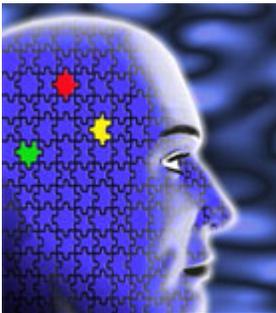


Psychiatric Nursing in Quebec in a Context of Change

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Since the recent adoption of certain legislation, psychiatric nurses have witnessed important changes in their profession. The scope of the profession is both broader and better defined; however, new obligations have arisen.

Defining Acts



Source: Fotosearch

The adoption of Bill 90 and the implementation in April of the *Therapeutic Nursing Plan (TNP)* created a new set of professional obligations. They broadened the nursing practice and enshrined the leadership role of the nurse while creating the obligation to keep a record of her actions in the TNP, which is also kept in the patient's record.

These breakthroughs in the profession affected general care, delivery but did not take into consideration specific aspects of psychiatric care. It soon became clear that the nursing assessment of patients suffering from mental disorders raised questions. These skills are beyond the scope of nurses who have only undergone basic training.

The *Plan d'action en santé mentale 2005-2010* (2005-2010 Mental Health Action Plan) has clarified certain aspects regarding the sectoring of client services. The plan focuses on the partnership with users and their relatives (p. 8 et 9. 15 et 16), on shedding psychiatric patient stereotypes and on preventing mental disorders. The plan describes frontline, second-line and third-line services, but without structuring the role of nurses within this framework.ⁱ

In continuity with Bill 90, Bill 21 - *An Act to Amend the Professional Code and Other Legislative Provisions in the Field of Mental Health and Human Relations* – completes the 2005-2010 action plan by specifying the attribution of professional activities in mental health care and social services. The National Assembly of Québec adopted Bill 21 on June 18, 2009. It modified two other legislative acts: the *Nurses Act* (R.S.Q., chapter I-8)ⁱⁱ and the *Professional Code* (R.S.Q., chapter C-26).ⁱⁱⁱ

Three legislative documents which influence the nursing profession:

- 1. the 2005-2010 Mental Health Action Plan;*
- 2. Bill 90; and*
- 3. Bill 21.*

New Obligations

Bill 21 provides a framework for the field of psychiatry and psychiatric care. It brought



changes to the practice of psychiatric nursing. It “reserves new activities which have a high risk of prejudice to physicians, psychologists, nurses, social workers, marriage and family therapists, occupational therapists, guidance counsellors and psycho-educators [OUR TRANSLATION].”

“The assessment of mental disorders is now an act reserved not only to physicians, but also to psychologists, to guidance counsellors and to nurses. A nurse can assess mental disorders provided that she has university training and clinical experience in psychiatric nursing care.”^{iv}

“Details of these obligations shall be determined by a rule adopted by the OIIQ. Bill 21 is an important legislative document which responds to the immediate need to protect extremely vulnerable persons.”^v

Positive Sides and Constraints

Since the adoption of Bill 21, nurses in psychiatric care, 3,800 of our colleagues in all according to OIIQ estimates, must adhere to new obligations.^{vi} The Act has redefined “the field of practice for mental health care and human relations professions and has reserved new professional acts. A nurse can thus decide to use isolation measures when exercising in a health care network institution.”

This act provides a framework for the practice of psychotherapy. It restricts the right to practice to psychotherapy to physicians, psychologists and members of other orders whose members may hold a psychotherapist's permit, including nurses, provided that they obtain such a permit from the Ordre professionnel des psychologues du Québec.

Undefined Areas in the Practice

The board of directors of the OIIQ will soon form a committee of experts in mental health care and in psychiatric care to define the role of nurses and the competency required in these fields. Meanwhile, in the wake of all of these modifications, the role of nurses in psychiatry in both in-patient and out-patient care remains poorly defined.^{vii}

How will these nurses conciliate their obligations with the needs of their clients while waiting for recommendations and measures to be enforced? What are the acts which are reserved for or excluded from nurses (while the roles of various professionals remain to be clarified)? How will the acts reserved to other professionals be delegated in the context of shortages (which is currently widespread)? How will nurses ensure the clinical follow-up required by Bill 90 without engaging in acts reserved to psychologists?

In the meantime, a list of actions which relate to psychotherapy but do not constitute psychotherapy shall be defined by regulation and be administered and by professionals of various disciplines will be established (s. 187.1).^{viii} The 2005-2010 Mental Health Action Plan had already established guidelines in the event of labour shortages, regardless of their nature, stating that: *“collaboration among partners must be based on mutual respect and trust [OUR TRANSLATION].”* In addition, *“collaborative models must be adapted to the availability of resources [OUR TRANSLATION].”^{ix}*

Bill 90 : Activities Reserved to Nurses (1)

- Assessing the mental and physical condition of a symptomatic person;
- Providing clinical monitoring of the condition of persons whose state of health is problematic, including monitoring and adjusting the therapeutic nursing plan;
- Initiating diagnostic and therapeutic measures, according to a prescription;
- Initiating diagnostic measures for the purposes of a screening operation under the Public Health Act (2001, chapter 60);
- Performing invasive examinations and diagnostic tests, according to a prescription;
- Providing and adjusting medical treatment, according to a prescription;
- Determining the treatment plan for wounds and alterations of the skin and teguments and providing the required care and treatment;

Evolution Modulated by Significant Influences

Bill 90: Activities Reserved to Nurses (2)

- Applying invasive techniques;
- Participating in pregnancy care, deliveries and postpartum care;
- Providing nursing follow-up for persons with complex health problems;
- Administering and adjusting prescribed medications or other prescribed substances;
- Performing vaccinations as part of a vaccination operation under the Public Health Act (2001, chapter 60);
- Mixing substances to complete the preparation of a medication, according to a prescription; and
- Making decisions as to the use of restraint measures.

For many years, different currents have influenced the nursing practices in mental health care and in psychiatric care. Knowledge of this field has grown and given nurses access to a wider range of interventions. The pharmacology of emotional and behavioural disorders has

become more complex and diversified. The guidelines of Bill 90 concerning

multidisciplinarity and the role of nurses in multidisciplinary teams have changed the rules of the game. Now Bill 21 is defining and broadening, under certain conditions, the scope of clinical interventions of nurses in psychiatry.

Amendments to the Nurses Act (3)

- **13. Section 14 of the Nurses Act (R.S.Q., chapter I-8), amended by section 212 of chapter 11 of the statutes of 2008, is again amended by adding the following paragraph at the end:**
- **"(g) determine the training and clinical experience in psychiatric nursing care required to exercise the activity referred to in subparagraph 16 of the second paragraph of section 36.**
- **14. Section 36 of the Act is amended:**
- **(1) by replacing "a person's state of health, determining and carrying out of the" in the first paragraph by "health, determining and carrying out the";**
- **(2) by replacing "or restore health and" in the first paragraph by "and restore the health of a person in interaction with his environment and".**

An Important Measure for Severe Problems

The field of emotional disorders and other affective problems is both vast and diversified. Practitioners require specific knowledge of the field and a certain experience with people which calls upon advanced training. It is currently estimated that one out of every six Quebecers is at risk of experiencing a psychological problem. This is a significant public health challenge which requires an adapted response by professionals. It should come as no surprise that specific measures have been implemented to supervise psychiatric care. Figures 3 and 4 indicate the amendments made by Bill 21 to the Nurses Act.

A Situation in Need of Amendment

As outlined in figures 1 and 2, Bill 90 already generally conferred upon nurses the obligation to assess the physical and mental condition of a symptomatic person, and to provide clinical monitoring of the condition of persons whose health is problematic.^x These measures are in addition to those outlined in the 2005-2010 Mental Health Action Plan prepared by the Ministère de la Santé et des services sociaux.

For nurses, this means applying activities reserved to the nursing profession, in particular assessments,

Amendments to the Nurses Act (4)

- **(3)°by adding the following subparagraphs at the end of the second paragraph:**
- **(15) deciding to use isolation measures in accordance with the Act respecting health services and social services and the Act respecting health services and social services for Cree Native person;**
- **(16) assessing mental disorders, except mental retardation, if the nurse has the university degree and clinical experience in psychiatric nursing care required under a regulation made in accordance with paragraph g of section 14;**
- **(17)°assessing a child not yet admissible to preschool education who shows signs of developmental delay, in order to determine the adjustment of the rehabilitation services required.«**

• Source: <http://www.assnat.q.c.ca/eng/39legislature/1/Projets-loi/Publics/09-a021-san.htm>

clinical monitoring and nursing follow-ups of persons with complex health problems. This rule was enforced “in multidisciplinary teams which provide frontline services to persons suffering from mental health disorders and to an ultra-specialized clientele with complex mental health conditions in accordance with ambulatory or hospital modalities [OUR TRANSLATION].”^{xi} The competency of nurses in this area is now deemed to be insufficient.

Need for More Clearly Defined Framework

The particularities and complexity of psychiatric care make it difficult to guarantee quality; thus new professional measures were needed. Bill 21 brought about significant change. At times the role of nurses in psychiatric care was vague. In addition, anybody in Quebec could claim to be practising psychotherapy. Bill 21 provides a framework for the practice of psychotherapy and for continuing education requirements. Furthermore, a permit to practice psychotherapy must be delivered by the Ordre professionnel des psychologues du Québec.

Assessing mental disorders is a serious diagnostic activity which gives access to suitable treatment which can have significant consequences on the future of the patients concerned at the personal, social and legal levels. It is therefore of consequence that nurses working in mental health care be concerned by the legal obligations enshrined in Bill 21.

Obligations and Gray Areas of Bill 21

Competencies Expected of Psychiatric Nurses

- **The competencies have been established from the activities and acts reserved to nurses.**
- **They focus in particular on physical and mental assessments, clinical monitoring, the development of therapeutic nursing plans (TNP), the nursing follow-up of persons with complex mental health problems, and transversal skills such as communication, therapeutic relationships, knowledge transfers, interprofessional collaboration, consultation, liaison and research.**

Freely translated from: OIIQ

<http://www.oiiq.org/uploads/periodiques/Journal/2009vol6no3/D02.htm>

authorized to take transitional measures during the first six years.”^{xii}

Presently, there are many areas which remain vague. The conditions for the use of the title of psychotherapist and the standards for the issue of a permit remain to be defined (section 187.3.1). It is provided that for a certain time a psychotherapist’s permit can be issued during the transitional period to competent persons. Section 187.3.2 clearly states that the “Office is

Nurses are also concerned by section 187.2 of Bill 21. This section states that “every physician, psychologist or holder of a psychotherapist’s permit shall practice psychotherapy in accordance with the laws and regulations governing the physician, psychologist or permit holder, and with the following rules:

- (1) establish a structured process of interaction with the client;
- (2) do a thorough initial evaluation;
- (3) apply therapeutic procedures based on communication; and
- (4) use scientifically recognized theoretical models and proven intervention methods that respect human dignity.”^{xiii}

Among other obligations, section 187.4.1 states that the board of directors of the Ordre professionnel des psychologues du Québec may suspend or revoke the psychotherapist's permit of any person who fails to maintain his membership in a professional order, pay the annual fees, meet the conditions relating to the use of the title of "Psychotherapist", or satisfy the standards for the issue of a psychotherapist's permit.”^{xiv}

In addition, section 187.4 states that “the professional inspection committee or the syndic of the professional order to which the holder of a psychotherapist's permit belongs must retain the services of an expert who is a member of the Ordre professionnel des psychologues du Québec.”

Questions?

One may wonder about the last measure described above. If nurses who are duly certified as psychotherapists belong to a professional inspection committee, why is it necessary to call upon psychologists? Is this the creation of a new authority over the nursing profession? It is recognized that nurses, along with their other care-related activities, must apply medical prescriptions; however, to the best of our knowledge, no physician is among the evaluators of the nursing professional inspection committee.^{xv}

Concerns about the Future

In the short term and in the long term, we should be concerned about succession in internal and external psychiatric hospital services. Health care workers are aging. Workers in psychiatric care are not an exception to this rule. How can workers be replaced in the current context of shortages and with the additional and specific training required in psychiatric care? Many questions raised will soon need to be answered by competent individuals with working knowledge of the field, through a better understanding of the new obligations, and through better adaptation to the regulations enacted.

Conclusion

Bill 21 has brought about changes which leave nobody indifferent for now; however, over time, it will create conditions which encourage the efficacy and delivery of safe, quality care for persons suffering from mental health disorders. It will enhance the skills of health care workers in psychiatric care. Psychiatric care will become a professional field in which nurses will consider themselves to be genuine specialists. They will be able supersede their current role in which they are unfortunately relegated to administering medication and monitoring departmental activities. In the future, their ongoing presence

with patients may provide them with the opportunity to deliver practical interventions which enhance the well-being and recovery of mental health patients.

Competent professionals from many backgrounds work with psychiatric patients, but only nurses maintain such an ongoing presence with them. Simple and timely interventions by a professional who is familiar with the patient and who has earned his trust can only enhance their efficacy. Just as there are nurses who are specialized in frontline care, cardiology, neonatology and nephrology,^{xvi} we can dream that one day a nursing speciality in mental health care and in psychiatry will be created. The International Council of Nurses (ICC) had already issued such a recommendation to the office of the order in 2005.^{xvii} One cannot oppose progress, but one can guide it.

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^{xiii} Ibid

^{xiv} Ibid

^{xv} Gouvernement du Québec. *Règlement sur le comité d'inspection professionnelle de l'Ordre des infirmières et infirmiers du Québec. Nurses Act* (R.S.Q., c. I-8, r. 5.1.1.). *Professional Code* (R.S.Q., c. C-26, s. 90). Retrieved October 19, 2009, from http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/I_8/I8R5_1_1.htm

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