



Interim Health Services Committee Testimony

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Madame Chairman and Members of the Health Service Committee, thank you for addressing the needs of our citizens and the crisis in our behavioral health system. My name is Jacki Bless Toppen. I am a graduate of University of North Dakota and a Psychiatric and Mental Health Nurse Practitioner practicing at Prairie St. John's in Fargo, North Dakota. I have worked in the behavioral health nursing field for 15 years in both clinical and administrative roles. I have also been a nurse educator on undergraduate and graduate levels for the past 8 years. My specific areas of clinical interest include: addiction medicine, geriatric behavioral health, impulse control disorders, and mood disorders. My comments today pertain to the behavioral health nursing policy brief as well as challenges we face in the recruitment and retention of behavioral health professionals in the state.

The greatest challenge Prairie St. John's is currently facing is the critical shortage of qualified nurses which over the past several years which has created the situation where thousands of patients in need were not able to be admitted who met medical necessity

criterion. This challenge is not unique to Prairie St. John's. 89% of counties in North Dakota are facing critical shortages of psychiatric professionals. Out of the 13,000 RNs in North Dakota, only 3% are working in behavioral health. Behavioral health nurses make up the largest proportion of the professional workforce for acute inpatient psychiatric services. Lack of adequate staffing in behavioral health facilities impacts the citizens of North Dakota greatly by forcing clients in dire need of services to endure lengthy waits or not have access to the level of care that is necessary to provide for safety during a critical time of need. For every acutely ill psychiatric patient that goes untreated, there is potential danger to the patient or to society.

Three recommendations for your Committee to consider are:

1. **Establish a plan of financial support for education and training of behavioral health nurses to work in North Dakota.** Recruitment into the field of behavioral health nursing is difficult. High stress, concern for personal safety, fear of losing 'medical skills', and poor understanding of what psychiatric nurses actually do are all barriers to recruitment. Providing education about the role of the Psychiatric and Mental Health Nurse, as well as incentives for continuing education and certification, should be considered. Additionally, quality training for correctional nursing staff to adequately handle psychiatric emergencies is critical.
2. **Increase incentives for retention of new nursing graduates in the state.** The University of North Dakota currently has a Psychiatric and Mental Health Nurse Practitioner program. Unfortunately, clinical training opportunities can be difficult to arrange. Loan repayment is only available in underserved communities. New graduates are being aggressively recruited externally. Implementation of a behavioral health mentorship program would greatly benefit

the student, facility, and university. Student loan repayment would be a powerful tool to retain new graduates to remain in North Dakota.

3. Offer incentives for faculty in Psychiatric and Mental Health Nurse Practitioner program.

There is a critical shortage of nurse educators. This prevents the program from expanding to allow for entry of more students interested in behavioral health. Nurse educator numbers can be increased by offering incentives for faculty such as competitive salaries and loan repayment which will lead to greater student access and class size.

Thank you for your time and interest. At this time, I am pleased to address any questions you have. North Dakota Nurses' Association is appreciative of the time and efforts of this committee, and we look forward to opportunities in partnering to meet the Behavioral Health needs of the people of North Dakota.