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MANP

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MS Association of Nurse Practitioners is a non-profit 501 (C)6 professional organization founded in 2014. MANP's mission is to serve as the professional association for Nurse Practitioners of MS. This organization works diligently to provide advocacy, education, and networking to nurse practitioners throughout the state. Our Board is comprised of volunteer nurse practitioners elected by the organization's members. We recognize the importance of NPs in the provision of healthcare, the need for enhanced visibility, and legislative influence at local, state, and federal levels. We provide you with the highest continuing educational opportunities. Our members participate in key NP decision-making roles across the state. Mississippi Association of Nurse Practitioners is *your* specialty association devoted entirely to Nurse Practitioners. Join us today and make a difference in Mississippi.

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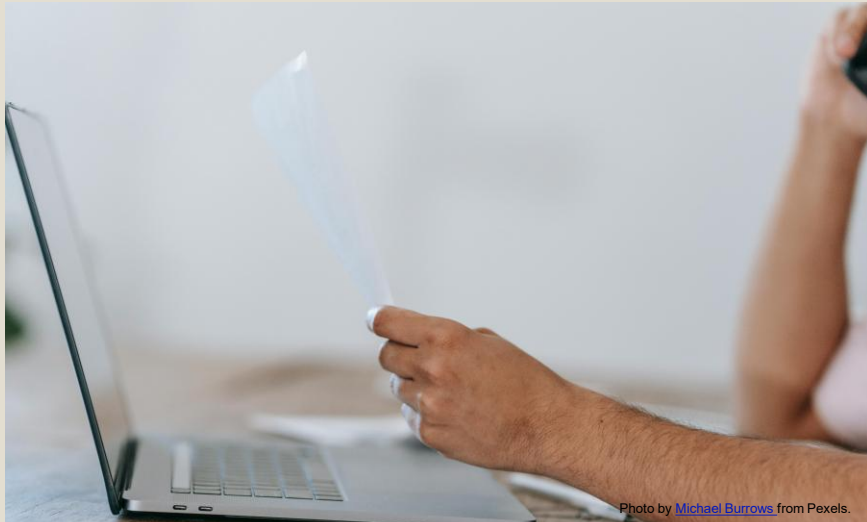


Photo by Michael Burrows from Pexels.

Confidence to Act, Courage to Report Molly Sullivan, MSN, NP-C

Every day, nurse practitioners (NPs) across Mississippi care for children and families in moments that require more than clinical skill, they require awareness, judgment, and advocacy. Subtle findings such as an inconsistent history, unexplained injury, or concerning behavior may point to something more serious beneath the surface. Deciding how to respond in these situations is rarely straightforward. It requires not only clinical knowledge, but the confidence to trust one's assessment and the willingness to act when concerns arise. For some children, that decision can alter the course of their safety and well-being.

In Mississippi, where many communities face limited access to pediatric healthcare resources and higher rates of poverty and rural health disparities, nurse practitioners often serve as primary points of contact for children and families. This places NPs in an especially important position to identify concerns that may otherwise go unrecognized. Routine wellness visits, acute care encounters, and chronic disease management all create opportunities to observe patterns over time, patterns that may signal risk, instability, or harm.

Child maltreatment remains a significant public health issue with

long-term physical, emotional, and developmental consequences. Because NPs frequently evaluate children in both routine and acute settings, they play an important role in identifying concerns early. However, uncertainty surrounding assessment and reporting processes can create barriers to action. As mandated reporters, NPs are legally responsible for reporting suspected maltreatment, yet variability in confidence and understanding may impact how consistently that responsibility is carried out.

This project examines whether a targeted educational intervention can improve NPs' knowledge, confidence, and intent to report suspected child maltreatment. By focusing on both recognition and reporting processes, the goal is to support more timely and appropriate action when concerns arise. Strengthening these skills is essential to improving patient safety and reinforcing the role of NPs in protecting vulnerable children.

The need for this work is reinforced by national data. According to the Centers for Disease Control and Prevention (2024), at least 1 in 7 children in the United States experience abuse or neglect each year, and 1,820 children died from

maltreatment in 2021. Beyond these numbers are missed opportunities, moments where earlier recognition or action may have changed outcomes. In busy clinical environments, competing demands and time constraints can further complicate decision-making, making it even more important that clinicians feel prepared and supported in their role.

Research highlights gaps that contribute to this issue. Mudrick et al. (2022) found wide variation in state reporting requirements and limited nurse-specific guidance available through official resources. Similarly, Winqust et al. (2025) identified insufficient training as a primary barrier, affecting both recognition of abuse and understanding of how to report it. These findings suggest that the issue is not reluctance to act, but rather a lack of clarity and preparedness. When expectations are unclear, even experienced clinicians may hesitate.

Legal and clinical frameworks support the need for improvement. Federal legislation, including the Child Abuse Prevention and Treatment Act (CAPTA) (1974, as amended), establishes mandated reporting requirements, while guidance from the Centers for Disease

Control and Prevention emphasizes the importance of education and training for professionals who regularly interact with children. However, policy alone is not enough; clinicians must also feel equipped to apply these expectations in real-world situations.

In practice, this means moving beyond simply knowing that a report should be made. NPs must feel confident in recognizing patterns of concern, documenting findings clearly, and navigating reporting systems efficiently. It also requires understanding that reporting is not an accusation, but a protective step intended to ensure further evaluation and safety. Reinforcing this perspective can help reduce fear of repercussions and shift the focus back to patient advocacy.

Improving preparedness has meaningful implications. Timely identification and reporting can lead to earlier intervention, reduced exposure to harm, and improved outcomes for at-risk children. Increased confidence may also promote more consistent reporting practices and reduce hesitation when concerns arise, strengthening the overall response to suspected maltreatment within healthcare systems.

Child maltreatment remains a complex and urgent challenge, but nurse practitioners are in a powerful position to intervene when it matters most. Recognizing the signs is only the first step, acting on them requires both confidence and courage. By strengthening knowledge, clarifying reporting expectations, and supporting clinical decision-making, NPs can move from uncertainty to action. Confidence to act and courage to report are not just ideals, they are essential components of protecting vulnerable children. When equipped to respond decisively, NPs play a critical role in changing outcomes and ensuring that no child's voice goes unheard and no concern is overlooked.

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How to Report:

By Phone: Call the Mississippi Centralized Intake hotline at 1-800-222-8000. This is a 24-hour, toll-free line available seven days a week.

Online Reporting: You can also submit a report online through the Mississippi Department of Child Protection Services website at reportabuse.mdcp.ms.gov

Immediate Danger: If a child is in immediate danger, call **9-1-1** before making a report to the child protection services.

Photo Credit: submitted by author



Molly Sullivan
MSN, NP-C,
DNP (Candidate)

Molly Sullivan is a nurse practitioner in Oxford, Mississippi, with over a decade of clinical experience. She has earned her Associate Degree in Nursing from Holmes Community College, her Bachelor of Science in Nursing from the University of Mississippi Medical Center, and her Master of Science in Nursing–Family Nurse Practitioner from Mississippi University for Women. She currently serves as faculty in the ADN RN program at Northwest Mississippi Community College, where she is passionate about preparing future nurses for clinical practice, and is pursuing her Doctor of Nursing Practice degree at Mississippi University for Women. Her doctoral work focuses on improving healthcare professionals' confidence in recognizing and reporting child maltreatment.



Photo Credit: [Kenan Zhang](#) by Pexels

When First is Worst: Restoring Hope for Mississippi's Mothers and Infants

Kenneth Hawkins, DNP, FNP

Currently, Mississippi has the highest maternal and infant mortality rate in the country, followed by New Mexico. Two major areas of the state, the Mississippi Delta and Pine Belt regions, are considered healthcare deserts, especially in maternal and fetal healthcare. Many women in these regions must travel more than sixty miles to access obstetrical care, leaving numerous expectant mothers without proper healthcare supervision. According to the Mississippi State Department of Health (2023), more than half of the state's eighty-two counties lack adequate resources to provide any form of healthcare services. Because of this, the MSDH (2025) notes that since 2017, eighty-two percent of maternal deaths could

have been avoided, and fifty-three percent had a high likelihood of preventability. Mason (2024) notes that in 2021, Mississippi's maternal death rate was a staggering 82.5 deaths per 100,000 births. According to MSDH (2025), risk factors for maternal deaths include: obesity, discrimination, poor access to care, and unsafe living environments. The highest number of deaths occurred in women between the ages of twenty-four and thirty-four, where 75.3% were African American, 16.4% were Caucasian, non-Hispanic, and 2.7% of deaths were noted in the Hispanic population. It is also noted that thirty-two percent of deaths occurred within the first forty-two days

postpartum, and thirty-eight percent occurred between forty-three days and one year postpartum.

Addressing these disparities requires innovative, workforce-driven solutions. While the MSDH and the state's medical association have attempted to address these staggering statistics, progress in improving these metrics has been limited. While many ask what can be done to improve these rates, a select group of advanced practice nurses can fill this notable gap in healthcare. Midwives, Women's Health Nurse Practitioners, and Family Nurse Practitioners trained to care for general obstetric needs can assist in progressing the state's plan. However, many Mississippi residents remain unaware of the role APRNs can play in maternal care. Previous studies have shown that formal education about the roles and scope of APRNs not only increases acceptance of APRNs but also increases the public's confidence in them. Many APRNs across the state practice in suburban and rural areas and are willing to help close healthcare gaps. By educating the public, the APRN scope and roles will be better understood, and, in turn, more women in these obstetrical deserts can receive the care they desperately need. Despite the availability of APRNs, many hurdles are encountered when attempting to provide care. One example is the like-practice clause in Mississippi law, which limits APRNs to providing the same care as their collaborating physician, despite their specialized education and training. Many primary care

physicians in the state do not provide care to pregnant women, so the APRN is limited. While many APRNs will not see high-risk or problematic pregnancies, they can provide basic obstetrical care between OB-GYN visits. A second barrier is the limited-practice laws that are noted in Mississippi legislation. In these healthcare deserts, it can be difficult to find the collaborating physician required by the state for the APRN to provide care. Granting full practice authority would eliminate both barriers, significantly improving access to care for thousands of Mississippi residents. Schlunegger et al.

(2021) note that the care provided by APRNs is of the same quality as that provided by physician counterparts, and that patient outcomes are comparable or better in some respects. Numerous other studies have similar outcomes; however, attempts to pass full practice legislation have fallen short over the previous decade.

In the meantime, APRNs can still assist in providing basic obstetrical healthcare needs. Whenever a suspected pregnancy is encountered in any healthcare setting, APRNs can begin the initial work-up of these women. If a positive pregnancy test is recorded in the clinic, the APRN can verify the pregnancy by ordering and interpreting lab tests, including quantitative hCG, complete blood count, thyroid-stimulating hormone, folic acid levels, and blood typing, as well as recommending a prenatal or pregnancy vitamin supplementation regimen to ensure

folic acid levels are sufficient to prevent neural tube defects. Once these have been interpreted, the APRN can assist in locating an OB-GYN to follow the patient throughout their gestational period. APRNs are uniquely positioned to address Mississippi's maternal health crisis through accessible, high-quality care. While policy barriers remain, APRNs can still play a critical role in early prenatal assessment, care coordination, and patient education. However, expanding public awareness of APRN capabilities and advancing full practice authority are essential to fully leveraging this workforce. Without these changes, healthcare disparities will persist. With them, Mississippi has a real opportunity to improve outcomes and restore hope for mothers and infants across the state.

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Learn more about the Mississippi State Department of Health's Healthy Moms, Healthy Babies of Mississippi program. Healthy Moms, Healthy Babies of Mississippi is a care management program for high-risk pregnancies and home visiting program for expectant moms and infants at risk for health problems.



Photo Credit: submitted by author



Kenneth Hawkins DNP, FNP-BC

Dr. Hawkins is the Vice President of the Mississippi Association of Nurse Practitioners and Co-owner of Family Care Clinic in Hernando, Mississippi. He earned his Doctor of Nursing Practice (DNP) degree at Mississippi University for Women in Columbus. Kent earned his Master of Science in Nursing (MSN) with a Family Nurse Practitioner concentration from the University of Memphis Loewenberg College of Nursing in 2017. He completed his Bachelor of Science in Nursing (BSN) at Baptist College of Health Sciences in Memphis, Tennessee, in 2013, and his Associate Degree in Nursing (ADN) from Northwest Community College in Senatobia, Mississippi, in 2009.



Mississippi University for Women Graduates Earn Doctor of Nursing Practice Degrees

COLUMBUS, Miss. — Three members of the MS Association of Nurse Practitioners reached an important academic milestone on May 8, 2026, as they earned their Doctor of Nursing Practice (DNP) degrees during commencement ceremonies at Mississippi University for Women.

Dr. Demesia Brown of Flora, Mississippi; Dr. Williemy Bolden of Indianola, Mississippi; and Dr. Kent Hawkins of Nesbit, Mississippi (pictured above L-R), were recognized for their dedication and commitment to advancing nursing practice and healthcare leadership.

Family members, friends, colleagues, and faculty joined in celebrating the graduates as they marked this significant achievement and prepared to continue making an impact in healthcare throughout Mississippi and beyond.

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Cocktails on Demand: Breaking the Cycle of ‘Treating and Streeting’: A Call to Action for Steroid Stewardship in Primary Care Williemary Bolden, DNP, FNP-C

In today's primary care environment, corticosteroids are among some of the most commonly prescribed medications due to their efficacy as anti-inflammatory agents and immunosuppressants. Although this risk is often overlooked when prescribing a short course, mounting evidence suggests that these medications have more serious consequences than initially realized. Recent studies further support this conclusion, demonstrating that "even short courses of systemic corticosteroids were not free of serious adverse events" (Wang et al., 2022). Yet they continue to be prescribed inappropriately for illnesses that will resolve on their own.

Despite these risks, which are commonly understood amongst providers, corticosteroids continue to be prescribed unnecessarily for self-limiting illnesses or asymptomatic conditions, perpetuating an epidemic of "treating and streeting." In states like Mississippi with already high disease burdens, unnecessary corticosteroid prescribing only further exacerbates patient risk.

Corticosteroids have been shown to cause negative side effects such as hyperglycemia, hypertension, mood swings, immunosuppression, and risk for infection even with brief courses (Wang et al., 2022). Yet steroids are continually used as

immediate fix-its for complex presentations, further advancing our low-value, fast-paced culture of care. Patients play a part in the vicious cycle as well. They have grown to expect quick fixes when being prescribed steroids. Even though there is a clear indication for steroids in several evidence-based clinical practice guidelines, like acute chronic obstructive pulmonary disease (COPD) exacerbation guidelines by the Global Initiative for Chronic Obstructive Lung Disease (GOLD), providers continue to make patients susceptible to the negative effects of corticosteroids when these medications are not clearly indicated (GOLD, 2025). Exposing patients to steroids when they do not have a clear-cut indication increases risk for no reason. The Infectious Diseases Society of America (2023) and Centers for Disease Control and Prevention (2022) guidelines state that systemic corticosteroids should not be used for the routine treatment of uncomplicated viral respiratory infections. Short courses of corticosteroids have been shown to increase risk for hyperglycemia, elevated blood pressure, mood swings, and risk of infection, amongst other side effects (Wang et al., 2022). Short courses are often written in primary care settings with little consideration of the cascade of consequences, as they are deemed low-risk solutions to complex issues.

For some reason, despite mounting evidence that these medications do more harm than good when treating minor illnesses, primary care providers continue to write unnecessary steroid prescriptions. In addition to subjecting patients to the

direct risks that medications provide, quick fixes for every illness lead to provider induced medication overutilization and poor-quality care. Many patients expect steroid prescriptions when they are sick; they have been told for so long that they need medications to get better. Why fix something that isn't broken? Because we as providers are playing into a dangerous cycle by aiming to please rather than educate. By giving in to patient demands of steroid prescriptions, we are doing them a disservice in the long run by worsening their care and eroding trust in evidence-based medicine.

Steroid stewardship can combat these prescribing habits and help keep our patients safe. An evidence-based strategy, steroid stewardship sharpens prescription methods and boosts patient safety by meticulously assessing the clinical indication, picking the optimal dose and duration, and guaranteeing thorough follow-up to reduce adverse effects. These practices are supported by recommendations from. As nurse practitioners, we can better our communities by decreasing unnecessary exposure to corticosteroids and implementing steroid stewardship into our daily practices. By providing clinicians with decision support tools, order sets, standardized treatment pathways, and evidence-based clinical practice guidelines at the point of care, we can improve providers prescribing behavior and ensure patients are on appropriate treatment plans.

In addition to incorporating decision support into practice, steroid stewardship should also include patient education. Many times, our patients assume that steroids do not have serious risks or consequences because they have been frequently prescribed these medications in the

past. Patients need to be made aware that steroids are not always necessary to feel better and should only be used when it is clearly indicated by their provider. Setting this precedent early on can help ensure that patients do not become accustomed to expecting steroid prescriptions when they are sick. Providers should take time to educate patients on treatment recommendations when steroids are not indicated and should communicate the natural progression of illness when appropriate.

Interprofessional collaboration is another important strategy to implement when bettering your community through steroid stewardship. Physicians, advanced practice providers, and pharmacists all play an important role in medication management, alternative therapy options, and patient counseling. Pharmacists are key players in the medication-use cycle and can reinforce provider education at the pharmacy while identifying medication-related risks. Collaboration amongst providers also allows for shared resources and ensures that patients are receiving well-rounded care by a team of informed clinicians. We are all stronger together.

Nurse practitioners have the responsibility to step up and

change the “treating and streeting” culture that is so prominent in medicine today. By taking it upon ourselves to decrease unnecessary exposures to medications that do more harm than good, we can make a world of difference to our patients. It is time we shift our mindsets from “well, we can just prescribe them steroids” to “is this even clinically indicated?” Be the provider who alters the course of treatment and pushes for quality care. Get involved with your professional organizations like MANP to help advocate for improved quality of care and safe medication prescribing. Join quality improvement initiatives at your workplace and become engaged in continuing education opportunities that focus on stewardship.

Pause and think before prescribing a corticosteroid in your practice.

Remember

**If it isn't indicated,
don't prescribe it.**

Follow the evidence.

Protect your patient.



Photo Credit: submitted by author

Williemyary Bolden DNP, FNP-C

Dr. Bolden is a nurse practitioner and member of the Mississippi Association of Nurse Practitioners. She recently earned her Doctor of Nursing Practice degree from Mississippi University for Women. Dr. Bolden is passionate about advancing primary care through evidence-based practice and is particularly interested in research and clinical initiatives that enhance patient safety and improve quality outcomes. She is committed to empowering nurse practitioner colleagues and fostering interdisciplinary collaboration through innovative approaches that strengthen care delivery and improve patient and community health.

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MS Neurology Care Clinic

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MANP

ELECTIONS

OCTOBER 1–30



Nominations for Upcoming Board Positions: Open July 1, to July 30, 2026

The Board of Directors is the organizational body composed of four (4) Executive Officers [President, Vice-President, Secretary, and Treasurer] and six (6) Directors. Spouses and/or direct relations may not serve simultaneously on the Board or committees, which will or may require voting. The Board interprets situations like this as a conflict of interest where voting may be influenced or in situations where member removal is necessary.

Section 5.01 Authority of the Board

The Board of Directors shall have full power and authority delegated to them by the MANP Members. The Board may use all avenues of electronic communications for decision-making in the continual operation of the Board's business.

Section 5.02 Accountability

The Board of Directors reports and is accountable to the MANP Members for the Organization's successful operation.

The Board of Directors

A. Exercises organizational responsibility and fiduciary duties of the Organization consistent with the

applicable provisions of law.

B. Provides for the implementation of professional organizational policies and positions approved by the Bylaws and evaluates its progress

C. Adopts policies and procedures for the coordination of organizational activities and growth

D. Develop, monitor, and revise the Strategic Plan as necessary for the sustainability and growth of the Organization

E. Provides for the establishment and maintenance of the MANP headquarters

F. Appoints standing and special committees as necessary

G. Appoints qualified Members to unexpired terms of vacancies in elected positions (except for the office of the President, which shall be filled by the Vice-President when the President can no longer fulfill the duties of that office)

H. Adopts the Budget and establishes financial policies and procedures

I. Declares vacancies in any office or Committee for failure to perform duties

J. Establishes the deadline date for the complete list of Members eligible to vote in a MANP election

K. Establishes dates and deadlines for the election processes and postings according to the Bylaws

L. Approves the meeting minutes, financial statements, and budgets

M. Reviews proposed Bylaws for revisions prior to submission and approval by the MANP Membership Assembly

N. Call special meetings of the

Organization as necessary to conduct business

O. Defines the Membership

P. Appoints qualified Members to serve on the MANP Committee

Q. Formulates positions regarding health policy legislation

R. Formulates Proclamations as necessary

Directors serve on a voluntary basis and are not compensated by the organization. Each Director is elected to fulfill a specific role and is expected to attend all regular Board meetings, typically held 4 to 6 times per year, as well as any special-called meetings. Failure to attend two consecutive Board meetings without prior notice may result in removal from the Board. All travel and accommodation expenses related to Board service are the responsibility of the Director.

•Nominations for the following positions opened 07/1/2026 and close at 11:59 CTS on 07/30/2026. No nominations will be accepted after 07/30/2026.

•The Board of Directors will review and approve nominees for candidacy before 08/31/2026.

•Online electronic voting will be available on 10/01/2026 and closes at 11:59 pm CST on 10/30/2026. Only current members, at the time the election opens, will be eligible to cast votes. One vote per eligible member will be accepted. The ballot link will be emailed to the members' email on file with MANP at the time the election opens. Only one ballot per member will be

issued. No paper voting is accepted.

All nominees for candidacy must

1. Meet all qualifications for the position nominated as defined by the MANP Bylaws
2. Have completed and submitted a Candidate Nomination Packet for only one (1) potential office submitted to the MANP office before the announced and published deadline determined by the Board. The Candidate Nomination Packet will be made available online and accessible from the MANP website.
3. Candidate Nomination Packet(s) received after the posted deadline will NOT be considered as a candidate and may not campaign for office
4. Completed and submitted a *Consent to Serve Agreement*.
5. Have an unencumbered license in any state in which a license is held.
6. Have membership in good standing and dues paid
7. Complete a *Conflict of Interest Disclosure Form*
8. Be approved by the Board of Directors as an official candidate.

Open Positions

Executive Board

The MANP Executive Board has 2 positions available.

1. Vice President: Must have served a minimum of one (1) term or two (2) years in a Director position on the Board.
2. Secretary: Must have served as a Board Director for a minimum of one year prior to election.

Board Director

Additionally, the Board will have three (3) Director Positions. These Directors serve a 2-year term from January 1, 2027, until December 31, 2028, with no prior board service required.

- Position 1- North Director
- Position 2- Central Director
- Position 3- South Director

Member Spotlight



Brittany Clark, FNP-C

Brittany has been a member of MS Association of Nurse Practitioners since 2019. She has over 10 years of experience as a family nurse practitioner and more than 15 years in nursing practice, providing comprehensive, evidence-based care in a rural, underserved setting while managing complex acute and chronic conditions across the lifespan. She is the owner/practitioner of a Family Clinic of New Albany, a rural health clinic she and her husband opened in 2018. She leads clinical operations, drives strategic growth, and ensures high-quality, patient-centered care aligned with current standards and regulatory requirements. She also founded a nonprofit organization focused on addressing social

determinants of health through innovative, community-driven initiatives, including early literacy, family support, and resource access programs. She secured a multi-million dollar competitive grant to support community revitalization and expand equitable access to outdoor recreation, directly improving population health outcomes. She advocated for and secured the inclusion of an adult outdoor fitness center in a major park redevelopment project, expanding free, community-wide access to wellness infrastructure and promoting health equity. She has implemented and led impactful community service initiatives, including school supply drives, holiday assistance programs, utility support efforts, and preventive care services for underserved populations, in partnership with Head Start. She introduced Dolly Parton's Imagination Library in their county, expanding access to early childhood literacy resources and supporting long-term educational and health outcomes. Brittany maintains active leadership roles within professional organizations, healthcare committees, and community boards, contributing to policy development, workforce growth, and regional health improvement strategies.

AWARDS

Janice R. Driskell, FNP-C, CCRP from Tupelo, MS, takes home the 2026 Brenda Hood Memorial NP Award for Excellence in Clinical Practice at the June annual conference.



Photo Credit: submitted by Janice Driskell

This year's award recipient exemplifies high standards of advanced nursing practice and has been actively involved in MANP for many years. They participate in training and education to continue lifelong learning. With over two decades of service within a large healthcare system, they built a career characterized by clinical excellence, patient-centered care, and unwavering dedication to their community. Being a member of MANP has motivated them to enhance their contributions to both the community and fellow practitioners. They actively engage in volunteer work with their local church, children's sports organizations, and Sanctuary Hospice House. To

enhance their ability to communicate more effectively and better meet the needs of their patients, this award recipient set out to learn and use Spanish as well as sign language. Being able to communicate in both English and Spanish and utilize sign language for the hearing impaired has tightened a language gap noted in their practice. Their extensive clinical background includes family practice, rheumatology, and more than twelve years of leadership in clinical research. Their dual expertise in direct patient care and evidence-based research uniquely positions them as a practitioner who not only provides exceptional care but also advances the science behind it. This nominee is nationally certified as a Family Nurse Practitioner and holds additional professional certification through SOCRA, demonstrating their commitment to lifelong learning and professional development. A native of the region they serve, this recipient has dedicated their career to improving health outcomes. Colleagues consistently describe them as a dependable leader, a collaborative team member, and a clinician who elevates standards of care in every role. Through their clinical expertise, research contributions, cultural competence, and deep-rooted service to the people of Mississippi, this recipient embodies the qualities that this organization celebrates in memory of Brenda. They serve as a model of professional excellence and a powerful example of the impact an advanced practice nurse can have on both individual patients and the broader healthcare community.



Photo Credit; <https://www.blackwellsfamilymedicine.com/our-staff.html>

Christopher Blackwell

Family Nurse Practitioner from Tylertown, MS, takes home the 2026 NP Preceptor of the Year at the June annual conference.

This year's award recipient is a Family Nurse Practitioner and clinic owner. Their nursing career began with earning an Associate of Arts degree in 2004, an Associate Degree in Nursing in 2005, a BSN in 2010, and an MSN/FNP in 2012. They specialize in Family and Emergency Medicine and have been TeleEmergency Certified by UMMC since 2018. Throughout their career, they have dedicated themselves to mentoring countless NP students from numerous colleges and universities. They have accumulated thousands of hours of precepting during their career. Their mentoring also extends to medical students, medical assistants, and allied

health students from their local high school. They are highly respected by patients, students, colleagues, and the community. Their clinic sponsors health fairs and teaches suture classes throughout the year. During precepting, they offer free sports physicals, giving NP students the opportunity to enhance their physical examination skills while providing a needed service to school-age children. This provider advocates for the importance of the NP role in Mississippi, actively participates in community organizations such as the Chamber of Commerce, has served as a past president of the Rotary Club, and is the elected Coroner of their county. They maintain close communication with their State representative toward Full Practice Authority and other advocacy efforts affecting Nurse Practitioners in Mississippi.





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Overlooked and Under-screened: A Call to Action for Primary Care Providers

Demesia Brown, DNP, FNP-BC, PMHNP-BC

Mental health conditions remain a significant and growing public health concern in the United States. Primary care settings serve as the first point of contact for most individuals experiencing mental health symptoms, yet many cases go undetected due to inconsistent screening practices, competing clinical demands, and limited provider confidence. Early identification of mental health conditions is essential for improving outcomes, reducing preventable harm, and supporting whole-person care. Strengthening mental health screening in primary care is not only clinically necessary

but also aligned with national public health priorities to improve population-level mental health outcomes.

The Importance of Early Detection

Mental health disorders frequently present first in primary care, often disguised as physical complaints such as fatigue, headaches, gastrointestinal discomfort, or chronic pain. According to the Centers for Disease Control and Prevention (2023), one in five adults experiences a mental illness each year, yet many remain undiagnosed. Early detection is critical because untreated mental

health conditions can worsen over time, increasing the risk of suicide, disability, and chronic disease complications. The World Health Organization (2023) emphasizes that timely recognition and treatment of conditions such as depression significantly improve functioning, quality of life, and long-term health outcomes.

National guidelines reinforce the importance of early detection. The U.S. Preventive Services Task Force (2022) recommends routine screening for depression, anxiety, and suicide risk in adults, including pregnant and postpartum individuals. These recommendations highlight the essential role of primary care providers in identifying mental health concerns early and initiating appropriate interventions.

Current Gaps in Screening Practices

Despite strong evidence supporting routine screening, significant gaps persist in primary care. Providers often face time constraints, competing priorities, and limited resources, making it difficult to incorporate mental health screening into already demanding workflows. Stigma—both among patients and providers—also contributes to

under-screening, as mental health discussions may feel uncomfortable or secondary to physical health concerns.

Another barrier is the inconsistent use of validated screening tools. Instruments such as the Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder-7 (GAD-7), Alcohol Use Disorders Identification Test (AUDIT-C), and Primary Care PTSD Screen (PC-PTSD-5) are widely available, yet their use varies across clinics and providers. Research shows that structured screening significantly increases diagnostic accuracy and improves referral rates to behavioral health services (Isaacs & Mitchell, 2024). Without consistent use of these tools, opportunities for early intervention are often missed.

Validated Tools That Support Effective Screening

A wide range of validated mental health screening tools is feasible for use in fast-paced primary care environments. These include:

- PHQ-2/PHQ-9 for depression
- GAD-2/GAD-7 for anxiety
- PC-PTSD-5 and PCL-5 for trauma
- AUDIT-C/AUDIT-10 for alcohol use
- DAST-10 & ASSIST for substance use
- C-SSRS for suicide risk
- MDQ for bipolar disorder
- Mini-Cog and MoCA for cognitive impairment

These tools are brief, validated, and aligned with national guidelines. Their consistent use improves early detection, reduces missed diagnoses, and supports timely referral to behavioral health services. Embedding these tools into electronic health records or routine intake workflows can help normalize screening and reduce variability in practice.

Strategies for Improving Screening Rates

Improving mental health screening rates requires a multifaceted approach that addresses workflow, education, and system-level barriers. Evidence-based strategies include:

1. Embedding screening tools into routine workflows

Integrating tools into electronic health records or standardized intake processes ensures that screening becomes a consistent component of every visit.

2. Providing training to increase provider confidence

Education helps providers feel more comfortable initiating mental health conversations and interpreting screening results. Training also reduces stigma and reinforces the importance of mental health as part of whole-person care.

3. Using team-based approaches

Clear, efficient referral processes—such as warm hand-offs to behavioral health—ensure that patients receive timely follow-up

care. Integrated care models, such as Primary Care Mental Health Integration (PCMHI), support same-day access and collaborative treatment planning.

The Role of Provider Leadership

Primary care providers play a critical leadership role in improving mental health screening practices. Their daily interactions with patients give them insight into workflow gaps and opportunities for improvement. Providers can lead change by modeling consistent screening practices, advocating for workflow enhancements, engaging colleagues in shared accountability, and collaborating with interdisciplinary teams.

Using data to highlight progress and identify barriers is another key leadership function. Data-driven decision-making supports continuous quality improvement and helps organizations track the impact of screening initiatives.

Conclusion

Mental health conditions remain overlooked and underscreened in primary care, despite the high prevalence of mental illness and the clear benefits of early detection. Routine mental health screening is essential for improving population health, reducing preventable harm, and supporting whole-person care. Primary care providers are uniquely positioned to lead this effort by integrating validated screening tools into daily practice, advocating for system-level support, and fostering a proactive, patient-centered

culture. Strengthening mental health screening in primary care is not only a clinical priority but also a public health imperative.

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Photo Credit: submitted by author

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Dr. Brown is an active member of MS Association of Nurse Practitioners. She began her nursing career in 1998 and has since established a distinguished record of service within the Department of Veterans Affairs. She holds advanced degrees in nursing and healthcare management, multiple state licenses, extensive clinical experience across diverse care settings, and progressive leadership roles supporting Veteran mental health and nurse practitioner practices. In addition to her current duties as the Facility Lead Nurse Practitioner, she serves as an adjunct faculty member, mentors emerging clinicians, and remains active in professional and community organizations.



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- We advocate for NPs with policymakers, and other healthcare entities both in the state and nationally
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- Increase access to care for patients across Mississippi
- NP orders for durable medical equipment and devices
- NP signature recognition on legal documents and eliminating co-signatures by physicians
- NP Income tax incentives & exemptions for underserved practice areas & NP owned businesses
- NP reimbursements and inclusion in insurance networks
- Recognize NPs as primary care providers (PCP)
- Increased faculty salaries

...
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