

Resources and Classifieds

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According to the Registered Psychiatric Nurses of Canada (RPNC), Registered Psychiatric Nurses (RPNs) represent the single largest group of health care professionals in the mental health field. Currently there are up to 5500 RPNs practicing in our country and increases in numbers have been noted in at least two of the Western provinces, namely Alberta and British Columbia. In the general nursing literature we can find plenty of research reports and information about psychiatric nursing, but little about the practice of RPNs. In doing the background search for information to write this column featuring this group of nursing professionals, I have relied on two provincial regulatory body websites, the Building the Future site (that I have cited on other occasions in this space) and the site of the RPNC. Members of the RPNC include the five western provinces' regulatory authorities for RPNs in Canada, namely British Columbia, Alberta, Saskatchewan and Manitoba.

The education of RPNs has a mostly undocumented history. In the paper "Nursing Education in Canada: Historical Review and Current Capacity", developed for the Building the Future study on nursing human resources, it is noted that it has been over 80 years since the first program to train RPNs was opened in Manitoba. In the section of the paper devoted to RPNs the evolution of their education is described. Of significance in the description is that: their education has in the past, been heavily influenced by psychiatrists and hospitals designed to care for the mentally ill; and that educational programs and subsequent practice regulation are confined to Western Canada.

The pre-nursing phase (1886-1920) saw the opening of prisons in Western Canada where the violently mentally ill were placed because there were no other facilities to house them. That remained the situation for over ten years until the first mental hospital was opened in the west in 1886. The opening was followed by several others in Manitoba, Saskatchewan, Alberta, and British Columbia. There were no nurses in these

Registered Psychiatric Nursing: Education and Regulation in Canada

facilities. Care was overseen by a medical superintendent and delivered by untrained attendants who managed the patients. Conditions in these hospitals, (overcrowding, lack of staff due to the geographical isolation of the facility, etc.) were not conducive to a humane caring approach that had been introduced in British hospitals in the late 1700s.

The influence of Florence Nightingale's work and an established need for nurses to care for the physically ill led to the growth and evolution of training schools for nurses in the United States and Canada. It was a Canadian nurse practicing in the US who introduced the first psychiatric nursing program into a general nursing program in that country. This began the trend to establish psychiatric nursing into the general nursing program in both the US and Canada. This idea for nursing the mentally ill took a firm foothold in the US and Eastern Canada while in the West, psychiatric nursing took an entirely different route with the eventual establishment of psychiatric nursing programs.

In the time period between 1920 and 1960, (starting in Manitoba), psychiatric nursing programs were developed in the five Western Provinces. In the early years these programs were developed and courses taught by psychiatrists with little or no input from nurses. One significant development during this phase occurred in Saskatchewan. A psychiatrist, who was the director of psychiatric services for the province explored whether psychiatric nursing programs should be phased out and replaced by programs to prepare registered nurses. While he consulted widely, he was advised by medical superintendents of mental hospitals that nurses trained in registered nurse programs — regardless of the time training in psychiatric facilities — were overwhelmingly gravitating to general nursing. As a result of this, it was decided to increase the psychiatric nursing programs to three years in length to accommodate the enhancements that were necessary to address newer approaches to psychiatric care. The curriculum was developed by psychiatrists and while an educator was hired for each institution, material was taught by psychiatrists, other medical doctors and staff, nursing and otherwise who were employed by the institution. Recognition of psychiatric nursing as a profession distinct from general nursing began in Saskatchewan in 1948. This was largely accomplished by transferring the control of educational programs from the medical superintendents to psychiatric nursing councils under

the auspices of provincial governments. Eventually, (by the late 70s and early 80s) psychiatric nursing acts were passed which gave the control of programs to psychiatric nursing councils controlled by psychiatric nurses. Following the trend of moving nursing education (to prepare registered nurses) out of hospitals to the general post secondary education systems, psychiatric nursing programs were transferred to institutes of technology, community colleges and universities.

Currently in Canada there are eight programs (6 degree and 2 diploma) to prepare Psychiatric Nurses. All of these programs are delivered in the four Western provinces i.e. British Columbia, Alberta, Saskatchewan and Manitoba. In the same provinces, the profession has been granted self-regulation. According to the College of Registered Psychiatric Nurses of British Columbia (CRPNBC), RPNs practice in the four Western Provinces, the Northwest Territories and Nunavut — (the latter two places recognize the provincial regulation from the Western Provinces since they have no regulatory body of their own). As well, psychiatric nursing is recognized as a distinct profession in more than 15 countries. However, since they cannot practice the profession in Ontario, Quebec and the Atlantic provinces in Canada this has led to labour mobility issues within our country. Citing Ontario in particular, the Council of Registered Psychiatric Nurses of British Columbia (CRPNBC) indicates that registered psychiatric nurses are prevented from working to their full scope of practice because there is no mechanism for their regulation and unlike the agreement to accept registration from other provinces made with the NWT and Nunavut, there is currently no mechanism under which they can practice their profession. With the support of the federal government, the Registered Psychiatric Nurses' Association of Canada (RPNC) is disseminating information about the role and competencies of RPNs to a broad range of stakeholder groups in healthcare. In the fall of this year stakeholder groups from all facets of healthcare in Canada will gather at a forum to determine the options available to recognize the RPN profession across the country.

RPNs practice in many roles, in a broad range of settings and areas of practice in mental health in provinces and territories where they have the authority to govern their own practice. In this short article, a rich history of education and practice over an eighty year time span shows that the profession has grown and evolved to be an invaluable member and full partner in mental health care around the world and in Western Canada.

For more detailed information about Registered Psychiatric Nurses (RPN) please visit the following websites.

www.buildingthefuture.ca

www.rpnc.ca

www.rpnaa.ab.ca

www.crpncb.ca

www.crpnm.mb.ca

www.rpnas.com

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