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Tasks and activities of community mental health nurses: integrative review and thematic analysis

Aufgaben und Tätigkeiten der ambulanten psychiatrischen Pflege: Integratives Review und thematische Analyse

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Abstract

Introduction: The community setting represents a key environment for the provision of mental health care. Community mental health nurses (CMHNs) play a vital role in delivering person-centered care in outpatient settings. But they are not only essential providers of care; they are also key actors in coordinating and integrating support across fragmented systems. Despite this, the specific tasks and contributions of CMHNs — particularly those in advanced practice roles — remain insufficiently defined in the literature.
Aim: To synthesize and thematically analyze international research on the tasks and activities of CMHNs, including those attributed to advanced practice nurses (APNs).
Methods: An integrative review was conducted using systematic searches in PubMed, CINAHL, PsycINFO, Google Scholar, and selected publisher databases. Studies published between 2008 and 2024 in English or German were included. Thematic analysis followed Braun and Clarke's six-step approach. The review adheres to ENTREQ guidelines and is registered with the Open Science Framework.
Results: Thirty-seven studies were included. CMHNs perform a wide range of tasks across seven domains: direct care, care coordination, health promotion, education, leadership, management, and research. APNs were particularly active in leadership and service development. However, distinctions between generalist and advanced roles were often unclear.
Conclusion: CMHNs provide complex, person-centered care across diverse settings and contribute to integrated, interprofessional mental health care. APNs contribute additional system-level competencies. The findings support educators, policymakers, and workforce planners in understanding current nursing practices and identifying development needs, especially in countries where community mental health nursing and advanced practice roles are not yet widely established.

Abstract

Einleitung: Pflegefachpersonen in der ambulanten psychiatrischen Versorgung (Community Mental Health Nurses, CMHNs) spielen eine zentrale Rolle bei der personenzentrierten Versorgung im gemeindenahen Setting. Sie sind nicht nur unverzichtbare Leistungserbringer, sondern auch wichtige Akteure bei der Koordinierung und Integration der Unterstützung in fragmentierten Systemen. Die spezifischen Aufgaben und Tätigkeiten von CMHNs – insbesondere diejenigen in fortgeschrittenen Praxisrollen – sind in der Literatur jedoch nach wie vor unzureichend definiert.
Ziel: Das Ziel dieser Arbeit ist es, die internationale Literatur zu den Aufgaben und Tätigkeiten von CMHNs zu synthetisieren und thematisch zu analysieren, einschließlich jener, die den Advanced Practice Nurses (APNs) zugeordnet werden.
Methode: Ein integratives Review wurde durchgeführt, basierend auf systematischen Recherchen in PubMed, CINAHL, PsycINFO, Google Scholar und ausgewählten Verlagsdatenbanken. Eingeschlossen wurden Studien aus den Jahren 2008 bis 2024 in englischer oder deutscher Sprache. Die thematische Analyse erfolgte nach dem sechsstufigen Verfahren von Braun und Clarke. Die Studie folgt den ENTREQ-Richtlinien und ist im Open Science Framework registriert.
Ergebnisse: Insgesamt wurden 37 Studien eingeschlossen. CMHNs übernehmen Aufgaben in sieben Bereichen: direkte Pflege, Case Management, Gesundheitsförderung, Beratung und Bildung, Führung, Management sowie Forschung. APNs waren besonders in Führungs- und Entwicklungsaufgaben aktiv. Die Abgrenzung zwischen generalistischen und erweiterten Rollen war häufig unscharf.
Schlussfolgerung: CMHNs leisten einen wesentlichen Beitrag zur integrierten, interprofessionellen psychiatrischen Versorgung. Ihre erweiterten Rollen sind jedoch bislang unklar definiert. Die Ergebnisse unterstützen Bildungsinstitutionen, Entscheidungsträger und die Personalplanung bei der Weiterentwicklung der ambulanten psychiatrischen Pflege – insbesondere in Ländern, in denen diese Rollen noch nicht etabliert sind.

Keywords
community mental health nursing – task – advanced practice nursing – interprofessional care – integrative review – psychiatry

Keywords
ambulante psychiatrische Pflege – Aufgabenprofil – Advanced Practice Nursing – interprofessionelle Versorgung – integratives Review – Psychiatrie

INTRODUCTION

The community setting represents a key environment for the provision of mental health care, as it encompasses the everyday lives and social contexts of people with mental health needs. It offers a unique opportunity to provide personalized, comprehensive and rights-based care and support that contributes to independent living and community inclusion (World Health Organization (WHO), 2021). A broad range of services — including assertive community treatment, home treatment teams, community mental health centers, and outreach services — play a vital role in supporting individuals with mental health conditions in the community (Thornicroft et al., 2016). Nurses play a key role in community mental health services, delivering targeted, individualized care that addresses both medical and psychosocial needs (Heslop et al., 2016; International Council of Nurses, 2022). Their work is inherently interprofessional, often involving collaborations with general practitioners, psychiatrists, social workers, psychologists, and informal support networks such as families and community groups (International Council of Nurses, 2024). They are therefore not only essential providers of care, but also key actors in coordinating and integrating support across fragmented systems.

In response to challenges we are facing in the mental health sector, such as increasing service demand, more complex client needs, shortages of qualified professionals, and a societal shift toward care that is provided in the community and closer to people's lives (Patel et al., 2023; Scheydt, 2025), the roles of mental health nurses in community settings have diversified significantly and diverged from those in the inpatient setting (Hurley et al., 2022).

Scheydt and Hegedüs (2024) identified two main role profiles in community mental health nursing practice that describe distinct functions in the outpatient care of people with mental illness across the lifespan. These are the community mental health nurses (CMHNs) in primary health care settings, and CMHNs in specialized community mental health services. Furthermore, the emergence of advanced practice roles within mental health nursing has led to changes in the provision of community mental health care and nursing (Scheydt & Hegedüs, 2021). Advanced practice nurses (APNs), as defined by the International Council of Nurses, are highly trained professionals with a master's degree and advanced competencies in decision-making, clinical judgment, and care coordination (International Council of Nurses, 2020). APNs work across both primary and specialized settings, and are well-positioned to address complex needs, supervise teams, foster interprofessional collaboration and lead service development initiatives (International Council of Nurses, 2022; Scheydt & Hegedüs, 2024). Together, these diverse roles reflect the expanding contribution of psychiatric nurses to accessible, high-quality community mental health care.

While advancements have been made in understanding the roles of CMHNs, gaps remain in the literature, especially regarding their tasks and activities. Considering the challenges we are facing in the mental health sector, a clearer understanding of what CMHNs currently do and which patient populations they care for is essential. This need is further underscored by the interprofessional nature of community mental health care, where nurses collaborate with a diverse range of professionals including physicians, psychologists, social workers, and peer support workers.

Such insights can inform workforce planning, educational strategies, and service design, as well as help align nursing practice with current and future system needs. Against this background, this integrative review aims to identify and synthesize the internationally reported tasks and activities of psychiatric mental health nurses working in community settings, and to analyze which of these can be attributed specifically to advanced practice roles.

METHODS

Study design

This is an integrative review according to the methodology of Whittemore and Knafl (2005). This form of review is characterized by a systematic approach to data collection and analysis. It also allows for an evaluation of empirical and theoretical work (Whittemore & Knafl, 2005). A study protocol has been submitted to the Open Science Framework (OSF) Registry with the DOI 10.17605/OSF.IO/9B2RD (https://osf.io/9b2rd).

Search strategy

To identify a wide range of relevant studies, we adopted a systematic search strategy. We searched the electronic databases PubMed, CINAHL, and PsycINFO, as well as Google and Google Scholar. In addition, we searched German and English publisher databases (e.g., Wiley, Hogrefe, Elsevier) and the bibliographies of the identified literature (snowball system).

Database-specific searches were conducted on January 19th, 2023 and updated on October 2nd, 2024. The following index terms were included: (Psychiatric Nursing OR Mental Health Nursing OR Nurse Practitioners OR Advanced Practice Nursing) AND (Mental Health OR Psychiatry) AND (Community Mental Health Services OR Community Mental Health Centers OR Primary Health Care) AND (Clinical Practice OR Scope of Practice OR treatment OR tasks OR activities).

Table 1: Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
- Psychiatric or mental health nurses from basic to advanced level working in the community or outpatient setting - Tasks or activities of the nurses are explicitly described - All study designs - Publications in English or German - Published from 2008 onwards - Studies conducted in OECD countries	- Evaluation of training programs - Nurses in training - Child or adolescent psychiatric services or forensic institutions - Description of future roles or roles that do not exist yet - Publication where tasks or activities of interdisciplinary teams are described - Textbooks

Study selection

Publications were selected using the inclusion and exclusion criteria described in Table 1. Titles and abstracts were screened independently by two researchers, followed by an independent full-text screening of the included studies. Disagreements over the eligibility of any studies were resolved through discussion.

Data extraction and analysis

Data extraction from the included studies was carried out by one team member and checked for accuracy by another. Extracted information included country, study design, population, and advanced practice. Data analysis was performed using the content analysis software MAXQDA 24 and followed the six-step process of Thematic Analysis as described by Braun and Clarke (2012). After an initial review and familiarization with the material, initial text passages related to CMHNs' tasks and activities were identified. These text passages were initially coded while typically staying close to the content of the data. In the next stage, the codes were categorized or grouped into themes based on the Nursing Intervention Classification (Wagner et al., 2022) and a previous publication (Scheydt & Hegedüs, 2021). Codes were regrouped and themes reframed until we reached a distinctive and coherent set of themes that worked in relation to the coded data. Coding and categorization were performed by at least two authors, and any discrepancies were resolved through discussion.

In a final analysis step, the identified tasks and activities of the CMHNs are differentiated in terms of APN tasks and non-APN tasks. Therefore, we filtered codes and categories that were from sources labeled as "APN".

No formal quality appraisal of the included studies was conducted, as the aim of this review was to map reported nursing tasks across diverse study types and contexts, rather than to evaluate study quality or outcomes. This approach aligns with previous integrative reviews that have focused on practice content rather than intervention effects.

This review was conducted and reported in accordance with the ENTREQ (Enhancing Transparency in Reporting the Synthesis of Qualitative Research) statement (Tong et al., 2012).

Use of AI tools

During the preparation of this manuscript, the authors used ChatGPT (OpenAI, GPT-4) to support the refinement of academic language, enhance clarity, and assist in formatting sections. The authors reviewed and verified all AI-assisted content and take full responsibility for the integrity and accuracy of the manuscript. No AI tools were used for database search, data extraction, analysis, or interpretation.

RESULTS

Selection process and characteristics of included studies

The study selection process is illustrated in Figure 1. After screening 1,088 abstracts for eligibility, 95 full texts were selected for a thorough assessment. Overall, 37 records were included in the review. Eleven of these 37 records described tasks and activities of APN. The characteristics of the included publications are detailed in Table 2 and 3. The reviewed studies on CMHNs and CMH-APNs span a wide range of countries, with the majority conducted in high-income settings, such as the USA, the UK, Australia, and the Netherlands. Across both groups, a diverse array of study designs was evident, ranging from case reports and qualitative studies to randomized controlled trials and systematic reviews. The patient populations reflect a broad spectrum of mental health needs, including severe mental illness (SMI), comorbid physical health conditions, post-discharge support, and high service utilization. While CMH-APN studies often focus on clearly defined subgroups with specific needs (e.g. comorbidities, post-partum depression, homelessness), CMHN studies more frequently address generalized mental health populations.

Tasks and activities of CMHNs (including advanced practice roles)

The following section presents all identified tasks and activities performed by community psychiatric nurses, also including, where relevant, those carried out by APNs. Table 4 provides an overview of the task areas

Table 2: Characteristics of the included studies on CMHN

Author (year)	Country	Design/Methods	Patient population
Ameel et al. (2020)	Finland	Delphi study	Not specified
Begum & Riordan (2016)	UK	Qualitative study	Persons experiencing mental health crises
Bury et al. (2022)	USA	Case report	Persons with mental health problems
Carson & Yambor (2012)	USA	Case report	Persons with mental health problems
Ciftci et al. (2022)	Turkey	Quasi-experimental study	Persons with schizophrenia
Coffey & Hewitt (2008)	UK	Qualitative study	Persons experiencing auditory hallucinations
Elsom et al. (2009)	Australia	Cross-sectional study	Not specified
Fernández Guijarro et al. (2019)	Spain	Randomized controlled trial	Persons with SMI taking antipsychotic medication and at risk for a metabolic syndrome
Gardner (2010)	Australia	Qualitative study	Persons with multiple needs, post discharge from an inpatient service
Giménez-Díez et al. (2021)	Spain	Case study	Persons experiencing mental health crises
Haines et al. (2024)	Australia	Scoping Review	Not specified
Hannigan et al. (2011)	UK	Case study	Persons with mental health problems
Happell et al. (2012)	Australia	Literature review	Not specified
Herinckx et al. (2024)	USA	Occupational analysis and curriculum development	Persons with SMI
Hernando-Merino et al. (2023)	Spain	Non-experimental, longitudinal descriptive study with a pre/post design	Persons with mental illness
Heslop et al. (2016)	Australia	Mixed-methods quality improvement study	Persons with mental illness
Jansson & Hällgren Graneheim (2018)	Sweden	Qualitative, descriptive study	Persons with mental illness
Koekkoek et al. (2012)	The Netherlands	Mixed-methods quasi-experimental study	Persons with chronic non-psychotic illnesses
Malik et al. (2009)	UK	Randomized controlled trial	Persons with schizophrenia
Matsuoka (2021)	Japan	Qualitative description	Persons with mental health issues
Mousavizadeh & Jandaghian Bidgoli (2023)	Iran	Systematic Review	Persons with chronic mental illnesses
Richter et al. (2009)	Switzerland	Meta-Synthesis	Not specified
van der Voort et al. (2024)	The Netherlands	Qualitative Study	Persons with SMI
Walsh et al. (2012)	Ireland	Report	Not specified
Ward et al. (2018)	Australia	Case file audit	Persons taking antipsychotic medications
White et al. (2011)	UK	Cluster randomised controlled trial	Persons with schizophrenia, schizoaffective or bipolar disorder

and associated activities reported for both CMHNs and CMH-APNs. In the section "Tasks and activities of CMH-APNs," we highlight activities that were explicitly attributed to APNs in the reviewed studies.

Direct nursing care

Building therapeutic relationships and partnerships with patients

Establishing and maintaining a therapeutic relationship and partnership is a core intervention of CMHNs (Haines et al., 2024; Judge-Ellis & Buckwalter, 2024; van der Voort et al., 2024). This involves practices such as therapeutic friendliness (Gardner, 2010), active listening (Allen, 2009; Ameel et al., 2021; Giménez-Díez et al., 2021; Tamaki, 2008), empathy and compassion (Allen, 2009; Giménez-Díez et al., 2021; Hamilton-West et al., 2017; Richter & Hahn, 2009), and caring and concern for the client (Richter & Hahn, 2009). Nurses validate patients' experiences (Allen, 2009) — often requiring them to suspend their own beliefs and acknowledge ethical dilemmas (Haines et al., 2024; Matsuoka, 2021) — to create a non-judgmental environment (Giménez-Díez et al., 2021; Matsuoka, 2021).

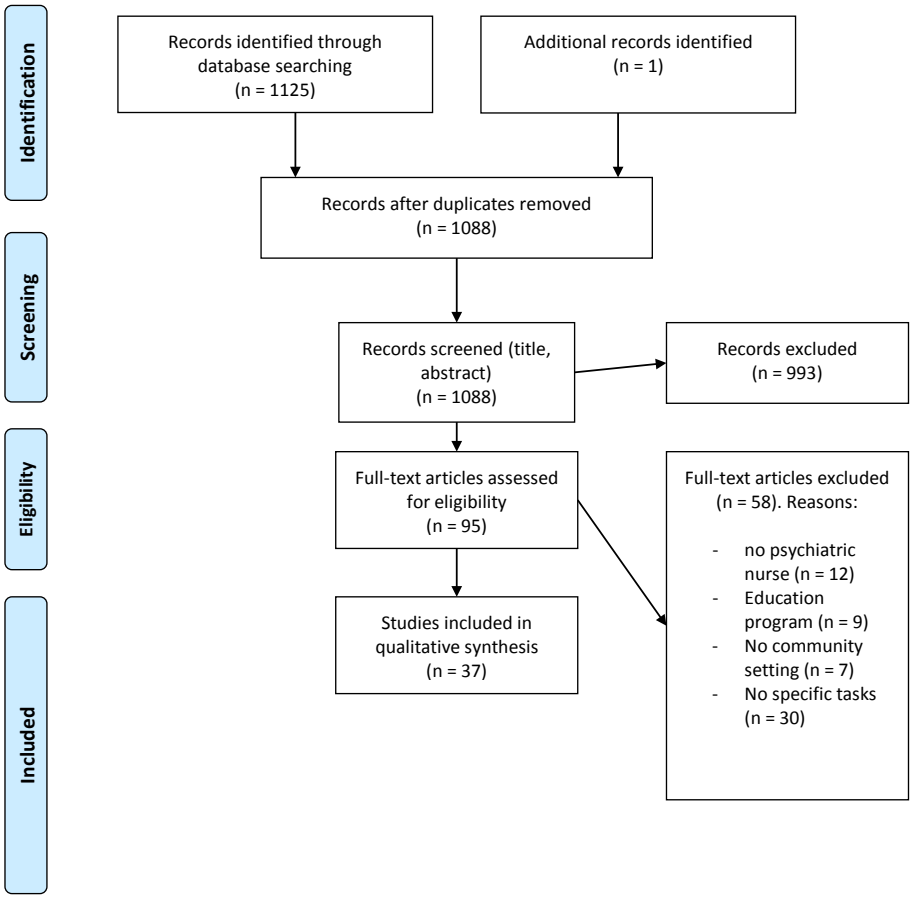

Figure 1: Flow diagram of study selection

Table 3: Characteristics of the included studies on CMH-APN

Author (year)	Country	Design/Methods	Patient population
Allen et al. (2009)	Australia	Quantitative evaluation study	Persons living with HIV/AIDS and a mental health or substance use diagnosis
Baker et al. (2018)	USA	Case report	Persons with several mental Illness at risk for homelessness
Brinkman et al. (2009)	Canada	Quantitative evaluation study	Persons with mental health problems
Davies et al. (2008)	USA	Case study	Persons with bipolar disorder
Furness et al. (2020)	Australia	Proof-of-concept study with a mixed methods design	Persons with mental illness and a high risk of cardiovascular diseases
Hamilton-West et al. (2017)	UK	Mixed-method formative evaluation	Persons with stable long-term mental health illness
Judge-Ellis & Buckwalter (2024)	USA	Case example	Persons within a housing first setting, who are frequent users of high-cost services
Schroeder (2018)	USA	Case description	Persons with serious mental illness
Swenson et al. (2008)	Canada	Mixed-methods implementation evaluation	Persons of family medicine practices with mental health problems
Tamaki (2008)	Japan	Randomized controlled trial	Women with post-partum depression
Turi et al. (2023)	USA	Systematic Review	Persons with anxiety, depression, or substance use disorders in primary care settings

Table 4: Overview of reported task areas and activities for community mental health nurses (CMHNs) and community mental health advanced practice nurses (CMH-APNs)

Main task area	Specific activities	Reported for CMHN	Reported for CMH-APN
Direct nursing care	**Building therapeutic relationship and partnership with patients**	yes	yes
	Screening and Assessment	yes	yes
	Screening	yes	yes
	Risk assessment	yes	no
	Mental health assessment and monitoring	yes	yes
	Physical health assessment and monitoring	yes	yes
	Treatment planning and documentation	yes	yes
	Psychosocial therapy and disease management	yes	yes
	Self-care and coping assistance	yes	yes
	Counselling and support of patients	yes	yes
	Crisis intervention	yes	yes
	Therapeutic interventions	yes	yes
	Medication Management and administration	yes	yes
	Prescribing	yes	yes
	Medication Management, reconciliation and administration	yes	yes
	Family support and therapy	yes	yes
	Coercive interventions	yes	no
Care coordination and case management	Collaboration with other professionals	yes	yes
	Coordinate health care system	yes	yes
	Follow up	yes	yes
Health promotion	Health education and promotion	yes	yes
Consulting and education	Consulting and education of other professionals	yes	yes
	Patient education	yes	yes
	Education of patients next of kin	yes	no
Leadership and management	Staff development and project management	yes	yes
Research and practice development	Research, role implementation and practice development	yes	yes

Partnership also entails patient advocacy (Allen, 2009; Brinkman et al., 2009; Bury et al., 2022; Furness et al., 2020; Gardner, 2010; Happell et al., 2012), including representing the perspectives and preferences of service users and their families within and beyond the clinical team (Matsuoka, 2021; Walsh et al., 2012). Therapeutic communication serves as a key tool for engaging clients (Judge-Ellis & Buckwalter, 2024) and fostering trust (Herinckx et al., 2024).

Screening and assessment

CMHNs carry out a wide range of screenings (Begum & Riordan, 2016; Bury et al., 2022; Mousavizadeh & Jandaghian Bidgoli, 2023) and assessments (Allen, 2009; Heslop et al., 2016; Mousavizadeh & Jandaghian Bidgoli, 2023; Richter & Hahn, 2009; Swenson et al., 2008) related to both mental and physical health.

Screenings include those for alcohol use (Walsh et al., 2012), drug use (Schroeder, 2018), general medical conditions (Baker et al., 2018; Bury et al., 2022; Furness et al., 2020; Herinckx et al., 2024), metabolic risk factors (Ward et al., 2018), early discharge risks (Begum & Riordan, 2016), and mental health symptoms (Turi et al., 2023).

Mental health assessments (Baker et al., 2018; Begum & Riordan, 2016; Brinkman et al., 2009; Giménez-Díez et al., 2021; Herinckx et al., 2024; Heslop et al., 2016; Richter & Hahn, 2009) encompass evaluations of patient needs (Koekkoek et al., 2012), self-care abilities (Tamaki, 2008), crisis referral necessity (Walsh et al., 2012), and specific risk factors such as suicide risk (Carson & Yambor, 2012; Jansson & Graneheim, 2018). Mental health status is regularly monitored (Herinckx et al., 2024; Turi et al., 2023).

Physical health assessments include monitoring of nutritional status (Carson & Yambor, 2012; van der Voort et al., 2024) and vital signs (Schroeder, 2018), as well as general physical health indicators (Bury et al., 2022; Carson & Yambor, 2012; Furness et al., 2020; Herinckx et al., 2024; Heslop et al., 2016; van der Voort et al., 2024; White et al., 2011).

Treatment planning and documentation

Developing individualized care and treatment plans is a core responsibility of CMHNs (Bury et al., 2022; Carson & Yambor, 2012; Furness et al., 2020; Giménez-Díez et al., 2021; Swenson et al., 2008). This includes general care planning (Allen, 2009; Bury et al., 2022; Koekkoek et al., 2012; Walsh et al., 2012), as well as the development of risk management plans (Begum & Riordan, 2016). CMHNs are also responsible for comprehensive documentation (Ameel et al., 2021; Bury et al., 2022; Herinckx et al., 2024; Heslop et al., 2016) and administrative tasks (Swenson et al., 2008).

Psychosocial therapy and disease management

CMHNs play a key role in psychosocial therapy and disease management. They work to promote self-care and coping assistance (Ameel et al., 2021; Tamaki, 2008), self-efficacy (Ameel et al., 2021; Begum & Riordan, 2016; Coffey & Hewitt, 2008; Giménez-Díez et al., 2021; Matsuoka, 2021), and reduced anxiety (Ameel et al., 2021), in addition to offering relaxation techniques (Hernando-Merino et al., 2023). Interventions also include decision-making support (Giménez-Díez et al., 2021; Herinckx et al., 2024; Koekkoek et al., 2012; Richter & Hahn, 2009; Schroeder, 2018; Tamaki, 2008), assistance with daily activities (Hamilton-West et al., 2017), structuring routines (Giménez-Díez et al., 2021; Hamilton-West et al., 2017), and lifestyle coaching (van der Voort et al., 2024). CHMNs promote autonomy and support independent living (Haines et al., 2024), along with emotional and cognitive coping with illness (Herinckx et al., 2024).

CMHNs also provide various forms of counselling and support (Ameel et al., 2021; Baker et al., 2018; Swenson et al., 2008; Turi et al., 2023), including supportive (Brinkman et al., 2009), non-directive (Coffey & Hewitt, 2008), and empathic counselling (Allen, 2009), as well as practical assistance related to employment and housing (Mousavizadeh & Jandaghian Bidgoli, 2023; Schroeder, 2018).

Crisis intervention is another key domain, involving acute support (Baker et al., 2018; Begum & Riordan, 2016; Brinkman et al., 2009; Bury et al., 2022; Herinckx et al., 2024; Hernando-Merino et al., 2023), increased visits (Begum & Riordan, 2016), surveillance (Richter & Hahn, 2009), and psychological first aid (Brinkman et al., 2009).

CMHNs deliver a wide range of therapeutic interventions, such as cognitive-behavioral therapy (CBT) (Carson & Yambor, 2012; Swenson et al., 2008; Turi et al., 2023), behavioral modification techniques (Çapar Çiftçi & Kavak Budak, 2022; Koekkoek et al., 2012), motivational interviewing (Herinckx et al., 2024; Judge-Ellis & Buckwalter, 2024; Koekkoek et al., 2012; Turi et al., 2023; van der Voort et al., 2024), cognitive restructuring (Ameel et al., 2021; Çapar Çiftçi & Kavak Budak, 2022; Carson & Yambor, 2012; Malik et al., 2009), and reality orientation (Ameel et al., 2021). Further interventions include group therapy (Baker et al., 2018; Davies et al., 2008; Gardner, 2010), milieu therapy (Gardner, 2010), and psychotherapy (Carson & Yambor, 2012; Davies et al., 2008; Judge-Ellis & Buckwalter, 2024; Richter & Hahn, 2009; Turi et al., 2023).

Medication management and administration

CMHNs are responsible for managing and administering medications (Ameel et al., 2021; Begum & Riordan, 2016; Haines et al., 2024; Jansson & Graneheim, 2018; Turi et al., 2023). This includes monitoring adherence (Bury et al., 2022; Hannigan & Allen, 2011; Herinckx et al., 2024; Judge-Ellis & Buckwalter, 2024; Richter & Hahn, 2009), evaluating therapeutic responses (Carson & Yambor, 2012), and educating patients about medications and side effects (Furness et al., 2020; Herinckx et al., 2024; Schroeder, 2018; Ward et al., 2018). CMHNs also provide space for patients to ask questions and seek clarification about their regimens (Judge-Ellis & Buckwalter, 2024).

Practical aspects of medication support include filling pill boxes and liaising with pharmacies (Judge-Ellis & Buckwalter, 2024). Prescribing is carried out under medical supervision (Furness et al., 2020), or, in some contexts, independently (Elsom et al., 2009; Turi et al., 2023). Further responsibilities include preparing medication lists (Carson & Yambor, 2012) and reconciling medications when changes occur (Coffey & Hewitt, 2008; Hannigan & Allen, 2011; Herinckx et al., 2024; Judge-Ellis & Buckwalter, 2024).

Family support and therapy

CMHNs actively involve and support the families of clients (Haines et al., 2024; Hernando-Merino et al., 2023; Malik et al., 2009; Richter & Hahn, 2009; Tamaki, 2008). They listen to family members' concerns, mediate relationships, and manage conflicts (Matsuoka, 2021; Mousavizadeh & Jandaghian Bidgoli, 2023). Families are engaged as valuable resources (van der Voort et al., 2024) and are supported through the provision of coping strategies (Giménez-Díez et al., 2021) and guidance for caregivers (Carson & Yambor, 2012). CMHNs also deliver structured family interventions, including family therapy (Baker et al., 2018; Carson & Yambor, 2012; Gardner, 2010) and counselling for families and couples (Swenson et al., 2008).

Coercive intervention

If necessary, CMHNs engage in coercive practices, including enforcing community treatment orders and administering involuntary medication (Haines et al., 2024). In addition, CMHNs report using informally coercive strategies, such as emphasising the potentially serious consequences of not adhering to prescribed treatment, in order to influence patients' behavior (Haines et al., 2024).

Care coordination and case management

Care coordination and case management is a central task of CMHNs. They collaborate with other health professionals and services (Bury et al., 2022; Hannigan & Allen, 2011; Herinckx et al., 2024; Mousavizadeh & Jandaghian Bidgoli, 2023; Richter & Hahn, 2009; Schroeder, 2018) through relationship-building activities (Hamilton-West et al., 2017; Judge-Ellis & Buckwalter, 2024; Matsuoka, 2021) and participation in multidisciplinary case planning meetings (Ameel et al., 2021; Furness et al., 2020; Judge-Ellis & Buckwalter, 2024; Walsh et al., 2012). Within interdisciplinary meetings and exchanges, CMHNs discuss complex cases (Bury et al., 2022; Matsuoka, 2021), review other team members' perspectives (Matsuoka, 2021), and share information (Bury et al., 2022) to support coordinated care.

CMHNs play an essential role in coordinating the healthcare system (Herinckx et al., 2024; Judge-Ellis & Buckwalter, 2024; Walsh et al., 2012), coordinating patients' medical care (Judge-Ellis & Buckwalter, 2024; Schroeder, 2018), and facilitating discharges and referrals to other healthcare providers (Baker et al., 2018; Begum & Riordan, 2016; Carson & Yambor, 2012; Furness et al., 2020; Judge-Ellis & Buckwalter, 2024; Swenson et al., 2008; van der Voort et al., 2024; Walsh et al., 2012). They further assist patients in navigating the system (Judge-Ellis & Buckwalter, 2024; Schroeder, 2018), triage patients based on urgency and referral needs (Walsh et al., 2012), arrange transportation to appointments (Bury et al., 2022), and accompany them to medical visits (Bury et al., 2022; Schroeder, 2018). Follow-up care is another key responsibility (Baker et al., 2018; Mousavizadeh & Jandaghian Bidgoli, 2023; Richter & Hahn, 2009).

Health promotion

CMHNs are actively involved in health education and promotion (Allen, 2009; Brinkman et al., 2009; Giménez-Díez et al., 2021; Happell et al., 2012; Herinckx et al., 2024; Jansson & Graneheim, 2018; Richter & Hahn, 2009), as well as in health coaching (Schroeder, 2018). Their activities include promoting exercise (Ameel et al., 2021; Fernández Guijarro et al., 2019; Furness et al., 2020), encouraging participation in recreational activities (Mousavizadeh & Jandaghian Bidgoli, 2023), as well as supporting oral health (Ameel et al., 2021), smoking cessation (Schroeder, 2018), and sleep hygiene (Ameel et al., 2021; Carson & Yambor, 2012). Further interventions involve dietary counselling (Carson & Yambor, 2012; Fernández Guijarro et al., 2019; Furness et al., 2020; Schroeder, 2018; van der Voort et al., 2024) and education on the effects of drug, tobacco, and alcohol use (Allen, 2009; Fernández Guijarro et al., 2019). In addition, CMHNs deliver trainings in mental health first aid (Brinkman et al., 2009).

Consulting and education

CMHNs provide consultation and education to other clinicians and team members (Allen, 2009; Baker et al., 2018; Elsom et al., 2009; Hamilton-West et al., 2017; Herinckx et al., 2024; Walsh et al., 2012) by developing and delivering educational sessions, offering peer supervision (Baker et al., 2018; Brinkman et al., 2009), and providing guidance and mentoring to other nurses and junior team members (Furness et al., 2020; Swenson et al., 2008).

They also deliver psychoeducation to patients on their medical conditions, diagnoses and medication regimens, keeping them informed about symptom management and relapse prevention (Allen, 2009; Ameel et al., 2021; Baker et al., 2018; Brinkman et al., 2009; Carson & Yambor, 2012; Hamilton-West et al., 2017; Hernando-Merino et al., 2023; Heslop et al., 2016; Mousavizadeh & Jandaghian Bidgoli, 2023; Richter & Hahn, 2009; Schroeder, 2018; Swenson et al., 2008; Tamaki, 2008). Specific psychoeducational programs, such as teaching problem-solving strategies, are also implemented (Çapar Çiftçi & Kavak Budak, 2022).

Furthermore, CMHNs educate patients' next of kin regarding symptom management, medication adherence, and coping strategies — and the importance of taking care of their own physical and mental health (Carson & Yambor, 2012; Coles, 2018; Hannigan & Allen, 2011).

Leadership and management

CMHNs play an important role in leadership and management through staff development initiatives (Ameel et al., 2021; Brinkman et al., 2009) and human resource management (Heslop et al., 2016). Psychiatric mental health nurse practitioners additionally lead

specialty programs aimed at early intervention for serious mental illness, and are engaged in health policy development (Baker et al., 2018).

Research and practice development

CMHNs also contribute to research activities (Brinkman et al., 2009) and CMH-APNs are involved in the development and implementation of new professional roles, care models, and tools (Furness et al., 2020; Walsh et al.).

Tasks and activities of CMH-APNs

Our review showed that most tasks described in the literature are not exclusively assigned to either CMHN or CMH-APNs (see Table 4). In many cases, the roles were not clearly distinguished, making a systematic separation difficult. However, certain activities were explicitly described as being performed by APNs. These APN-specific tasks appear across several domains, but are most frequently reported in the areas of leadership, management, research, and practice development. These findings suggest that while APNs also engage in direct clinical care and case management, their role extends into areas that require more advanced competencies and broader system-level responsibilities.

DISCUSSION

We identified an extensive body of international literature on the tasks and activities of CMHNs through a systematic literature search. Our findings demonstrate that CMHNs engage in a broad range of tasks spanning from direct nursing care to case management; health promotion; and contributions to education, leadership, and research. Core activities include building therapeutic relationships, conducting mental and physical health assessments, providing individualized psychosocial care, managing medication, and coordinating services within healthcare systems.

The findings align with those of Hurley et al. (2022), who describe mental health nursing as highly technical and multifaceted. Reported roles in mental health nursing include safety promotion; aggression reduction; suicide prevention; psychotherapy; and complex clinical reasoning, including diagnostic formulation, prescribing, and physical health maintenance. However, health promotion and prevention were only marginally represented — both in our review and in prior research (Scheydt & Hegedüs, 2024). Gasperini et al. (2023) similarly found that even population-based nursing models, such as Family and Community Health Nursing, are dominated by direct care for individuals, while preventive work and population-health approaches remain underdeveloped.

Given their community orientation, CMHNs are well-positioned to take on greater responsibility in prevention and public mental health (Phoenix et al., 2016). Their embeddedness enables early interventions and low-threshold access. Moreover, the present findings support the WHO's call for personalized, inclusive, comprehensive and rights-based care (World Health Organization (WHO), 2021). Activities that promote independent living and community participation contribute directly to fulfilling the goals of the UN Convention on the Rights of Persons with Disabilities, which can provide guidance on how CMHNs' practice can support more rights-based, community-integrated services.

Activities attributable specifically to CMH-APNs were difficult to distinguish from those of CMHNs. The role of CMH-APNs remains emergent and is mostly reflected in studies from countries with established APN frameworks, such as the United States, the United Kingdom, and Australia. This highlights the need to differentiate tasks more clearly to support implementation in other health care systems. In our review, APNs and registered nurses were found to perform many overlapping activities. The few APN-specific tasks appeared mainly in research, leadership, and service development — although even these domains were less prominent than expected, at least with APNs in inpatient psychiatric care (Scheydt & Hegedüs, 2021). One explanation may be that CMH-APNs are more likely to work in nurse practitioner roles, with a continued focus on direct clinical care (International Council of Nurses, 2020).

Although distinctions in direct care and interprofessional collaboration are minimal, differences emerged in target populations. CMH-APNs more often worked with individuals with severe mental illness, specific diagnoses, or complex psychosocial risks (e.g. homelessness), while CMHNs tended to serve broader or more general patient groups. According to the ICN (2024), APNs in psychiatric nursing require advanced competencies and in-depth knowledge to support people with complex mental health conditions, and they typically perform tasks with greater clinical autonomy, expanded responsibilities, and a broader scope of practice. APNs can therefore be expected to focus on populations with high levels of complexity or risk of service underutilization. Clarifying the unique value of APNs in community settings will be essential for advancing role development and policy recognition — particularly in countries where these roles are not yet fully established. Beyond clarifying current roles, there is also a need to consider how both CMHNs and CMH-

APNs must adapt to meet future demands in mental health care.

CMHN roles must evolve in response to migration, demographic shifts, comorbidities, migration, global workforce shortages, and other issues of rising complexity (Patel et al., 2023). Our review shows that CMHNs are already engaged in many relevant areas, including physical and mental health assessment, care coordination, case management, and low-threshold services. As highlighted by Giacco et al. (2017) and Priebe et al. (2019), future-oriented models of mental health care need to be more socially and contextually embedded, but also more technologically integrated, trauma-informed, and inclusive of new population needs. The reviewed literature found few of these future-facing aspects in the current tasks and activities attributed to CMHNs. For example, the use of digital tools and e-mental health — key for improving access, reducing wait times, and supporting self-management — remains underrepresented (Ehrt-Schafer et al., 2023). Given their embeddedness in communities and close client relationships, CMHNs are well-positioned to take on guiding roles in the use and mediation of such technologies (Hegedüs et al., 2025), but this will also require targeted upskilling and role development (National Academies of Sciences, 2021). Developing CMHN roles that incorporate public mental health and digital competencies could help address existing service gaps, while preparing for emerging societal needs.

Strengths and limitations

A key strength of this review lies in its systematic search of international literature, which included both English- and German-language sources. Its focus was placed explicitly on reported nursing activities in practice, rather than on theoretical role descriptions. The scientific literature may not fully reflect the breadth of clinical practice, however, as many frontline nurses do not publish in peer-reviewed journals. In addition, books and textbooks were excluded, and this may have limited the inclusion of conceptual perspectives. Another limitation of this study concerns the frequent lack of role clarity in the included studies, with distinctions between CMHNs and APNs working in community mental health services often blurred; this is also reflected in our results. Finally, the variability in service structures across countries may limit the generalizability of findings to specific national contexts.

CONCLUSIONS

This integrative review provides a comprehensive synthesis of the tasks and activities performed by CMHNs across international settings. It highlights their wide-ranging contributions, including direct care; care coordination and case management; health promotion; consulting and education; leadership and management; research; and practice development. However, our findings also reveal notable gaps. Although advanced practice roles are widely acknowledged, there remains a lack of clarity regarding how these roles are defined and enacted in community settings. The distinction between specialized and advanced responsibilities is often blurred — particularly in countries without formal APN frameworks — and this poses a challenge to the recognition and implementation of advanced nursing competencies.

Key areas that are essential for the future of mental health care — such as health promotion, digital interventions, and population-based approaches — have also been underrepresented in current CMHN practice. These gaps must be addressed if community-based services are to effectively meet increasing complexity and evolving population needs. A dedicated review of public mental health nursing could help clarify the profession's role in these emerging fields.

To equip the nursing workforce for future demands, clear role delineation, strategic investment in APN development, and expanded training in preventive and digital competencies are urgently needed. Practice models that promote autonomy, continuity of care, and rights-based approaches should be further developed and empirically supported. Clarifying and strengthening the roles of CMHNs and APNs will be essential for advancing mental health systems toward more integrated, equitable, and person-centred care, in line with the WHO's global mental health strategy.

Protocol Registration

The study protocol is registered with the Open Science Framework (DOI: 10.17605/OSF.IO/9B2RD)

Conflicts of interest

none

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