



## **POSITION STATEMENT: The Adoption of SBIRT in Psychiatric-Mental Health Nursing Practice**

### **Introduction**

The American Psychiatric Nurses Association (APNA) was founded in 1986. It is the largest professional membership organization committed to the specialty practice of psychiatric-mental health nursing (PMHN). Initiatives include wellness promotion, prevention of mental health problems and the care and treatment of persons with psychiatric disorders across the lifespan. APNA is the only PMH nursing organization whose membership is inclusive of all PMHN at basic (RN), advanced practice (NP and CNS), academic faculty and research scientist levels. APNA's more than 8,000 members come from every state and include international members.

Research findings of the last twenty years support the efficacy of early interventions by health professionals using Screening, Brief Intervention, and Referral and Treatment (SBIRT) to reduce negative health outcomes of excess alcohol consumption. APNA fully endorses the adoption of this evidence-based early intervention into all clinical settings.

### **Discussion**

Prevention of disease and reduction of harm related to psychiatric disorders, including substance use disorders, is integral to the practice of psychiatric-mental health nursing. Screening for health risk behaviors, including alcohol use, with appropriate assessment and referral are within the scope and standards of practice for psychiatric-mental health RNs as set forth by the ANA (2010) and APNA (2007).

The adoption of SBIRT will standardize screening and intervention practices in psychiatric-mental health nursing to reduce population risk for medical and psychiatric illnesses subsequent to excess alcohol consumption. While only 4-7% of Americans meet diagnostic criteria for alcohol abuse or dependence, approximately 25% of drinkers consume alcohol at levels which research findings suggest increase their risks for health and social problems (Dawson, Grant, Li, 2005). Risky/harmful drinking and binge drinking significantly contribute to disease burden, injury, and disability (Rehm, 2011). Using screening to detect risky drinking, (more than 14 drinks per week for men under 65 and more than 7 drinks per week for women of all ages and men over 65), can facilitate brief counseling and referral to treatment as necessary. Both brief counseling and referral to treatment effectively influence reductions in excess alcohol consumption at rates ranging from 18% to as high as 34% (Whitlock, Polen, Green, Orleans & Klein, 2004; Maciosek, Coffield, Flottemesch, Edwards, & Solberg, 2010). Ample evidence, including randomized controlled trials, systematic reviews and numerous field studies, shows the efficacy of alcohol screening and brief intervention, referral to treatment (SBIRT) and supports the promotion of adopting SBIRT in all clinical settings by the National Institute of Drug Abuse, National Institute of Alcohol Abuse and Alcoholism, and the Center for Disease Control. Nurse-delivered SBIRT has been found to be efficacious, cost effective and acceptable in the work of Broyles (2012), Gentillello, et.al, (2005), Kaner, et.

al,(2010), and others.

The Future of Nursing Consensus Report (Institute of Medicine,2010) advocates that nurses practice within a scope reflective of their educational preparation. The use of SBIRT will expand nurses' current contributions to risk reduction for the public's health. In addition, implementation of SBIRT is an opportunity for psychiatric-mental health nurses at generalist and advanced practice levels to strengthen a prevention agenda through direct practice, role modeling, and the education of non-psychiatric-mental health nursing colleagues in the techniques and effectiveness of SBIRT. The Centers for Medicare and Medicaid (CMMS) have already identified reimbursement codes for use by advanced practice nurses in cooperating states, and the Joint Commission of Hospitals has delineated metrics for prospective payment for SBIRT provision in their member institutions.

### **Conclusion**

APNA is a proponent of the adoption of SBIRT into all clinical settings. Ample evidence exists to support the efficacy of this intervention and its implementation can only serve to benefit consumers. The competencies and scope of practice of psychiatric-mental health nurses make them well positioned to use and teach others about this intervention for maximum benefit to patients, families and communities.

### **References**

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