



## Nursing in advanced mental-health practice: meeting society's needs

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### Context

In response to the increasingly complex needs of people suffering from mental-health troubles, a major re-organisation of mental-health services became essential in recent years. In order to answer to the demands for service delivery, several professional groups have committed themselves to redefining their roles. The profession of nursing is no exception. The need to significantly increase nurses' competence in mental health and psychiatric care has lead to, among other things, to the creation of graduate-level training in advanced mental health practice for nurses.

In the context of the fifth symposium in mental health that took place during the conference of the Québec Order of Nurses (OIQ), the Health and Welfare Commissioner, Dr Robert Salois, presented the key recommendations drawn from the 2012 Health and Social Services System Performance Report, for which he had directed the preparation. In relation to these recommendations, whether they be for fighting stigmatisation, promoting health or strengthening primary care services, advanced mental health practice for nurses plays a central role. This article will allow the reader to appreciate the specific contributions that it will bring to contemporary mental-health care.



### A central role

Mental and physical health are inseparable. Among people suffering from mental-health troubles, the risk of physical-health troubles is significantly higher than in the general population. On the other hand, people suffering from physical-health troubles also have a greater risk of developing psychological problems (Prince et al., 2007). The models of integrated care, meaning care that answers simultaneously to both aspects, shows itself to be more effective and more efficient, both in terms of the evolution of the illness and the costs related to the services offered, when compared with separate mental and physical health care services (Kathol, Lattimer, Gold, Perez, & Gutteridge, 2011). In this perspective, nurses stand out in their approach by treating health as a whole. What's more, nurses along with doctors are the only professionals who bear the responsibility of simultaneously evaluating a person's mental and physical health. Also, thanks to the knowledge and skills acquired in the course of this graduate-level university training in psychiatric nursing, the specialized nurse will be apt to evaluate mental-health troubles independently, to provide care in complex clinical situations and ensure clinical monitoring of the person and the family. For example, a nurse in advanced practice could perform early diagnosis of a first episode of psychosis. This would reduce the impacts related to long periods of untreated psychosis, which is associated with higher prevalence of developing chronic illness.

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Nurses in advanced mental-health practice have already appeared in countries such as Australia, the United States and in some Canadian provinces. The integration of these professionals in teams of primary and secondary care workers, in family-practice medical teams or in emergency wards is an added value in answering to society's mental-health needs. Their presence and competence in health-care institutions promotes positive attitudes, encourages healing, maintains a more stable level of services offered, reduces the need for emergency services, reduces the length of hospital stays and increases the efficiency of service provided in medical clinics (Brinkman, Hunks, Bruggencate, & Clelland, 2009; Fisher, 2005; Nicholls, Gaynor, Shafiei, Bosanac, & Farrell, 2011; Wand, White, Patching, Dixon, & Green, 2012).

### First and foremost, a nurse

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The specialized nurse will remain first and foremost a nurse, maintaining the uniqueness of the profession, with its distinct knowledge and skills (Wortans, Happell, & Johnstone, 2006). The role of the nurse is not a substitute for that of the doctor; it brings a complementary and separate contribution to the care and treatment of individuals with complex mental-health issues. Advanced clinical practice is not so much an extension of medicine as it is an expansion of the care given, respecting a holistic approach from a nurse's perspective (Dempsey & Ribak, 2012). In this way, the specialized nurse will help the person, the family and the community, in a relation of partnership, to recognise the skills, strengths and resources, and to use them in order to maintain health and to heal. What's more, promotion and prevention in mental health are integral parts of the profession. Nurses in advanced clinical practice, with the support of knowledge, can accompany the person and the family through the choices to be made and the implementation of strategies for promotion and prevention in mental health. They will be engaged in research projects with this perspective or in innovating and conceiving programs for the general population and for those at greater risk such as young people with family precedents of mental-health troubles.

### Conclusion

In light of these arguments, the specialized mental-health nurse plays an undeniably central role regarding the recommendations of the Health and Welfare Commissioner. Like other countries, Quebec will soon recognise this new professional resource so that these nurses can put their abilities to full use and act to the fullest extent of their role. As well as improving accessibility to quality care in mental health, the presence of the advanced clinical-care nurse will improve the over-all experience of people in their healing process.

### Bibliography

1. Brinkman, K., Hunks, D., Bruggencate, G. & Clelland, S. (2009). Evaluation of a new mental health liaison role in a rural health centre in Rocky Mountain House, Alberta: A Canadian story. *International Journal of Mental Health Nursing*, 18(1), 42-52.
2. Dempsey, A. & Ribak, J. (2012). The Future of the Psychiatric Mental Health Clinical Nurse Specialist: Evolution or Extinction. *Nursing Clinics of North America*, 47(2), 295-304. doi: <http://dx.doi.org/10.1016/j.cnur.2012.02.003>
3. Fisher, J. E. (2005). Mental health nurse practitioners in Australia: Improving access to quality mental health care. *International journal of mental health nursing*, 14(4), 222-229.
4. Kathol, R. G. et al. (2011). Creating clinical and economic "wins" through integrated case management: lessons for physicians and health system administrators. *Professional Case Management*, 16(6), 290-300.
5. Nicholls, D. et al. (2011). Mental health nursing in emergency departments: The case for a nurse practitioner role. *Journal of clinical nursing*, 20(3-4), 530-536.
6. Prince, M. et al. (2007). No health without mental health. *The Lancet*, 370(9590), 859-877.
7. Wand, T. et al. (2012). Outcomes from the evaluation of an emergency department-based mental health nurse practitioner outpatient service in Australia. *Journal of the American Academy of Nurse Practitioners*, 24(3), 149-159.
8. Wortans, J. et al. (2006). The role of the nurse practitioner in psychiatric/mental health nursing: exploring consumer satisfaction. *Journal of Psychiatric and Mental Health Nursing*, 13(1), 78-84.