mental health care.

Operational. For the purpose of this project, nurse practitioner role is operationally defined as a licensed registered nurse who is prepared with advanced practice education at the master's degree level and is nationally board certified to provide a wide range of services to clients for both acute and chronic with a particular focus in the area of mental health promotion.

Research Questions

For the purpose of this study, the following research questions were generated:

1. What is the nurse practitioners knowledgebase regarding mental health care?
2. Is there a need for improvement to access of care?
3. To what extent do socioeconomic factors have on access to mental health care?
4. What is the nurse practitioner's role in increasing access to mental health care within the primary setting?

Delimitations

Literature was delimited, for the purpose of this integrative literature review, to the following:

1. Literature that pertains to healthcare access.
2. Literature that is available in the English language or translated into English abstracts.
3. Literature that is available through CINAHL, MEDLINE, and PsycINFO Libraries.
4. Literature that is peer reviewed.
5. Literature that is available through the Mississippi University of Women Library.

Limitations

For the purpose of this investigation a particular limitation identified is that the information obtained cannot be generalized beyond the scope of the research reviewed. The generalization of the finding is further impacted by the lack of nursing research related to the role of the nurse practitioner in access to mental health care.

Summary

The nurse practitioner has been a strong proponent of mental health care access. All health care providers are being pressured to demonstrate their contributions to patient outcomes as a result of the high costs of health care, and the need to balance quality and cost. Although much work remains for the advanced practice nurse, evidence of the advanced practice nurses' contribution is being documented as health outcomes sensitive to mental health care access. The investigation provides information regarding the role of the nurse practitioner in access to mental health care.

CHAPTER II

Review of Literature

This chapter presents the literature review regarding the role of nurse practitioner in access to mental health care. A systematic review of the literature was conducted on the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the United States National Library of Medicine (MEDLINE), and American Psychological Association's Library (PsycINFO). In this chapter, an overview of each article reviewed is presented, as it emerged from the critiqued literature available. For the purpose of investigation, data-base and theory-base manuscripts were reviewed and critiqued using a knowledgebase template concerning the role of the nurse practitioner in access to mental health care (see Appendix A). Literature reviewed totaled 7 data-based manuscripts and 4 theory-based manuscripts, which represented reviews of another 217 references. In this chapter, an overview of the study variables is presented as it emerged from the developing knowledgebase.

An Overview of Nurse Practitioner Literature Regarding Access to Mental Health Care

According to a theory-base manuscript by Benner (1984), the nurse practitioner follows a progressive expansion of skills and knowledge to reach the level of expert. Benner (1984) expands on the Dreyfus Model to explain the nurse's travel through the five levels of development: novice, advanced beginner, competent, proficient, and expert. The manuscript describes the accumulation of knowledge as the catalyst to move from one category to the next stage of development. The model provides a foundation for the nurse practitioner to establish the skills required to function in the health care setting as a provider.

According to a theory-base manuscript by Keegan (1998), indexed in MEDLINE, a nurse practitioner model establishes the precedence to separate the nurse practitioner from the traditional hospital based setting, to the community. This model (seen in Table. 2) meets the consumers demands and follows the World Health Organization's 'Health for All' (Mahler, 1985), the predecessor to *Healthy People 2010* (USDHHS, 2000), which emphasizes the importance of community based nurse. The nurse practitioner offers a wide range of primary health care services (Mangay Maglacas, 1991). The nurse practitioner functions over a broad spectrum including physiological, psychological, and mental health screenings (Hawkins & Thibodeau, 1989; Stafford & Appleyard, 1994).

Table 2

<i>Elements of the integrative nurse practitioner model in community mental health</i>
Regular nursing clinics to provide initial psychiatric assessment and evaluation
Emergency clinics within the practice environment or client's home
Regular liaison at clinics between general practitioner and nurse practitioner
Health education involving both patients and care givers
Counseling and psychotherapy
Case management
Home visit for those unable to attend clinic

After the work of Tyrer *et al.* (1990).

According to a data-base manuscript by Gardner & Gardner (2005), indexed in MEDLINE, the nurse practitioner, a postgraduate educated specialist, is in the forefront of restructuring health care services, technological advancements, and research that propels the health care field as a whole. The scope of a practice is limited to the effort the nurse contributes to influencing the health care field. (Gardner & Gardner 2005). Nurse practitioners have embraced the prospect of developing a frontier of practice by

researching the variety of role available in advanced practice roles (Jones & Davies 1999).

Nurse practitioners have proven the profession's ability to fill the gaps in health care. The nurse practitioner's scope of practice ranges from traditional pediatric care; as well as general health care, to specialized scopes of practice (Hand 2001).

According to a data-base manuscript by Sharrock, & Happell (2001), indexed in MEDLINE, the nurse practitioner professionals have proven themselves in many different areas, often facing doubt amongst other healthcare disciplines. The changing environment of health care creates voids frequently requiring non-traditional measures to secure fulfillment. The mental health field presents a void that can be rectified by the nurse practitioner.

The psychiatric services are moving away from the large institutions that served primarily as housing facilities for the mentally ill. Psychiatric services continue to have a negative persona as viewed by the general public; however, there is some improvements of image and mental illness is no longer a source of ridicule or distain (Sharrock & Happell 200). Psychiatric services have spread to the community health centers and local hospitals creating opportunities for the health care discipline that can fill the void. The nurse practitioner specialists that are educated at the postgraduate level provide quality service that rivals that of the psychiatric physician. Current situations afford the psychiatric nurse practitioner the opportunity to showcase the skills and knowledge that they can contribute to the psychiatric field. Current education and focus field afford the nurse practitioner the abilities to benefit the consumer in a safe, economical environment (Happell 1999).

According to a data-base manuscript by Anderson, Guoya, and Zhang (2003), indexed in CINAHL, no significant difference was found between the age groups relating to private insurance. Women and private insurance holders of all age groups and socioeconomic status were likely to have a constant source of regular care and primary provider of care. Persons living in the country or metropolitan statistical area with populations less than 10000 were statistically likely not to have insurance or seek health care.

According to a data-base manuscript by Smith-Campbell (2005), indexed in CINAHL, study shows a decrease of 40% of uninsured visit, as a relation to the funding of community health centers and public hospitals, save a average of \$14 million dollar a year. There is no established link between the decline of uninsured emergency room visit and the funding of community health centers. Data indicates a correlation between the decline of uninsured emergency room visit and the funding of community health centers.

According to a data-base manuscript by Merzel (2003), indexed in CINAHL, study indicates access to care in this low-income community reflexes the socioeconomic factors of influence rather than the gender factor. There was evidence to support the ideal that females relieved and accessed health care with greater frequency and use of primary health provider than their' male counterparts. Affordable private insurance and availability in public insurance is reducing the gender gap. Access for both genders are improving with the current changes in welfare policies. Availability of employment increase the potential for private insurance continues to reduce the uninsured and increase access to health care.

According to a data-base manuscript by Choe, Koempel, and Meara (2004), indexed in PsycINFO, supplementary insurance programs were not well received by physicians or health care agencies. Low reimbursement rate from government supplemented programs contribute to excessive administration burdens and financial deficits of health care agencies; therein, increasing the health care access woes of those living in poverty. The rapid expansion of governmental funded health insurance programs continue to decrease physician participation to such programs by comparison to individuals that have private insurance. 303 questionnaires were mailed, 111, one third of the total, were returned and only 100 were complete and able to be used in the study. Ninety-seven of the surgeons that responded replied they would offer appointment to children with commercial insurance. Twenty-seven, about one fourth of the same surgeons responded that they would offer appointments to on governmental assisted insurance programs. Eight of the 27 surgeons replied that they would refer those clients to providers that readily accepted governmental supplemented insurance. Only 19 of the 27 surgeons replied that they would perform surgery on the governmental supplemented child.

According to a data-base manuscript by Paxton, Richardson (2004), indexed in CINAHL, opening a clinic that offers mental health care access on site increased the self-referrals and encouraged primary health care providers to make referrals. Professional within the system assessed patients in mental health crisis. The workload on the general practitioners was decreased.

According to a data-base manuscript by Fox, Halfon, Hung, McManus, & Newacheck (2003), indexed in CINAHL, the study finds children with insurance were

four times more likely to have their health care needs met than uninsured children.

Medical needs, prescription medications, dental care, and mental health care needs are more likely to be met by special needs children with insurance as related to special needs children that were uninsured. Ambulatory care services were also closely associated to the presence or absence of health care insurance. Insured children received twice the physician contacts as compared to the uninsured child. Data indicates the states should raise the income eligibility threshold to encompass more households that have children with special needs. Publicly insured special needs children fared even worse than privately insured children. They were less likely to see a regular provider.

According to a theory-base manuscript by Baumann (2001), indexed in MEDLINE, in the National Comorbidity Survey, a cross-sectional, nationally representative household survey, fewer than 40% of those surveyed that had serious mental illness reported receiving stable treatment (Kessler et al., 2001). Three main barriers to access to mental health care through primary health care system were identified by the researchers, situational, economic, and ineffectiveness. Primary care settings that provide access to integrated mental health services can make available cost-effective care. Psychiatric nurse practitioners can draw from the practical experiences of primary care and the advanced psychiatric nurse practitioner skills to integrate the two aspects of primary and mental health care in one location (White, 2000).

The psychiatric nurse practitioners need sufficient primary care knowledge, although they will not function as the primary provider, to work closely with the patient's general care provider, as well as providing counseling, management of psychiatric medications, therapy, and patient case management. The integrated role creates the

advantage of better access to patient's medical records and the patient's primary provider. The primary care medical provider that has limited response to antidepressant that he or she prescribed has the luxury of referral to the psychiatric nurse practitioner. Patients seeking psychiatric care that had negative experiences such as being sent to the emergency room for psychiatric care or visited by mobile psychiatric crisis team have loss trust in the staff and the system that provides psychiatric care. With the loss of trust in the established system, the patient has an acceptable, non-threatening option of visiting a system that is integrated in a setting that removes the psychiatric label. In the primary health care setting, psychiatric issues frequently occur. The primary health care settings often overlook, minimize, or inadequately treat mental health cases (Feinstein & Brewer, 1999; Olfson, Tobin, Cassells, & Weissman, 2003; Patterson, Peek, Heinrich, Bischoff, & Scherger, 2003). The health care system traditionally serves primary care and mental health care utilizing two separate models, the health care model and the mental health model (Patterson et al., 2003). The psychiatric nurse practitioner is prepared to function in a primary setting utilizing the integrated model (White, 2000).

Table 3, illustrates the change that occurs when moving from a traditional mental health care setting to an integrated health care setting (Patterson et al., 2003). In the integrated setting mental health is not the primary focus. The NP sees a wide variety of patients, diabetics, hypertension, seizures, chronic pain, and the list goes on. Any physical illness could possibly be accompanied by mental health issues (Baumann, 2004). In the integrated system, the psychiatric and physical problems are seen as intertwined (Patterson et al., 2003). The integrated setting provides the patient a safe environment, free of preconceived ideals of mental health care settings (Baumann, 2004).

Table 3

Comparison Psychiatric NP in Traditional Setting and in Integrated Behavior Health	
NP's role is one of psychiatric specialist	NP's role is a member of the medical team
NP's focus is the psychiatric problem	NP's focus is the psychosocial or psychiatric problem as intertwined with general health
Patient's view is that they are receiving "mental health care"	Patient's view is that they are receiving health care
Usual location is an office	Location is a office or exam room

The psychiatric nurse practitioner may not be the patient's primary health care provider; the patients can see a trained professional within his or her primary health care setting. The integrated setting provides the advantage of allowing the psychiatric practitioner access to primary records and medication records. The integrated setting eliminates the negative experience of being seen in an emergency psychiatric room or mobile crisis unit (Baumann, 2004). Removing the patient from the negative environment can foster ease in the patient, making the patient willing to seek treatment (Patterson et al., 2003).

Utilizing the skills accumulated over the length of a career, the nurse practitioner can build trust within a community and with the population served, creating an environment that the patient can discuss psychiatric concerns. The integrated model allows the practitioner to address biological, social, economical, psychological, as well as medications with the patient in a non-threatening setting (Medina, 2001).

According to a data-base manuscript by Sousa, & Zunkel (2003), indexed in MEDLINE, the study conducted by Sousa indicate a large number of mental health problems untreated in the primary providers clinic patient population This finding is identifies the unmet need in the clinic setting and improved the potential outcome.

Practitioner being alerted to the possible mental disorders that have presented in the clinic setting facilitates consultation of psychiatric needs in primary care.

Development of an integration model and referral system of consulting family nurse practitioners and psychiatric nurse practitioners meets the need for mental health care in the primary health care setting. Unmet mental health needs can be met by educating primary care family nurse practitioners about the importance of mental health assessment, accessibility, and management. Those mental health needs can be met by providing on-site psychiatric nurse practitioners for consultation and follow-up for mental health problems that are too complex for the primary health care provider.

Primary health care access to mental health care establishes a way of meeting a need in an underserved population. Primary health care and psychiatric health care working together will improve client health status. Improve health care outcomes is the goal in optimizing mental health intervention.

Summary

This chapter present the literature reviewed regarding the role of the nurse practitioner in access to mental health care. A number of articles reviewed established support for further research and practice recommendations. Research shows that nurse practitioners are provide quality care as acknowledged by patient surveys and consumer's reports. Access to care is a concern for everyone regardless to age, race, gender, or socioeconomic status. The barriers that exist can be viewed as external and internal. External barriers, of financial barriers, are as minute as lacking co-payment for insurance requirement to the total lack of insurance or any other form of medical coverage. Internal

barriers extend from distrust of the health care system to cultural beliefs and values. Nurse practitioners, along with other health care providers, have the responsibility to create a health care system that is accessible to the public. Medical institutions, traditionally viewed as health care facilities, are presently seen as businesses to purchase medical attention.

Removal of internal and external obstacles to allow reasonable entry into the health care arena is not an easy task. Navigating that entangled systems of insurance companies, employee specialized health care coverage, Medicare and Medicaid, and other forms for access, along with the medical institutional bureaucracy, leaves the uninformed consumer at the mercy both advocates and predators. The nurse practitioner can pave the path to a safe, consumer friendly accessible health care system.

CHAPTER III

Design and Methodology

This chapter will present the parameters used for this research investigation. The approach that was used was that of an evidence-base systematic review. According to Sackett, Straus, Richardson, Rosenberg, and Haynes (2000) evidence-based practice attempts to integrate the best research evidence with clinical expertise and patient values. The literature selection procedure and procedure is detailed in this chapter.

Approach

An integrated literature review, which is a research that amasses comprehensive information on a topic, weighs pieces of evidence, and integrates information to draw conclusions about the state of knowledge, will be used for this study. This investigation is an evidence-based practice system review. While an integrative literature review summarizes research on a topic of interest, by placing the research problem in the context and identifying gaps and weaknesses in prior studied to justify the new investigation (Polit & Becks, 2004), evidence-based practice seeks to integrate best research evidence with clinical expertise and patient values (Sackett, Straus, Richardson, Rosenberg, and Haynes, 2000). A summary of the current literature regarding the role of the nurse practitioner in access to mental health care is provided.

Literature Selection Procedure

A systematic search of CINAHL, MEDLINE, and PsycINFO was conducted for the relevant literature concerning the role of the nurse practitioner in access to mental health care. The reference list accompanying each article was then manually reviewed for further pertaining to the subject. Articles were selected based on inclusion of at least one

of the relevant concepts, whether as the focus of the article or as part of a broader topic. Other informative articles were included to further explore the knowledgebase.

Term used in the search were “nurse practitioner and access,” nurse practitioner and mental health care,” and “nurse practitioner and psychiatric setting.” The systematic review of the articles began with CINAHL to find relevant literature on the role of the nurse practitioner in access to mental health care. MEDLINE was then searched use the same parameters. PsycINFO was searched last use the same parameters as the previous searches. The review incorporated data beyond nursing literature to expand the knowledgebase for a thorough review, thus providing a multiple disciplinary approach.

References utilized were relevant and applicable to this investigation. The references were obtained from reputable and respected scholarly journals in the healthcare fields. The evidence-based practice procedure (Sackett, et al., 2000) for the systematic review comprised the following steps:

1. Convert the need for information (about prevention, diagnosis, prognosis, therapy, causation, ect.) into research questions.
2. Track down the best evidence with which to answer the questions using a variety of database strategies.
3. Critically appraise the evidence for its validity (closeness to the truth), impact (size of the effect), and applicability (usefulness in our clinical practice addressing both sensitivity and specificity).
4. Integrate the critical appraisal with clinical expertise and the patient’s unique biology, values and circumstances

5. Evaluate our effectiveness and efficiency in executing steps 1-4 and seeking ways to improve them both for next time (p. 3-4)

Literature Analysis Procedure

For the purpose of this study, a knowledgebase of literature critiques will be used to organize the literature by source and date, variables of interest, literature type and research tools, research design and sample size, theoretical foundation, references, and key findings. Data (provided in Appendix A) is analyzed in terms of relevancy of findings and then summarized utilizing a chart format to assist in application of findings to the clinical problem. The findings document the current state of knowledge available that is discussed in Chapter Four according to the research questions regarding the role of the nurse practitioner in access to mental health care.

Summary

The process of literature selection and literature analysis provided structure to and elicited meaning from the research data obtained in the review of literature. This investigation will allow for more areas to be identified that are related to and important to the role of the nurse practitioner in access to mental health care.

CHAPTER IV

Knowledgebase Findings and Practice-Based Application

The aim of this chapter is to present the findings of the knowledgebase that was derived from this evidence-based systemic literature review. Tables showing pertinent findings from the knowledgebase developed are provided with practice-based applications from current clinical nurse practitioner care competencies in each research question generated for the scope of study.

Knowledgebase Findings

In order to obtain the knowledgebase findings, this author conducted a systematic literature search of CINAHL, MEDLINE, and PsycINFO. The literature reviewed total 12 citations, which represented 231 references. Four research questions were posed in Chapter One and the findings will be discussed according to each of the research questions.

Research Question One

Research question one asks: what is the nurse practitioners knowledgebase regarding mental health care? Base on the four articles reviewed and found relevant to the above question, (see Table 4), the nurse practitioners knowledgebase is adequate regarding mental health care. The theological foundation allows for the expansion of the nurse practitioners' role. The nurse practitioners' scope of practice is not limited to traditional areas. The findings show models providing foundation for the nurse practitioner to establish the skills required to function in the desired health care setting.

Table 4***Research Question One: Characteristics of Citations Review***

Citation,	Type	Database
Benner,	Theory-base	CINAHL
Keegan,	Theory-base	MEDLINE
Gardner, & Gardner,	Theory-base	MEDLINE
Sharrock,	Data-Base (Descriptive – Correlation)	PsycINFO

Note. Total number of citations reviewed = 4.

Research Question Two

Research question two asks: is there a need for improvement to access of care? Base on the four articles reviewed and found relevant to the above question, (see Table 5), there is a need for improvement in access to care. The shame and guilt traditionally associated with mental illness creates a barrier for those in need of access to mental health care. The articles examine methods to reduce factors that reduce traditional barriers to mental health access.

Table 5***Research Question Two: Characteristics of Citations Review***

Citation,	Type	Database
Anderson, Guoya, & Zhang	Data-Based (Randomized – Controlled)	CINAHL
Smith-Campbell,	Data-Based (Randomized – Controlled)	CINAHL

Merzel,	Data-Based (Descriptive – Correlation)	CINAHL
Choe, Koempel, & Meara	Data-Based (Descriptive – Correlation)	CINAHL

Note. Total number of citations reviewed = 4

Research Question Three

Research question three asks: to what extent do socioeconomic factors have on access to mental health care? Base on the three articles reviewed and found relevant to the above question, (see Table 6), socioeconomic affects health care access. Age, race, gender, economic status, and location are examined to access the each factors impact on access. The articles examined explore the effects of socioeconomic factors and the nurse practitioner’s potentials to negate the limitations to access to care.

Table 6

Research Question Three: Characteristics of Citations Review

Citation,	Type	Database
Paxton, & Richardson,	Data-Based (Descriptive – Correlation)	CINAHL
Baumann,	Data-Based (Qualitative)	CINAHL
Fox, Halfon, Hung, McManus, & Newacheck,	Data-Based (Descriptive – Correlation)	CINAHL

Note. Total number of citations reviewed = 3

Research Question Four

Research question four asks: what is the nurse practitioner's role in increasing access to mental health care within the primary setting? Base on the two articles reviewed and found relevant to the above question, (see Table 7), access to mental health care can be increased in the primary health care setting with addition of the nurse practitioner. The articles examine the psychiatric nurse practitioners role in increasing mental healthcare access in the primary health care setting.

Table 7

Research Question Four: Characteristics of Citations Review

Citation,	Type	Database
Baumann,	Data-Based (Qualitative)	CINAHL
Sousa, & Zunkel,	Data-Based (Descriptive – Correlation)	CINAHL

Note. Total number of citations reviewed = 2

Practice-Based Application

On order to obtain the pratice-based findings, this author conducted a search for clinical practice guidelines. Since clinical practice guidelines regarding the role of the nurse practitioner in access to mental health care do not exist, attention was given to the competencies of the nurse practitioner through the use of nurse practitioner through the use of documentation, Nurse Practitioner Primary Competencies in Specialty Areas, which were examined for their holdings regarding the role of the nurse practitioner in mental health care. Finding from this review are addressed in this section in terms of each research question generated for the scope of this study.

Research Question One

Research question one asks: what is the nurse practitioners knowledgebase regarding mental health care? Base on a search of the World Wide Web (WWW) no best practice guidelines were found pertaining to the level of healthcare knowledge regarding nurse practitioner in mental health care. According to the document, Nurse Practitioner Primary Care Competences in Specialty Areas, the entry level expertise of the primary care nurse practitioner emphasizes disease prevention, health promotion, and management of patients with acute and chronic multi-system health problems. Hence, upon graduation or entry into practice, the nurse practitioner should demonstrate competence in the category of mental health.

Research Question Two

Research question two asks: is there a need for improvement to access of care? Base on a search of the WWW no best practice guidelines were found pertaining to the nurse practitioner increasing access to care.

Research Question Three

Research question three asks: to what extent do socioeconomic factors have on access to mental health care? Base on a search of the WWW no best practice guidelines on the role of the nurse practitioner on access to mental health care to these of different socioeconomic statuses. According to the document, Nurse Practitioner Primary Care Competencies in Specialty Areas, the nurse practitioner should be able to interpret their own professional strengths, role and scope of ability to peers, patient, and colleagues, incorporate professional/legal standards into practice, collaborate and/or consult with members of the health care team about variations in health outcomes, use an evidence-

based approach to patient management and outcomes. The nurse practitioner can use the outcomes of care to revise care delivery strategies and improve the quality of care, and evaluate the patient's response to the health care provided and the effectiveness of the care.

Research Question Four

Research question four asks: what is the nurse practitioner's role in increasing access to mental health care within the primary setting? Base on a search of the WWW no best practice guidelines on the role of the nurse practitioner in increasing access to mental health care within the primary setting. According to the document, Nurse Practitioner Primary Care Competences in Specialty Areas, the nurse practitioner provides health protection, health promotion, and disease prevention intervention/treatment strategies to improve or maintain optimum health for all family members and formulates an action plan based on scientific rationale, evidence-based standards of care, and practice guideline in primary care.

Summary

This chapter presented the findings of the knowledgebase derived from this evidence-based systematic literature review. Pertinent findings were discussed according to each of the research questions posed in Chapter 1, and practice-based applications were obtained utilizing current clinical nurse practitioner primary care competencies in specialty areas such as: adult, family, gerontological, pediatric and women's health.

CHAPTER V

Evidence-Based Conclusions, Implications, and Recommendations

This literature review was undertaken with the focus on exploring the available literature regarding the role of the nurse practitioner in access to mental health care. A review of the literature reveals the need to further the level of healthcare knowledge regarding the role of the nurse practitioner in access to mental health care. According to the report, *Healthy People 2021* (USDHHS, 2000), “Clinical prevention services have a substantial impact on many of the leading causes of disease and death. People must have access to clinical prevention services that are effective in preventing disease or detecting asymptomatic disease or risk factors at early treatable stages”. This chapter provides a summary of the literature reviewed, including interpretation of the findings and conclusions drawn from the finding, as well as limitations and recommendations for further research.

Summary of the Investigation

The purpose of this investigation was to explore the literature regarding the role of the nurse practitioner in access to mental health care. A review of the literature revealed the need to further the level of knowledge regarding the role of the nurse practitioner in access to mental health care. Limited studies have been done in the role of the nurse practitioner in the access to mental health care. According to Hawk (2001, p. 1), *Healthy People 2021*, the comprehensive agenda for improving the health of all people in the United States, has a single broad purpose: to promote health and prevent illness, disability, and premature death and it is significant that this seminal document grounded in science but developed through public consensus, focuses on health promotion and

prevention of illness and disability rather than on the treatment of disease.” This chapter provides a summary of the literature review, including interpretation of the finding and the conclusions drawn from the findings, as well as limitations of the study and recommendations for further research.

Interpretation of Findings with Conclusions

According to the literature analysis, the findings from this investigation demonstrate a gap in the literature regarding the role of the nurse practitioner in access to mental health care. This paper has attempted to consolidate the available material on the role of the nurse practitioner in access to mental health care. An examination of the literature revealed that this is an area requiring further investigation. Conclusions that can be drawn from the findings are that the nurse practitioner provides high quality initial contact, cost-effective care and contributes to the access to mental health care.

Research Question One

Research question one asks: what is the nurse practitioners knowledgebase regarding mental health care? Base on the four articles reviewed and found relevant to the above question the nurse practitioners knowledgebase is adequate regarding mental health care. The theological foundation allows for the expansion of the nurse practitioners’ role. The nurse practitioners’ scope of practice is not limited to traditional areas. The findings show models providing foundation for the nurse practitioner to establish the skills required to function in the desired health care setting. There fore, upon entering the field of practice, the nurse practitioner should utilize evidence-based research to further the knowledgebase of specialty on the field of practice. The nurse

practitioner applies research that contributes to positive change in the mental health care field.

Research Question Two

Research question two asks: is there a need for improvement to access of care? Base on the four articles reviewed and found relevant to the above question there is a need for improvement in access to care. The shame and guilt traditionally associated with mental illness creates a barrier for those in need of access to mental health care. The articles examine methods to reduce factors that reduce traditional barriers to mental health access. The nurse practitioner can use the outcomes for access to revise access to care to improve the quality provided in the healthcare setting and cost effective, efficient care.

Research Question Three

Research question three asks: to what extent do socioeconomic factors have on access to mental health care? Base on the three articles reviewed and found relevant to the above question socioeconomic effects health care access. Age, race, gender, economic status, and location are examined to access the each factors impact on access. The articles examined explore the effects of socioeconomic factors and the nurse practitioner's potentials to negate the limitations to access to care. According to the document, Nurse Practitioner Primary Care Competencies in Specialty Areas, the nurse practitioner provides health protection, health promotion, and disease prevention interventions/treatment strategies to improve or maintain optimum health for all family members and formulates an action plan based on scientific rational, evidence-based standards of care, and practice guidelines in primary care.

Research Question Four

Research question four asks: what is the nurse practitioner's role in increasing access to mental health care within the primary setting? Base on the two articles reviewed and found relevant to the above question access to mental health care can be increased in the primary health care setting with addition of the nurse practitioner. The articles examine the psychiatric nurse practitioners role in increasing mental healthcare access in the primary health care setting. According to the document, Nurse Practitioner Primary Care Competencies in Specialty Areas, the nurse practitioner provides health protection, health promotion, and disease prevention interventions/treatment strategies to improve or maintain optimum health for all family members and formulates an action plan based on scientific rational, evidence-based standards of care, and practice guidelines in primary care.

Limitations

There were limitations identified in this study. There was a lack of published literature available to use as a resource. Therefore, information obtained cannot be generalized beyond the scope of research reviewed. The instruments used to measure nurse practitioner in access to mental health care were not original for this study. Since most of the research was limited to specific locations and populations, the findings may not prove reliable when tested in other locations and populations. Potential for literature selection bias is possible due to the limited number of research studies available.

Implications and Recommendations

The investigation of the literature regarding the role of the nurse practitioner in access to mental health care resulted in implications and recommendations focused on

nursing theory, nursing research, advanced nursing practice, nurse practitioner education, and health policy. Each of these will be considered in this section.

Nursing Theory

The work of two theorists was utilized to form the foundation for this research project. The nursing philosophy that will be used as a theoretical foundation regarding the role of the nurse practitioner in access to mental health care is that of Patricia Benner's "From Novice to Expert" (1984). Dreyfus' (1980, 1986) Model of Skill Acquisition and Development is the fundamental base for Benner's philosophy. Benner defines health as the assessment of the human experience, not just the absence of disease or illness. Keegan's, (1998) Nurse Practitioner Model establishes the precedence to separate the nurse practitioner from the traditional hospital based setting, to the community.

Nursing Research

The level of healthcare knowledge regarding nurse practitioner increasing access to mental health care is limited. Further research on increasing access to mental health care should focus on community interventions and outcomes. Document changes in mental health crisis and decreased longevity of institutional admissions in the known population will demonstrate the effectiveness of nurse practitioner's intervention in the mental health field. Studies that test population- base interventions that are useful in examining policy –related issues will contribute to the knowledge basis of nurse practitioner role in access to mental health care. More research is needed into the long-term implications of gaps in access to mental health care. New and current research needs to be conducted to evidence the contributions that nurse practitioners can make to

evidence-based practice in the realm of care for the mentally ill population. There is a need to establish a knowledge-base about the needs of the mentally ill population.

Advanced Nursing Practice

Nurse practitioners are perceived by the public, and themselves, as very caring healthcare providers. They often work in environment where productivity is valued over caring. The clinical significance of this investigation is to focus on the need for improved access to mental health care. According to Geyer (2003) the nurse practitioner has an important role to play in making health care affordable and accessible to the community. Nursing involvement with the mentally ill may enable nurse practitioners to better articulate the needs of this special group.

Nurse Practitioner Education

Education of the nurse practitioner should promote the art and science of caring. Within the role of the nurse practitioner, the nurse practitioner synthesizes theoretical, scientific and contemporary clinical knowledge for the assessment and management of both health and illness state, which incorporates health promotion, disease prevention and treatment focus of the practitioner practice.

Health Policy

While health care reform is built on the assumption that choices and resources are available and equitably distributed, the need for cost-effective, high-quality care has yet to be met. Nurse practitioners can promote policies that restructure the health care system that would facilitate the utilization of the most cost-effective providers and steps to reduce health care costs. Development of health care policies based on effectiveness and outcomes research is needed.

Summary

This chapter presented the evidence-based conclusions, implications and recommendation that were derived from this evidence-based systematic review.

Implications and recommendations for nursing theory, nursing research, advance nursing practice, nurse practitioner education, and health policy were provided as they emerged from the concepts explored, as were limitations of the review and interpretation of the findings.

The purpose of this Evidence-Based Practice project was to develop a nurse practitioner knowledge base regarding the role of the nurse practitioner in access to mental health care. The research questions asked: (a) what is the nurse practitioners knowledgebase regarding mental health care? (b) is there a need for improvement to access of care? (c): to what extent do socioeconomic factors have on access to mental health care? (d) what is the nurse practitioner's role in increasing access to mental health care within the primary setting?

A Boolean computer search of nursing and medical literature for theory-based, data-based, and controlled trails for citations utilizing CINAHL, MEDLINE, and PsycINFO was conducted for this systematic review. The need for further attention regarding the role of the nurse practitioner in access to mental health care literature is critical. Evidence-based practice modalities that will utilize current perspectives regarding the role of the nurse practitioner in access to mental health care is essential for the nurse practitioner in the primary health care setting.

REFERENCES

- Anderson L. A., Tao G., Zhang P. (2003). Differences in access to health care services among adults in rural America by rural classification categories and age. *Australian Journal of Rural Health* Apr2003; 11(2): 64-72 (22 ref), retrieved 11-16-05 from <http://search.epnet.com.libprxy.muw.edu/login.aspx?direct=true&db=c8h&an=2004020956>
- Benner P. (1984) *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park, Calif: Addison-Wesley; 1984.
- Baumann S. (2004). Integrating psychiatry in inner-city primary care with psychiatric nurse practitioners. *Clinical Excellence for Nurse Practitioners*, 8, 3, 103-108.
- Choe, M., Koempel, J., Meara, J. (2004). Inequality of access to surgical specialty health care: why children with government-funded insurance have less access than those with private insurance in Southern California. *Pediatrics*, Nov2004; 114(5): Supplement: e584-90 (19 ref) Retrieved 11-17-05 from www.cinahl.com/cgi-bin/refsvc?jid=783&accno=2005080684
- Feinstein, R. E., & Brewer, A. A. (1999). *Primary care psychiatry and behavioral medicine: Brief office treatment and management pathways*. New York: Springer Publishing.
- Fox, H., Halfon, N., Hung, Y., McManus, M., and Newachech, P. (2003). Access to health care for children with special care needs. *Pediatrics*, 105: 762-766
- Geyer, A. (2003) Improving access: An innovative model. *Journal of American Academy of Nurse Practitioners*. 15(11), 517-520.

- Hand D. (2001) New territory. *Nursing Standard* 15(50), 18–19.
- Happell B. (1999) When I grow up I want to be a . . . ? Where undergraduate student nurses want to work after graduation. *Journal of Advanced Nursing* 29, 499–505.
- Hawkins, J. W. & Thibodeau, J. A. (1998). *The nurse practitioner and clinical specialist*. New York: The Tiresias Press.
- Jones S. & Davies K. (1999) The extended role of the nurse: the United Kingdom perspective. *International Journal of Nursing Practice* 5, 184–188.
- Keegan, J. (1998) Community-based mental health care: bridging the gap between community care and primary care. *Australian and New Zealand Journal of Mental Health Nursing* 7, 95-102
- Kessler, R. C, Berglund, P. A., Bruce, M. L., Koch, J. R., Laska, E. M., Leaf, P. J., et al. (2001). The prevalence and correlates of untreated serious mental illness. *Health Services Research* 36: 1009-1017.
- Mahler, H. (1985). *Nurses lead the Way*. World Health Organization News Release no. 97.
- Mangay Maglacas, A. (1991). A global perspective. In J. Salvage (Ed.) *Nurse practitioners working for a change in primary care nursing*. (pp. 1-9). London: King's Fund Centre.
- Medina, G. (2001). Toward an understanding of Puerto Rican ethnicity and substance abuse. In S. L. A. Straussner (Ed.), *Ethnocultural factors in substance abuse treatment* (pp. 137-164). New York: Guilford.
- Merzel, C. (2003). Gender differences in health care access indicators in an urban, low-

income community. *American Journal of Public Health*; 90(6): 909-16 (38 ref)

Retrieved 11-17-05 from

<http://search.epnet.com/login.aspx?direct=true&db=c8h&an=2001063463>

Olfson, M., Tbbin, J. N., Gassells, A., & Weissman, M. (2003). Improving the detection of drug abuse, alcohol abuse, and depression in community health centers.

Journal of Health Care for the Poor and Underserved, 14, 386-402.

Patterson, J., Peek, J. G., Heinrich, R. L., Bischoff, R. J., & Scherger, J. (2002). *Mental health professionals in medical settings: A primer*. New York: W. W. Norton.

Paxton, P. & Richardson, N. (2004) Open clinics: a pilot initiative to improve access to mental health services. *Mental Health Practice*. 7, 8 17-818. Retrieved 11-09-05 from CINHL data-base.

Polit, D. E. & Beck, C. T. (2004). *Nursing Research: Principles and Methods*. (7th ed.) Philadelphia: Lippincott, Williams and Wilkins.

Sackett, D. L., Straus, S. E., Richardson, W. S., Rosenberg, W., & Haynes, N. B. (2000). *Evidence-Base Medicine*. (2nd ed.). Edinburgh: Churchill Livingstone.

Safford, M. & Appleyard, J. (1994). Clinical nurse specialist and nurse practitioner: who are they, what do they do, and what challenges do they face? In J. McCloskey & H. K. Grace (Eds.). *Current issues in nursing* (4) 19-25). St. Louis: Mosby.

Sharrock J.L. & Happell B. (2000) The psychiatric consultation–liaison nurse: towards articulating a model for practice. *Australian and New Zealand Journal of Mental Health Nursing* 9,19–28.

Skaggs D., Clemens SM, Vitale MG, Fermino J., Kay R. (2001) Access to orthopedic

care for children with Medicaid versus private insurance in California. *Pediatrics*.
107:1405–1407

Smith-Campbell, B. (2005). Emergency department and community health center visit and cost in the uninsured population. *Journal of Nursing Scholarship*, *37*:1, 80-86.

Sousa, K. & Zunkel, M. (2003). Optimizing mental health in an academic nurse-managed clinic. *Journal of the American Academy of Nurse Practitioners* Retrieved 11-15-05 CINHL data-base.

Tyrer, P., Ferguson, B., & Wadsworth, J. (1990). Liaison psychiatry in general practice: the comprehensive collaborative model. *Acta Psychiatrica Scandinavia*. *81*. 359-363

U S Department of Health and Human Services (2000). *Healthy People 2010: Understanding and Improving Health* (2nd ed.). Washington, DC: Author.

Vincent, D. (2002). *Using cost-analysis techniques to measure the value of nurse practitioner care*. Retrieved December 20, 2005, from CINAHL

White, J. (2000). Developing a GNS role to meet the mental health needs of the underserved. *Clinical Nurse Specialist*, *14*, 141-149.