

A stylized blue bird graphic, possibly a dove, is positioned in the upper left corner of the cover. It is rendered in shades of blue against a light blue background.

Canadian Standards for Psychiatric-Mental Health Nursing

3rd Edition January 2006



Standards of Practice

CFMHN gratefully acknowledges all of these dedicated professionals who have contributed to these standards

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Canadian Federation of Mental Health Nurses Fédération Canadienne des Infirmières et Infirmiers en Santé Mentale

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An associate group of the Canadian Nurses' Association (CNA), we are a national voice for psychiatric and mental health (PMH) nursing.

Our objectives are to:

- Assure national leadership in the development and application of nursing standards that inform and affect psychiatric and mental health nursing practice.
- Examine and influence government policy, and address national issues related to mental health and mental illness.
- Communicate and collaborate with national and international groups that share our professional interests.
- Facilitate excellence in psychiatric and mental health nursing by providing our members with educational and networking resources.

Formed in 1988, the Federation pioneered national credentialing in psychiatric and mental health nursing and achieved CNA certification status seven years later.

Because of our efforts, nurses across the country can qualify for the national psychiatric and mental health nursing credential. Nurses with certification are eligible to use the CPMHN(C) designation after their names and wear the official CNA certification pin — a sign of professional achievement.

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Canadian Standards for Psychiatric-Mental Health Nursing



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Introduction

Over its long history, Psychiatric-mental health nursing practice in Canada has enriched the health and well being of Canadians. Psychiatric-mental health nurses continue to expand their knowledge and understanding of mental health and mental illness while delivering competent, safe and ethical care to Canadians. The Canadian Standards of Psychiatric and Mental Health Nursing (PMHN) provide direction to all nurses and to the public on acceptable practices of a psychiatric mental health nurse.

The current document is reflective of the third edition of the Canadian Standards of Psychiatric and Mental Health Nursing. The document includes a brief discussion on the Standards development process, purpose of the Standards, current issues, beliefs, the revised practice standards, glossary, and appendix.

The history of psychiatric-mental health nursing provides an important and informative context to facilitate a full understanding of the standards. The appendix provides a historical overview.

Standards Development

The first edition of the Canadian Standards of Psychiatric and Mental Health Nursing was published in 1995 (Austin, Gallop, Harris, Spencer, 1996). The second edition, focused on a community mental health and community development model, was completed in 1998 (Buchanan, Harris, Greene, Newton, & Austin, 1998).

The third edition expands on the earlier additions and current issues that affect the practice of psychiatric mental health nursing. In keeping with this perspective, the Standards Committee held focus groups with various client groups across the country in order to get their input on the Standards. Standards committee members who conducted the focus groups found this experience to be very powerful. The clients gave excellent perspectives about their needs and interventions that would help both them and their families. They offered valuable suggestions as to how we could improve the standards and create partnerships with them in terms of practicing in this field. The current edition strongly reflects client input.

The Standards continue to use Benner's (1984) "domains of practice" as the conceptual framework underpinning those Standards (Austin, Gallop, Harris, & Spencer, 1996). The competencies are classified under seven domains. These domains are the therapeutic relationship, systematic assessment and decision making, the administering and monitoring of therapeutic interventions, effective management of rapidly changing situations, the teaching/coaching function, monitoring and ensuring the quality of health care practices, and organizational and work role competencies.

Purpose of Standards

"The primary purpose of having standards is to provide direction for professional practice in order to promote competent, safe and ethical service for clients" (CNA, 2002a, p.9). Through these standards nurses can articulate to others what is the desired and achievable level of performance in the specialty area and be held accountable. Psychiatric-Mental Health Nursing (PMHN) Practice Standards provide a guide for the evaluation of psychiatric and mental health nursing practice within a professional and ethical framework.

Current Issues

Professional standards reflect the current state of knowledge and understanding of a discipline and are therefore contextual and dynamic. The theoretical framework for practice influences the manner in which the individual psychiatric and mental health nurse (PMHN) nurse achieves these accepted standards of practice. Nursing practice is also strongly influenced by the contexts in which care is given. These contexts include social, cultural, economic and political influences (CNA, 2002b).

Such contexts challenge psychiatric-mental health nurses to practice from a social justice paradigm. Current issues include:

- Inequities in health care access in a political context of an efficiency model.
- Changing demographics and cultural diversities (eg., age, gender, ethnicity, race, sexual orientation, language, socio-economic status, spirituality).

- Equity in financial allocation of acute and chronic care resources.
- Increased prevalence of concurrent disorders (addictions).
- Trend toward policy and program planning of the integration of addictions and mental health.
- Multiple morbidities resulting in increasing acuity and complexity.
- A focus on determinants of health in understanding psychiatric-mental health issues and needs.
- An expanded view of the health care team to include partnership/collaborative relationships with clients and their natural support systems and with advocacy and self-help groups.
- In working in collaborative relationships with the individual, family, community, populations and social agencies.
- In a holistic approach that is essential to understanding the unique experience of the client.
- In equitable access to culturally competent care.
- In reflective ethical practice and a commitment to continuous learning.
- In the protection of human rights in context to civil commitment and relevant aspects of jurisprudence.
- In advocating for practice environments that facilitate and ensure safe and positive work relationships.
- In fostering a legacy of moral and visionary psychiatric mental health nursing leaders.

Beliefs/Values

Psychiatry / Mental Health is a specialized area of nursing practice, education and research. The PMH nurse uses evidence-based and experiential knowledge from nursing and related health sciences. This practice is grounded in the values as stated in the Canadian Nursing Association Code of Ethics (CNA, 2002a). Practice involves the promotion of mental health and the prevention, treatment and management of mental disorders.

Psychiatric and Mental Health Nurses believe:

- The therapeutic nurse-client relationships, based on trust and mutual respect, are central to practice.
- In the alleviation of the stigma and discrimination.
- In the conduct and utilization of research for improvement in care.
- In social action to promote political and social awareness to influence health and organizational policy.



Standards

Standard I: Provides Competent Professional Care Through the Development of a Therapeutic Relationship

A primary goal of psychiatric and mental health nursing is the promotion of mental health and the prevention or diminution of mental disorder. The development of a therapeutic relationship is the foundation from which the psychiatric and mental health nurse can “enter into partnerships with clients, and through the use of the human sciences, and the art of caring, develop helping relationships” (RNAO, 2002b).

The nurse is expected to demonstrate competence in therapeutic relationship by the following:

1. Assesses and clarifies the influences of personal beliefs, values and life experience on the therapeutic relationship and distinguishes between social and therapeutic relationships.
2. Works in partnership with the client, family, and relevant others to determine goal directed needs and to establish an environment that is conducive to goal achievement.
3. Uses a range of therapeutic verbal and non-verbal communication skills that include empathy, active listening, observing, genuineness, and curiosity.
4. Recognizes the influence of culture, class, ethnicity, language, stigma, and social exclusion on the therapeutic process and negotiates care that is sensitive to these influences.

5. Mobilizes and advocates for resources that increase clients' and families' access to mental health services and improve community integration.
6. Understands and responds to human reactions to distress and loss of control that may be expressed as anger, anxiety, fear, grief, helplessness, hopelessness, and humour.
7. Guides the client through behavioural, developmental, emotional, or spiritual change while acknowledging and supporting the client's participation, responsibility, and choices in own care.
8. Supports the client's and family's sense of resiliency, self-esteem, power, and hope.
9. Fosters mutuality of the relationship by reflectively critiquing therapeutic effectiveness through client and family responses and feedback, clinical supervision, and self-evaluation.
10. Understands the nature of chronic illness and applies the principles of health promotion and disease prevention when working with clients and families.

Standard II: Performs/Refines Client Assessments Through The Diagnostic and Monitoring Function

Effective assessment, diagnosis and monitoring is central to the nurse's role and is dependent upon theory, as well as upon understanding the meaning of the health or illness experience from the perspective of the client. The nurse explains to the client the assessment process and content and provides feedback. Knowledge is integrated with the nurse's conceptual model of nursing practice, provides a framework for processing client data and for developing

client-focused plans of care. The nurse makes professional judgements regarding of the data, recognizing and including the client as a valued partner. The nurse achieves this by:

1. Collaborating with clients and with other members of the health care team to gather holistic assessments through observation, examination, interview, and consultation, while being attentive to issues of confidentiality and pertinent legal statutes.
2. Documenting and analyzing baseline data to identify health status, potential for wellness, health care deficits, potential for danger to self and others; alterations in thought content and/ or process, affect behaviour, communication and decision-making abilities; substance use and dependency; and history of trauma and/or abuse (emotional, physical, neglect, sexual or verbal).
3. Formulating and documenting a plan of care in collaboration with the client and with the mental health team, recognizing variability in the client's ability to participate in the process.
4. Refining and expanding client assessment information by assessing and documenting significant change(s) in the client's status, and by comparing new data with the baseline assessment and client goals.
5. Continuously assessing and anticipating potential needs and risks. Collaborating with the client to examine his/her environment for risk factors: self-care, housing, nutrition, economic, psychological, and social.
6. Determining most appropriate and available therapeutic modality that meets client's needs, and assisting the client to access these resources.

Standard III: Administers and Monitors Therapeutic Interventions

Due to the nature of mental health problems and mental disorders, there are specific practice issues for the psychiatric and mental health nurse in the assessment and the administration of therapeutic interventions. Many clients are at risk for harm to self and/or others, and/or self-neglect safety is an important issue. Every effort will be made to include the client in all aspects of decision-making. The PMH nurse will be alert and respond to adverse reactions.

The nurse will:

1. Utilizes and evaluate evidence based interventions to provide safe, effective and efficient nursing care.
2. Provides information to clients and families/ significant others, in accordance with relevant legislation.
3. Assists, educates, and empowers clients to select choices which support informed decision making. Provides information as to the possible consequence(s) of the choice.
4. Supports clients to draw on own assets and resources for self care, activities of daily living, mobilizing resources and mental health promotion.
5. Determines clinical intervention, using knowledge of client's responses.
6. Uses technology appropriately to perform safe, effective and efficient nursing intervention.
7. Administers medications accurately and safely, monitoring therapeutic responses, reactions, untoward effects, toxicity and potential incompatibilities with other medications or substances. Provides medication education with appropriate content.

8. Utilizes therapeutic elements of group process.
9. Incorporates knowledge of family dynamics, cultural values and beliefs in the provision of care.
10. Collaborates with the client, health care providers and community to access and co-ordinate resources and seeks feedback from the client and others regarding interventions
11. Encourages and assists clients to seek out support groups for mutual aid and support as needed.
12. Seeks out the client's response to, and perception of, nursing and other therapeutic interventions and incorporates it into practice.

Standard IV: Effectively Manages Rapidly Changing Situations

The effective management of rapidly changing situations is essential in critical circumstances that may be termed psychiatric emergencies. These situations include risk factors for self-harm, aggressive behaviours and rapidly changing mental and physical health states (SERPN, 1996).

The nurse:

1. Utilizes the therapeutic relationship throughout the management of rapidly changing situations.
2. Assesses the client using a comprehensive holistic approach for actual or potential health issues, problems risk factors and or crisis/emergency/catastrophic situations.
3. Knows resources required to manage actual and potential crisis/emergency/catastrophic situations and plans access to these resources.
4. Monitors client safety and utilizes continual assessment to detect early changes in client status, and intervenes accordingly.

5. Implements timely, age appropriate, client specific crisis/emergency/catastrophic interventions as necessary.
6. Commences critical procedures: in an institutional setting, including suicide precautions, emergency restraint, elopement precautions, infectious disease management, when necessary; in a community setting, uses community support systems, including police, ambulance services, and crisis response resources.
7. Utilizes a least restraint approach to care.
8. Develops and documents the plan and intervention.
9. Coordinates care to prevent errors and duplication of efforts where rapid intervention is imperative.
10. Evaluates the effectiveness of the rapid responses with the client and modifies critical plans as necessary.
11. In collaboration with the client facilitates the involvement of the family and significant others to identify the precipitates of the event and plan to minimize risk of recurrence.
12. Participates in process review with: the client; family; team; and other service providers as needed.
13. Utilizes safety measures to protect client, self, and colleagues, from potentially abusive situations in the work environment.
14. Participates and implements activities that improve client safety in the practice setting.

**Standard V:
Intervenes Through The
Teaching-Coaching Function**

All interactions are potentially teaching/learning situations. The PMH nurse attempts to understand the life experience of the client and uses this understanding

to support and promote learning related to health and personal development. The nurse provides health promotion information to individuals', families', communities and populations.

The nurse:

1. In collaboration with the client determines clients' learning needs.
2. Plans, and implements with the client, health promotion education while considering the context of the client's life experiences. Considers; readiness, culture, literacy, language, preferred learning style and resources available.
3. Engages with the client to explore available options and resources to build knowledge to make informed choices related to health needs and to access the system as needed.
4. Incorporates knowledge of a wide variety of learning models and principles when creating learning opportunities for clients.
5. Critiques and provides relevant information, guidance and support to the clients, families and significant others.
6. Documents the teaching/learning process (assessment, plan, implementation client involvement and evaluation).
7. Determines with the client, the effectiveness of the educational process and collaboratively develops or adapts the ways to meet learning needs.
8. Engages in teaching/learning opportunities as partners with consumers, families and community agencies.

**Standard VI:
Monitors and Ensures the
Quality of Health Care Practices**

The nurse has a responsibility to advocate for the clients right to receive the least restrictive form of care

and to respect and affirm the clients' right to self-determination in a safe and equitable manner. Mental health care occurs under the provisions of provincial /territorial Mental Health Acts and related legislation. It is essential for the PMH nurse to be informed regarding the interpretation of relevant legislation and its implications for nursing practice.

The nurse:

1. Identifies philosophy, attitudes, values and beliefs of the workplace culture that impact on the nurse's ability to perform with skill, safety, and compassion and takes action as appropriate.
2. Understands how the determinates of health impact on the health of the community and affect PMH nursing practice.
3. Understands and utilizes current and relevant legislation and the implications for nursing practice.
4. Expands and incorporates knowledge of innovations and changes in mental health and psychiatric nursing practice to ensure safe, confidential and effective care.
5. Ensures and documents ongoing review and evaluation of psychiatric and mental health nursing care activities.
6. Participates in a dialogue and critical reflection around the interdependent functions of the team within the overall plan of care.
7. Advocates for the client within the context of the health care environment.
8. Advocates for the continuous improvement to the organizational/system structures in keeping with the principles of delivering safe, ethical and competent care.
9. Recognizes the dynamic changes in health care locally and globally and, in collaboration with stakeholders, supports strategies to manage these changes.

Standard VII –

Practices Within Organizational and Work-Role Structure

The provision of psychiatric mental health nursing care is provided in both the community and hospital settings. For the PMH nurse care is based on the therapeutic relationship, reflective, ethical, evidence-based practice within complex and dynamic situations. It is essential for the PMH nurse to be knowledgeable, skilful in collaborative care planning and implementation, mental health promotion, advocacy and community consultation.

The nurse:

1. Works in collaborative partnerships with clients/families/significant others and other stakeholders to facilitate environments that ensure the safety, support and respect for all persons.
2. Actively participates to sustain and promotes a climate which supports ethical practice and the establishment of a moral community (Varcoe, Rodney, & McCormack, 2003).
3. Understands and utilizes quality outcome indicators and strives for continuous quality improvement.
4. Seeks to utilize constructive and collaborative approaches to resolve differences among members of the health care team which may impact care (CNA 2002a).
5. Participates in developing, implementing and critiquing mental health policy.
6. Advocates and supports a nursing leadership role.
7. Supports and participates in the mentoring and coaching new graduates.
8. Utilizes knowledge of collaborative strategies for social action in working with consumer and advocacy groups.



Glossary

These descriptions apply for the purposes of this document.

client: Individuals, families, groups, populations or communities. Synonymous terms may be patients, beneficiaries, partners, recipients, consumers. Clients exist in social systems that may influence the onset and duration of illness and the extent of mental health. (in RNAO, Nursing Best Practice Guideline: Client Centered Care 2002a).

crisis: An emotional upset, arising from situational, developmental, biological, psychological, socio-cultural, and/or spiritual factors. This state of emotional distress results in a temporary inability to cope by means of one's usual resources and coping mechanisms. Unless the stressors that precipitated the crisis are alleviated and/or the coping mechanisms are bolstered, major disorganization may result. It is recognized that a crisis state is subjective and as such may be defined by the client, the family or other members of the community (in RNAO, Nursing Best Practice Guideline, Crisis Intervention 2002b).

contextual factors: The personal, interpersonal and environmental variables that comprise a person's unique life experience.

competencies: The integrated knowledge, skills, attitudes and judgements expected of the PMH nurse (CNA, 2002)

family: Being unique and whomever the person defines as being family. Family members can include, but are not limited to parents, children, siblings, neighbours, and significant people in the community (RNAOd. 2002).

least restrictive environment: The patient/client has the right to treatment in an environment that restricts the exercise of free will to the least extent; an individual cannot be restricted to an institution when he or she can be successfully treated in the community (Boyd, 2005, p.920)

mental disorder: A disorder that is associated with the presence of psychological distress impairment in psychological, social or occupational functioning; or a significantly increased risk for death, pain, disability, or an important loss of freedom. (Boyd, 2005, p 920)

mental illness: Characterized by alteration in thinking, mood or behavior (or some combination thereof and associated with significant distress and impaired functioning over an extended period of time. The symptoms of mental illness vary from mild to severe, depending on the type of mental illness, the individual, the family and the socio-economic environment (Health Canada, 2002)

mental health: The capacity to feel, think, and act in ways that enhance one's ability to enjoy life and deal with challenges. Refers to various capacities including the ability to: understand oneself and one's life, relate to other people and respond to one's environment; experience pleasure and enjoyment; handle stress and withstand discomfort; evaluate challenges and problems; pursue goals and interests; and explore choices and make decisions. (Health Canada, <http://www.hc.gc.ca/hppb/mentalhealth/mhp/cfaq.html>)

mental health problem: The diminished capacities – whether cognitive, emotional, interpersonal, motivational or behavioural – that interfere with a person's enjoyment of life or adversely affect interactions with society and environment (Stephens, 1999).

mental health promotion: The process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity” (Joubert & Raeburn, 1997, p.4). I think that you could find a more current reference

moral community: Is a community in which there is coherence between what a healthcare organization publicly professes to be, e.g., a helping, healing, caring environment that embraces values intrinsic to the practice of healthcare, and what employees, patients and other both witness and participate in (Webster & Baylis, 2000)

rapidly changing mental health state: Severe impairments of thought and judgment, constituting a medical emergency, which can occur in association with acute psychosis (a clinical syndrome that may be caused by a variety of disorders such as mania, schizophrenia, drug abuse)

self awareness: The ability to reflect on one's practice, thoughts, feeling, needs, fears, strengths and weakness and to understand how these might affect one's actions and the nurse-client relationship (RNAO, 2002b)

significant others: Those to whom the client attributes affection, emotional ties and a sense of belongingness (adapted from Wright & Leahey, 1994).

therapeutic relationship: The therapeutic relationship is grounded in an interpersonal process that occurs between the nurse and the client(s). Therapeutic relationship is a purposeful, goal directed relationship that is directed at advancing the best interest and outcome of the client (RNAO, 2002b).



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Appendix

History of Canada's Psychiatric Mental Health Nursing*

(Boschma, 2003 & Tipliski, 2002)

Until the late nineteenth century, people with mental illness were usually cared for by their families. From that time, institutional care for the person with mental illness considered as “dangerous to be at large,” became available as provinces passed legislation for the formal admission of this group, and asylum care became the responsibility of the state. Provinces established asylums headed by physicians titled “medical superintendents,” and staffed by lay attendants. Early in the twentieth century, several asylums in Ontario, Nova Scotia and Quebec initiated specialized mental nurse training schools, modeled closely on general hospital schools. Under the leadership of general nursing, mental hospital graduate nurses eventually became eligible for general nurse registration in those provinces. Asylum training schools appeared some time later in western Canadian asylums as well, but those graduates generally were not eligible for provincial nurse registration, eventually leading to a separate registration system.

Public funding for Canada's mental hospitals remained a challenge, and problems of limited resources and overcrowding soon made the institutions difficult to manage, resulting in a poor reputation. Under the influence of the mental hygiene movement which emerged in the 1920s, ideas about care of the person with mental illness shifted, and gradually more emphasis was placed upon prevention of mental illness and promotion of mental health among the general population. Following World War Two, the health care system rapidly expanded, new psychotropic medications became available, and care of the mentally ill became more diversified. Large mental hospitals remained, but general hospitals created psychiatric departments and outpatient clinics, and services expanded. Beginning in the mid-1960s, the focus of mental health care slowly shifted from institutional to community-based care, and a wider range of professional services became available. There was a significant decrease in the number of patients cared for in the provincial hospitals.

Throughout the postwar years and transition to community care, psychiatric mental health nursing remained central to the care of the person with mental illness, however, the role of nurses and their education also changed. In all provinces, psychiatric mental health nursing is now a component of generic nursing education programs, preparing graduates for positions in this nursing specialty as part of the profession of nursing. Today psychiatric mental health nurses are an integral part of multidisciplinary teams, providing a wide range of inpatient and community mental health care services in partnership with consumers and their families.



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