THE ROLE OF THE PSYCHIATRIC-MENTAL HEALTH NURSE WORKING IN THE COMMUNITY
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These include:

- Advisory Group on Community-Based Psychiatric Mental Health Nursing:


- Psychiatric/Mental Health Nurses Special Interest Group of Newfoundland and Labrador (PSIGNAL).

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Introduction
ARNNL believes the public should have access to a range of mental health services that focus on promotion of mental health, recognize the role of economic and social factors in mental health and are comprehensive, accessible, community-based, and non-stigmatizing. (ARNNL ENDS 2008).

As trusted health care professionals, nurses have a responsibility to the public to continue to expand their knowledge and understanding of the concepts of mental health and mental illness while delivering competent, safe, ethical, psychosocial, physical, and spiritual care to people with mental illnesses, their caregivers, their families and communities. (Canadian Federation of Mental Health Nurses [CFMHN], 2006).

Psychiatric/Mental Health (P/MH) nurses have historically been at the core of provincial mental health services where they have proven strengths and abilities in providing high quality care. With the shift in focus of mental health services from the institution to the community over the past several decades, the P/MN nurse's role in community-based settings has not been well developed. P/MH nurses in all regions of the province report there is lack of clarity about their role and scope of practice and moreover, that few nurses are working in community based roles.

ARNNL believes P/MH nurses are underutilized in our province and when working within an interdisciplinary collaborative health team they have the potential to play a greater role in the care of mental health consumers. There is significant evidence to demonstrate that when nursing services are optimized there is improved effectiveness and efficiency of health care services (Canadian Health Services Research Foundation [CHSRF], 2006).

Background
The social and economic burden of mental illness is increasingly visible in our communities with one in five Canadians likely to experience a mental illness in their lifetime; the other 80% of Canadians will have friends or family members who are affected (Health Canada, 2002; Mood Disorders Society of Canada, 2006). Mental health problems are the most costly health issues in Canada with an estimated $14.4 billion in lost productivity (Stephens & Joubert, 2001).

In response to the population needs related to mental health problems and illnesses, the Government of NL has raised the priority of mental health reform with the enactment of new legislation, “Mental Health Care and Treatment Act”, and the adoption of the Provincial Policy Framework: Working Together for Mental Health (Department of Health and Community Services [DHCS], 2005). This framework encompasses broad health reform including the provincial wellness plan and long-term care initiatives. These important developments have implications for the nursing profession. The shift in focus of mental health and addiction services provision to a client-centered and a community-oriented comprehensive system of primary mental health and specialized services will increase access to mental health and addiction services, promote individual/family/community capacity and decrease the burden of mental illness in our province.

Carper (1999) explains psychiatric-mental health nursing is a specialized area of nursing practice, education and research which draws on unique knowledge from nursing and related health and social sciences to inform practice and to establish its disciplinary boundaries. The focus of psychiatric/mental health nursing is not on the origins of the diagnostic categories of diseases but on people’s relationships with their illness or with their health and unique lived human responses to distress such as grief, anxiety, loneliness, and other psychosocial behavioral issues (Barker, 1999b). The goal of psychiatric/mental health nursing is on achieving and maintaining optimal health-mental health, well being, and quality of life as defined by those receiving care.
The Role of the Psychiatric-Mental Health Nurse Working in the Community

ARNNL has long advocated for the development of community based mental health services and support for an expanded role for mental health nurses in the community (ARNNL, 1994, 2001a, 2001b, 2004). P/MH nursing practice spans the full continuum of care providing comprehensive mental health services necessary for the promotion of mental health and the prevention, treatment, management, and rehabilitation of mental disorders of individuals/families/communities across the lifespan (CFMHN, 2006). ARNNL believes P/MN nurses working in interprofessional collaborative partnerships have a valuable contribution to offer clients and are essential to realizing the Provincial Policy Framework: Working Together for Mental Health (DHCS, 2005).

This document outlines ARNNL’s position on community based P/MH Nursing along with the roles and responsibilities required of community based P/MH nurses. This document can serve as a guide to provide specific direction to nurses, employers and government on the development of the roles and competencies of the Registered Nurse working in community based psychiatric/mental health nursing.

**ARNNL Position**

The vision of the Association of Registered Nurses of Newfoundland and Labrador (ARNNL, 2008) is Excellence in Nursing. It is our goal to ensure that there is public protection, quality health care and healthy public policy. In pursuit of its vision — Excellence in Nursing – ARNNL supports psychiatric-mental health nursing as a specialized area of nursing practice, education, research and administration. ARNNL also supports the provincial government’s aim to provide quality mental health care by providing front line services including case management, counseling, crisis response, early intervention, assertive community treatment teams and supportive housing (DHCS, 2005).

ARNNL values interprofessional collaboration among professions and professionals where the needs of the patients and clients are the focus of mental health services. Health professionals work together to optimize the health and wellness of each individual and involve the individual in decision-making about his/her health. Roles may overlap, however, tasks are assigned based on individual competence rather than on professional title.

ARNNL supports development of strategies and policies that:

- Enable community P/MH nurses to practice to optimal scopes of practice.
- Advocate for expanded roles for P/MH nurses working in the community.
- Increase human resources in community P/MH nursing.
- Advocate for ongoing development of community based psychiatric-mental health services.
- Enable community P/MH nurses to maintain continuing competency in the standards of practice required to promote competent, safe and ethical care in P/MH nursing practice, education, research and administration.
- Support nurses in the provision of specialized services in health promotion, prevention, maintenance and rehabilitation services to address the needs of clients and their families in their communities.
- Provide for evidenced based P/MH nursing care.
- Provide preceptorship and mentoring programs for P/MH nurses.
- Support quality professional practice environments.
Roles and Responsibilities

Community based P/MH nursing is multi-faceted depending on the needs of the client and the skills of the nurse. The extent to which individual nurses working in community-based P/MH nursing positions fulfill the various roles will depend on their experience and educational preparation.

Nurses in specific roles (practitioner, mental health and addictions counselor, crisis worker, case manager, advocate, consultant) are also primary care providers. Inherent in these roles are competencies specific to providing population-focused health-mental health promotive and preventive care, community development, group work, and family systems nursing, as well as the treatment, management and rehabilitation of mental illness (Controneo, Outlaw, King & Brince, 1999, p.31).

P/MH NURSES AT BOTH BASIC AND ADVANCED LEVELS PROVIDE DIRECT CARE TO THE INDIVIDUAL, GROUP, FAMILY OR COMMUNITY.

Community P/MH Nurse a Direct Care Provider

P/MH nurses at both basic and advanced levels provide direct care to the individual, group, family or community.

Burgess (1999) outlines the following competencies of P/MH direct care provider:

- considers the needs and strengths of the whole person, the family and the community to assess mental health needs, formulate diagnoses, and plan, implement and evaluate nursing care;
- collaborates with people and interprofessional partners to provide people with information to make informed decisions about their health;
- uses population-focused interventions that provide health prevention and early intervention initiatives;
- identifies and responds to people/group(s) most vulnerable to mental health problems;
- motivates and enables individuals and communities to take responsibility for their health and to make healthier choices;
- provides ongoing information and education to clients, other providers, other organizations, and the public about current and emerging mental health issues;
- promotes community acceptance of people with mental health problems;
- fosters and supports creativity and innovation in nursing practice;
- provides culturally-sensitive care;
- provides outreach and links people to services; and,
- provides liaison function with the hospital and the emergency department to support people when they return home.

Community P/MH Nurse as Counselor

Using the therapeutic relationship, the P/MH nurse performs the role of counselor to:

- help people focus on a goal(s) or outcome(s);
- help people develop strategies that support self-care and enable individuals and their families to take responsibility for and participate in decisions about their health;
- provide a range of services including education, research and knowledge sharing; evidence-informed practices; system navigation; and communication;
- provide an opportunity for people to work towards living in a more satisfying and resourceful way;
- use a range of counseling skills based on counseling models such as interpersonal psychotherapy, cognitive-behavioural therapy and solution-focused therapy to improve an individual’s functioning and quality of life; and,
- help people to be supported, to gain insight, and to bring about change in thoughts, feelings and behaviour.
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Community P/MH Nurse as Addictions Counselor
The role of the nurse in responding to problems related to psychoactive substance use is crucial. P/MH nurses as addiction counselors:

- provide intake coordination, assessment, treatment (including counseling, group therapies) and follow-up care for children, youth, adults, seniors and their families with addictions, mental illness and mental health problems using common assessment tools;
- provide health promotion, prevention and early detection of problematic substance use;
- use core competencies and knowledge in addictions and a full range of withdrawal management services including detoxification services using best practice treatment protocols, outreach, prescribing, counseling, and harm reduction (Nkowane & Saxena, 2004); and,
- provide addiction counseling using motivational interviewing techniques to help clients effect change to live out their lives that fulfill their underlying hopes, beliefs and values.

Community P/MH Nurse as Crisis Worker
As front-line workers, community P/MH nurses are in a unique position to provide a range of crisis services on multiple levels (individual, family, and community) to meet the needs of people of all ages experiencing a psychiatric and mental health crisis. The P/MH nurse as crisis worker:

- provides a comprehensive holistic biopsychosocial assessment including assessment of risk to life, mental status assessment (in cases of psychiatric history or current psychiatric disorder), physical assessment and identification of the client’s strengths, coping mechanisms and current support systems (Hoff, 2001);
- provides mobile outreach response in psychiatric and mental health crisis to provide rapid assessment and intensive home treatment services, reducing the likelihood of hospitalization;
- teaches and educates colleagues, families, family practitioners, police, community leaders and the general public, regarding crisis prevention and intervention (RNAO, 2006b); and,
- provides crisis intervention, referrals and linkages, and short-term follow up (RNAO, 2006b).

Community P/MH Nurse as Advocate
P/MH nurses working in the community are advocates for social justice issues and the needs of marginalized populations. These nurses challenge the many formal and informal power structures that contribute to people’s mental distress or are a barrier to their recovery. Together with intersectoral partners, e.g. justice, education and community organizations, other health care providers, and people/family/community, the community-based P/MH nurse:

- protects the rights of clients;
- acts on behalf of clients who are in need of particular skills on which their lives depend;
- ensures that an optimal level of mental health and addictions care is available and accessible to all people;
- helps people understand the impact of social determinants on health;
- supports people, families and communities in the utilization of political strategies to address inequities in the system;
- influences healthy public policy by taking political action;
- influences key policy decisions by seeking leadership roles;
- networks with law enforcers to facilitate medical services for individuals who are at imminent risk of danger;
- takes responsibility to resolve the conflict that might exist between the needs of the organization and those of the clientele; and,
- educates the public and other health care professionals to eliminate stigma and to dispel myths of mental illness.
Community P/MH Nurse as Case Manager
Clinical case management is an identified best practice of mental health reform. The competencies of the P/MH nurse fit well with the role of case manager in:

- supporting people to function at optimal levels of health and to become self-sufficient;
- coordinating, negotiating and managing the care of complex patients;
- facilitating collaborative practice;
- teaching people and their families;
- providing therapeutic interventions to the client and family;
- providing supportive counseling, problem solving, medication monitoring and relapse prevention;
- teaching psychosocial rehabilitation;
- linking clients to other services in the community; and,
- participating on assertive community treatment teams.

Community P/MH Nurse as Educator
Knowledge is power. P/MH nurses facilitate empowerment of the population in the role of educator. In this role the P/MH nurse:

- provides education on a variety of mental health issues in a range of formats for individual, families, and populations;
- uses principles of child and adult learning appropriate to the target group;
- acts as a preceptor and mentor to students and novice practitioners in community mental health settings; and,
- provides continuing education with nurses and other health care providers on mental health and addictions.

Community P/MH Nurse as Consultant
Consultation is a vital process to the viability of primary health care (DHCS, 2005). The P/MH nurse working in the community can be a resource who:

- shares specialized knowledge and expertise which comprise best practices and facilitates their application in practice settings;
- provides consultation and education to clients, nurses, other health care professionals, health care organizations and policy makers;
- maintains a clearinghouse for best practices; and,
- develops, implements and evaluates best practices and model programs of care.

Community P/MH Nurse as Researcher/Evaluator
To ensure that mental health and addictions programs are of the highest quality the P/MH nurse as researcher/evaluator:

- identifies and uses evidence-based research in decision-making and shares this research with clients to support them to make well-informed choices;
- participates in research projects at all levels to yield qualitative and or quantitative evidence pertaining to nursing practice, administration, education and research; and,
- develops a program of research into outcomes associated with improved integration of mental health and primary health.
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Community P/MH Nurse as Community Developer
More than clinical health care services are required to meet a person’s mental health needs. To distribute resources fairly, population focused interventions are needed (DHCS, 2005). P/MH nurses can facilitate communities taking responsibility for improving mental health and prevention of mental illness by the following:

- designing and implementing mental health prevention and early intervention initiatives that build social networks, promote and support community capacity building;
- using many strategies to help strengthen individuals, families and communities; and,
- facilitating self-help and mutual-aid to strengthen the capacity of people to be self-reliant.

Community P/MH Nurse as a Member of a Profession
P/MH nurses are regulated members of the nursing profession who have the responsibility to:

- protect the rights of the individual and the family in matters relating to confidentiality and privacy;
- advocate for public awareness and understanding of mental health and illness;
- maintain standards of nursing practice and professional behaviour related to nurses’ ethical, moral and legal obligations in the community;
- seek opportunities for continuing education and participate in educational opportunities that promote an integrated and multidisciplinary approach to P/MH nursing practice;
- advocate for certification for advanced practice nursing roles in the community;
- use the results of research to promote quality nursing care, e.g., impact of community treatment orders on care;
- mentor students, colleagues and promote community based P/MH nursing as a career; and,
- clarify and advance community based P/MH nurses’ scope of practice.

Scope of Practice – Standards and Competencies
Scope of practice refers to a specific body of knowledge which is operationalized as the range of roles, functions, responsibilities, and activities which registered nurses are educated and authorized to perform (ARNNL, 2006). The scope of practice of P/MH nursing spans the full continuum of mental health and mental illness providing comprehensive mental health services necessary for the promotion of mental health and the prevention, management and rehabilitation of mental disorders across the lifespan (CFMHN) 2006). The scope of P/MH nursing practice is guided by core standards of practice generic to all nurses as well as those unique to the P/MH specialty. The standards focus on the phenomenon of concern for community-based P/MH nursing which is the individual/family/community’s response to the experience of health and illness.

The CFMHN (2006) developed seven standards of practice to provide direction in promoting competent, safe and ethical care in P/MH nursing practice, education, research and administration.

The seven standards of P/MH nursing practice are:
1. Provides competent professional care through the development of a therapeutic relationship;
2. Performs/refines client assessments through the diagnostic and monitoring function;
3. Administers and monitors therapeutic interventions;
4. Effectively manages rapidly changing situations;
5. Intervenes through the teaching-coaching function;
6. Monitors and ensures the quality of health care practices; and,
7. Practices within an organizational and work-role structure.

Each of the standards (see Appendix A) includes a set of interrelated and interdependent competencies that articulate to others what is the desired and achievable level of performance in the specialty area (CFMHN, 2006; CNA, 2004).
Preparation for Practice

The roles described in this document are within the context of community based psychiatric mental health nursing positions. They are a reflection of the needs in today’s health care environment and are paramount to moving the health care system into the future. The extent to which individual nurses in P/MH nursing fulfill the various roles will depend upon their experience and educational preparation.

The desired qualifications for nurses to function as a beginning practitioner in community-based P/MH nursing are:

- Bachelor of Nursing, and/or
- Post basic preparation in psychiatric-mental health nursing, and
- Experience in psychiatric-mental health nursing.

Continuing education and advanced practice education are critical to obtaining and maintaining the knowledge and skills needed to continuously improve the quality of community-based P/MH nursing. P/MH nurses work in collaborative practice environments and share knowledge with other health care disciplines, with community-based service organizations, and with a well-informed population. This specialized knowledge can be acquired through a variety of educational experiences including:

- Formal study and course work beyond the post-basic level, (e.g. post undergraduate diploma, clinical nurse specialist and nurse practitioner preparation, doctoral programs);
- CNA certification in Psychiatric-Mental Health Nursing;
- Lifelong learning;
- Workshops, conferences and seminars;
- Staff development programs; and,
- Experiential learning.

Conclusion

Community-based P/MH nurses in this province have established relationships with consumers that demonstrate they are skilled professionals who listen, understand and respond in a respectful manner. ARNNL acknowledges the tremendous value of registered nurses working in community psychiatric-mental health nursing positions. ARNNL believes it is in the public’s interest to promote the scope of practice and expand the services of psychiatric mental health nurses in the community.
References


Appendix A

**Competencies for Nurses in Community-Based P/MH Nursing**

Community-based P/MH Nurses require a broad range of competencies (specific knowledge, skills, attitudes/attributes) to be effective in their roles. The following competencies are adapted from the Psychiatric/Mental Health Nursing Certification Exam Development Guidelines (CNA, 2005a).

**Knowledge**

Community-based P/MH nurses have a sound knowledge base in nursing theory, art and science as well as mental health, mental illness and aspects of community health/public health as it relates to the social determinants of health. This includes knowledge of:

- the art and science of nursing practice including principles/concepts/dimension
- the art of therapeutic relationship
- mental health and related sciences
- the developmental stages, process and milestones of normal physical, cognitive, social, and emotional development across the lifespan
- mental illness and effective nursing interventions including the following: anxiety; psychosis; alterations in mood; alterations in cognition; disturbances in personality; eating disturbances; alterations in attention, learning and development; safety concerns; psychological trauma; co-occurring disorders
- the process of addiction; knowledge of psychoactive chemicals; medical, psychosocial and family-systems models of substance abuse
- systems, services, procedures, supports and treatments, and options at points of screening, intake and assessments
- the biological sciences, psychopharmacology so as to understand better the mechanisms of medications, neurological basis of certain illness and the underlying pathophysiology of multiple diagnosis, and complementary therapies
- the synthesis of theoretical models and practices in mental health services including: bio-psychosocial models, systems theory, consultation theory, crisis intervention theory, recovery-based family systems and trauma models, wellness orientation models, loss/grief theory and adult learning theory; cognitive and behavioral approaches, narrative approaches, principles of community development and community capacity building and broader social determinants of health
- program planning, development, implementation and evaluation
- principles of interprofessional collaboration

**Skills**

In performance of the role of the community-based P/MH nurse, the following skills are used:

- assessment of individual and family health, screening and diagnosis
- mental status assessment
- assessment of the person’s response to illness and treatment, e.g., neuroleptic management syndrome, lithium toxicity, EPS
- crisis assessment, and crisis intervention
- a range of verbal and non-verbal communication skills to establish and maintain a therapeutic relationship
- identification and building on client strengths and resources for the promotion of coping strategies and problem-solving
- evaluation of therapeutic goals; negotiation and making compromises
- assessment of safety risk factors with a vulnerable population (e.g., person’s history, environmental factors)
• selection of the appropriate nursing interventions to work with individuals experiencing the following behaviors: suicidality; self-harm; self-neglect; addictions; homicidal ideation or behaviour; aggressive behaviour (e.g., toward objects or others); abuse (sexual, physical, emotional, verbal, neglect); assault (sexual, physical); anxiety and aggression; alterations in mood, thoughts and perception
• medication administration, education, and monitoring response to treatment
• implementation of appropriate health promotion, rehabilitation, relapse prevention and recovery strategies
• the relationship between documentation and accountability
• assertive communication, advocacy and political strategies

Attitudes and Personal Qualities
In performance of the role of the community-based P/MH nurses:
• respect self and takes care of self
• respect diversity by eliciting client’s beliefs, wishes, values, cultural beliefs and practices in all aspects of care
• respect client’s right to self-determination and the collaborative decision making process with client, colleagues and other members of the interprofessional team
• respect the functions of others, as collaborative partners of the team
• are receptive to continuous learning
• are self-directed and motivated to take responsibility for their own learning
• committed to values of social justice and equity
• respectful and sensitive of different cultural values, beliefs and practices
• are self-aware of personal and professional beliefs and values
• are open to giving clients opportunities to be responsible for themselves as individuals
• enters into a fiduciary relationship with people and has a legal, moral and ethical responsibility to maintain boundaries with people