

Psychiatric Nursing Education: A Program for Saskatchewan

Executive Summary

For over 50 years, Registered Psychiatric Nurses have been trained in Saskatchewan and have fulfilled a vital role in providing mental health services for the people of this province. Now, at a time when mental health services are ever more important, the number of Registered Psychiatric Nurses is rapidly diminishing. The Registered Psychiatric Nurses Association of Saskatchewan (RPNAS) is compelled to address the current situation.

Many factors account for the increased need for mental health services. These include an aging population and increases in the number of people suffering from Schizophrenia, stress and Alzheimer Disease. The Aboriginal population in Saskatchewan is increasing, bringing mental health issues prevalent within that segment of society. There clearly is an increasing need for mental health services and Registered Psychiatric Nurses are the most appropriate health care professionals to provide those services.

The unique profession of the Registered Psychiatric Nurse arose in the 1920s and 1930s, with the building of hospitals for the mentally ill. In 1948, the first *Registered Psychiatric Nurses Act* was passed and RPNs became recognized professionals in dealing with clients requiring mental health services. Later, when the hospitals were closed, RPNs moved into other areas to provide services, including acute psychiatry, addictions, mental health clinics, community mental health, long term care, and other areas where their special skills and abilities were required. A primary focus of Registered Psychiatric Nursing is to advocate for that segment of society most unable to advocate for itself. A shortage of RPNs means that such people are vulnerable to being overlooked and misunderstood.

Several reasons account for the current shortage of Registered Psychiatric Nurses in Saskatchewan. First, there is a provincial, even world-wide, shortage of nurses in general. Second, and most importantly, the move to a generic nursing education program in Saskatchewan has resulted in the licensing of virtually no Registered Psychiatric Nurses since 1997. As well, RPNs have no access to a degree in psychiatric nursing in this province. Also, Saskatchewan is losing students and residents as those who want a psychiatric nursing program are going to Manitoba, Alberta or British Columbia for education and many will end up working there. In light of these concerns, RPNAS is seeking alternatives to the current nursing education program.

Four options are being presented to the Ministers of Health and Post-Secondary Education. Any one or a combination of these options would make a difference in the number of RPNs being trained and licensed. It is imperative that steps be taken now to rebuild the numbers of RPNs in Saskatchewan, for the good of the mental health consumer and the growth of the profession.

Challenges in Mental Health

Mental health is one of the most important health care issues in Saskatchewan. Current challenges that have put considerable strain on the human and fiscal include: 1) an ageing population with an increase in dementia and Alzheimer Disease; 2) psychiatric and emotional disorders are more common in Saskatchewan than anywhere else in Canada (CMHA, 2000), afflicting 28 per cent of Saskatchewan people each year and accounting for 50 per cent of visits to the family physician; 3) growing numbers of people experiencing workplace stress and psychiatric disabilities. These challenges combined lead to an increased need for psychiatric nursing services.

The Alzheimer Society states that the numbers of people with this disease will triple over the next 10 years. As the Baby Boomer generation ages, the pressures on long term care facilities will increase, as will the stresses on community, acute and palliative care services. In addition, elder care increases stress. One of every five respondents to the Duxbury and Higgins (1998) study were members of the "sandwich" generation, having care of both children and elders and over half (57 per cent) had some responsibility for elder care. Of these, two per cent were caring for an elderly person in their home and 33 per cent were caring for elders living near by.

The numbers of people suffering from psychiatric disabilities continues to increase. Currently about 10,000 people in Saskatchewan suffer from Schizophrenia, with another 80,000 friends and family directly impacted. Add those people with other mental illnesses and the numbers become staggering (Schizophrenia Society, 2000).

Saskatchewan residents are experiencing increasing work related stress and burnout. The 1998 study, *Balancing Work and Family* conducted by Linda Duxbury and Christopher Higgins for the Government of Saskatchewan indicated that heavy work demands and home challenges compromise the mental health of one-third of the population. "30 per cent report high levels of job stress, 25% can be considered at risk with respect to job burn-out; 33 per cent report high levels of depressed mood..." (Duxbury and Higgins, 1998). According to Duxbury and Higgins (1998), "Costs associated with Employee Assistance Programs and stress-related leave will probably also increase due to the higher levels of job stress, stress and depressed mood. There will also be costs associated with employees taking "mental health days" off work." Saskatchewan employees are absent from work due to physical and mental fatigue 1.9. days per year, double the national average.

Stress is a growing health problem among farm families in Saskatchewan where 38 per cent of the population is rural. Hours of work are longer among farmers (84.1 hours /week compared to 77.4 for men and 77.8 hours for women overall). In addition, many of those who live on farms need a secondary income to supplement farm revenue. Clearly, long working hours are a significant source of stress on farm families.

Mental health services are being impacted by the shortage of psychiatric nurses. Beds have been closed in Prince Albert, North Battleford and Saskatoon. Community based programs must reallocate resources because of a shortage of Registered Psychiatric Nurses. The attraction of RPNs to community mental health has also put a strain on acute psychiatric care needs. The province of Saskatchewan must train and employ more Registered Psychiatric Nurses now.

Specific Aboriginal health concerns

The 1996 census reported 109,540 people of Aboriginal ancestry, more than 11 per cent of the population (Women's Secretariat, 1999). The Aboriginal population continues to increase in Saskatchewan, to the point that in 10 years, 30 per cent of the people in this province will be Aboriginal. Mental health issues, particularly in the area of addictions, are of great concern to the Aboriginal people.

Aboriginal clients made up 60 per cent of current drug users in Saskatchewan Health treatment centres in 1995-96. Of the total number of clients in alcohol and drug treatment in 1995-96, 47 per cent were Aboriginal. Sixty-three per cent of new users and 56 per cent of chronic users were Aboriginal. (Saskatchewan Women's Secretariat, 1999).

In 1996-1997, 46 per cent of people in detoxification and treatment facilities in the Regina Health District were of First Nations or Métis descent. Native youth have a higher rate of suicide than non-Aboriginal youth in Saskatchewan. Aboriginal peoples have identified such mental health concerns as a priority in terms of prevention and treatment. Over 70 per cent of on-reserve and off-reserve Indians, 50 per cent of Métis and 60 per cent of Inuit reported alcohol abuse as a problem.

Mental Health problems have a particular impact on Aboriginal women. First Nations females are: 12 times more likely to be hospitalized because of alcohol psychoses, 10 times more likely to be hospitalized because of alcoholic dependence syndrome, seven times more likely to be hospitalized for suicide and self-inflicted injury and six times more likely to be hospitalized for poisoning by drugs or other substances (Women's Secretariat, 1999).

Fetal alcohol syndrome impacts the health care system in this province. Psychologists at the University Hospital, Saskatoon found that 86 per cent of the 207 cases of FAS identified between 1992 and 1994 were Aboriginal. "An American study pegged the cost of treating those with FAS at about \$1.5 million dollars per case" (Women's Secretariat, 1999).

Aboriginal women and children are more likely to experience violence and abuse than other Canadians. According to a 1995 study conducted by Saskatchewan Social Services, at least 57 per cent of the women who use shelters are of Aboriginal ancestry. Aboriginal people also account for 74 per cent of sentences to provincial correctional institutions, almost seven times their share of the province's population.

Clare Brant, an eminent Aboriginal psychiatrist, wrote about the difficulties inherent in Aboriginals being treated by non-Aboriginals, documenting that there are psycho-social differences as well as differing customs, beliefs, and so on. According to Brant, "Failure to recognize and understand such cultural influences can lead to errors in diagnosis and treatment that can turn what was intended as a helpful encounter into a destructive one" (Brant, 1990). In spite of this, Indigenous peoples are under-represented in Registered Psychiatric Nursing. For example, the Regional Psychiatric Center, Saskatoon employs only two Aboriginal Registered Psychiatric Nurses in spite of the fact that a large majority of clients are of Aboriginal ancestry. Currently there are only approximately six to 12 Aboriginal Registered Psychiatric Nurses practicing in Saskatchewan. There is an urgent need for many more Aboriginal Registered

Psychiatric Nurses.

Psychiatric Nursing Education

History

The Registered Psychiatric Nursing profession began with the recognition that nurses require special skills to serve the mentally ill. Brandon has had a long and distinguished history with Psychiatric Nursing. The first ever training school for Registered Psychiatric Nurses was established at the Brandon Mental Hospital in 1921. Education of Registered Psychiatric Nurses in Saskatchewan was initially the responsibility of the psychiatric facilities--Saskatchewan Hospital, North Battleford (1932), the Saskatchewan Hospital, Weyburn (1933) and Saskatchewan Training, Moose Jaw (1950). In 1972, responsibility for the education of Registered Psychiatric Nurses was transferred to the Wascana Institute of Applied Arts and Sciences (later to become part of the Saskatchewan Institute of Applied Sciences and Technology or SIAST). At one time 120 seats were allocated to psychiatric nursing. Sixty (60) seats were allocated immediately prior to graduation of the last class of distinct psychiatric nurses graduated from SIAST in 1997.

Current Programs

The Nursing Education Program of Saskatchewan (NEPS), commenced in 1996, was intended to provide Registered Psychiatric Nurses with access to a general nursing degree and ensure the preparation of future graduates to continue to provide services for the mental health consumer. Concerns have been raised by other provinces about whether NEPS is a “psychiatric” nursing program. Concerns regarding lack of specific psychiatric nursing content in NEPS have led Manitoba to refuse to license NEPS graduates without additional education. RPN Associations in Alberta and British Columbia have expressed similar concerns. In spite of these concerns, NEPS remains the only program option in Saskatchewan for the education of Registered Psychiatric Nurses.

The Registered Psychiatric Nursing Profession

Role

Registered Psychiatric Nurses practice to promote mental health, increase capacity and facilitate self-efficacy with individuals, groups, families, communities and populations. Through the application of self-awareness and deliberate consciousness, Registered Psychiatric Nurses use the therapeutic milieu to promote positive change in both the physical and mental health of the client. Comprehensive psychiatric nursing care, through the nursing process, assists the individual to meet psycho-social, physiological and developmental needs. Comprehensive psychiatric nursing care includes the following:

- Promoting, maintaining and restoring the holistic health of diverse populations;
- Teaching and practice;
- Developing authentic therapeutic relationships through application of effective interpersonal skills; and
- Coordinating mental health and psycho-social services.

Registered Psychiatric Nurses have general and psychiatric professional nursing knowledge,

skills and abilities. They practice in diverse settings with diverse clients, independently and in collaboration with other disciplines. Registered psychiatric nursing practice includes direct care, administration, education, consultation and research (RPNAS, SRNA, SALPN, 2000).

Psychiatric Nursing has been legally recognized as a separate profession since *The Registered Psychiatric Nurses Act* of 1948. The Registered Psychiatric Nurse has general nursing knowledge and skill, with additional training in psychiatry and mental health. Compared to other nursing practitioners, the Registered Psychiatric Nurse has:

- Greater skill in communications, particularly in the areas of individual and group counselling.
- Use of self as a primary therapeutic tool;
- Enhanced knowledge of developmental disabilities and their impact on mental capacity;
- Enhanced knowledge of mental illness and mental health issues;
- Knowledge of medications and medication administration focused on psychotropic drugs;
- Specialized skill in mental, emotional and social assessment;
- Reduced emphasis on advanced medical/surgical knowledge and skills.

Registered Psychiatric Nurses are in demand in a variety of settings within the health industry. These include: acute psychiatry in hospitals; long term geriatric care in special care homes; residential and community programs for the developmentally handicapped; home care; forensic psychiatry in provincial correctional centres, federal penitentiaries and community-based corrections; women's shelters and clinics; residential and community adolescent programs; sheltered workshops and vocational rehabilitation programs; child guidance and family therapy clinics, chemical dependency programs, children and geriatric day care centres; and Mental Health Associations, post-secondary education and insurance companies. Registered Psychiatric Nurses also work in private practice, provide consultation services and facilitate self-help groups. They are also in demand in special education programs in the K-12 system. Because Registered Psychiatric Nurses are well known for their communications skills, they are in demand in administration, personnel, employee assistance and staff development in other industries as well.

The Demand

Peat, Marwick, and Partners (1982) used a population approach to project the number of psychiatric nurses that would be required in Western Canada by 2000. They recommended a ratio of one Registered Psychiatric Nurse to every 1,720 residents in Saskatchewan. They concluded that, "Prolonged shortages of psychiatric nurses would not likely be tolerable in any of the provinces," and that it was "...likely that the western region may have to compete vigorously to retain its ...supply of psychiatric nurses." They recommended "development of specialized training programs to meet western Canada's need...for psychiatric nursing specialists."

Registered Psychiatric Nurses are the largest group of mental health care providers in Saskatchewan. In 1995, 1,182 RPNs actively practiced in Saskatchewan. In 1999, 1,015 Registered Psychiatric Nurses were registered with RPNAS. Less than 1,000 RPNs have registered in 2001. This represents a decrease of almost 25 per cent in six years. Approximately 51 per cent of RPNs will be eligible to retire in the next five to 10 years. Attrition also occurs as

a result of outward migration into other provinces and other industries.

To maintain the current numbers of Registered Psychiatric Nurses in Saskatchewan as a viable profession, a minimum of 60 new registrations from graduates are needed per year for the next 10 years. From 1990 to 1996, an average of 57 graduates registered as RPNs each year, with a high of 72 in 1992 to a low of 31 in 1996. With the implementation of NEPS, a total of four graduates registered as RPNs in 1999—the first diploma exit of NEPS. Only four students wrote the RPN exam in the spring of 2000, with three of these students licensing with RPNAS. This brings the total number of graduates licensing to seven for a two-year period. If this trend continues, it will not keep up with either attrition in existing mental health programs or the human resource needs of new mental health programs that need to be started in Aboriginal communities. It will also result in the erosion of a profession and professional association that have made significant contributions to the mental health of the people of Saskatchewan.

Employment is a priority within Aboriginal communities. In 1997-98, Aboriginal nurses and physicians accounted for less than one percent of all Canadian nurses and physicians. Population trends indicate that by the year 2005, Aboriginal people will make up 20 to 25 per cent of Saskatchewan's workforce. In 1996, the Saskatchewan Association of Health Organizations signed a partnership agreement to work toward, "a workforce where the community population is represented in all occupations and at all occupational levels in proportion to their members in the provincial workforce" (SAHO, 2000). An increasing demand for Aboriginal Registered Psychiatric Nurses can therefore be expected.

Retention of nurses is a major concern of all health districts. There is a current serious shortage of all nurses in Saskatchewan. Registered Psychiatric Nurses are good value for the money spent on their education. In the past, the employment rate for Registered Psychiatric Nursing graduates has been 97 per cent with 91 per cent of these staying in Saskatchewan.

Summary of issues

The issues surrounding the shortage of Registered Psychiatric Nurses that must be addressed can be summarized in three statements, presented in priority order:

1. The shortage of Registered Psychiatric Nurses is negatively impacting the mental health services required by and provided to the people of Saskatchewan, and is of particular concern when considering the changing demographics of this province and the future mental health needs of the population.
2. The shortage of Registered Psychiatric Nurses is a threat to the existence of the Registered Psychiatric Nursing profession and the important role RPNs play in providing mental health services. Registered Psychiatric Nurses are the most appropriate health care professionals to provide these services.
3. The shortage of Registered Psychiatric Nurses is a threat to self-regulation and the

continued viability of the Registered Psychiatric Nurses Association of Saskatchewan as the regulatory body.

Solutions

The Registered Psychiatric Nurses Association of Saskatchewan is open to any solution that would address the three issues stated above. At this time, RPNAS poses four viable alternatives:

- RPNAS, the Saskatchewan Indian Federated College (SIFC) and Brandon University (BU) have held discussions regarding the brokering of the Brandon program through SIFC. SIFC proposes to deliver the B.Sc.P.N. program in Saskatchewan in collaboration with the University of Brandon. This program could be ready to start as early as Fall 2001 if work gets underway immediately. RPNAS is requesting funding for 60 seats in such an initiative.
- The current NEPS program could be modified to reflect two separate degrees avenues—a Bachelor of Science in Nursing and a Bachelor of Science in Psychiatric Nursing. RPNAS very much wants a *psychiatric nursing program* in Saskatchewan that leads to a degree in psychiatric nursing. This would require some changes and restructuring in curriculum, along with considerable promotion of the psychiatric nursing program. This option would address the concerns of other provinces, and address the concerns of RPNAS. RPNAS would still be asking for 60 seats to be designated for RPNs in a restructured NEPS program. Registered Psychiatric Nurses and the RPNAS cannot wait until the completion of the summative evaluation in late 2001 for planning to begin. Decisions must be made now, with work beginning immediately for implementation no later than Fall 2002.
- Nursing education in Saskatchewan could be restructured to provide an opportunity for building on nursing education. The first two years of the program could provide education for Licensed Practical Nurses, with students taking courses toward licensure as Registered Nurses or Registered Psychiatric Nurses in years three and four, with additional changes to enable a BSN or a BScPN.. This arrangement would reflect the intent of the old nursing education program, yet would provide the degree for entry to practice required by SRNA and meet the needs for RPNs in this province. Again, decisions must be made now, with implementation no later than 2002. As well, RPNAS is asking for 60 designated seats in a new program structure.
- Psychiatric nursing education could be decentralized across the province through the Regional College system, with a brokering arrangement between the province and Brandon University to offer that program in conjunction with the Licensed Practical Nurse program. This would enable a psychiatric nursing program to have appropriate laboratory facilities. This option would require increased funding to the Regional Colleges for 60 seats.

Conclusion

This is the time for partnerships and exploring new possibilities. It is a time for action. The Registered Psychiatric Nurses Association of Saskatchewan has analyzed the issues and has proposed viable options. Any of the above options can ensure that the profession of Registered Psychiatric Nursing grows to meet the mental health needs of the people of Saskatchewan, both in regards to employment and mental health resources.

References

Brant, C. (1990). Native ethics and rules of behavior. *Canadian Journal of Psychiatry*, 9(35). pp. 534-539.

Canadian Mental Health Association (2000). Website (www.cmha.ca).

Higgins, C., Duxbury, L. (1998). *Work-Life Balance in Saskatchewan: Realities and Challenges* Regina: Government of Saskatchewan

National Health and Welfare Canada (1999). *A Second Diagnostic on the Health of First Nations and Inuit People in Canada*, November

Mental Health Advisory Council (1999). *Analyzing Issues, Leading Change: Report to the Minister*. Regina, SK: Author.

Peat, Marwick and Partners (1982). *Western Canada Health Manpower Study*. Regina: Author

Registered Psychiatric Nurses Association of Saskatchewan, Regina, SK
Annual Report, 1999-2000.
Fifty Years in Review, 1948 - 1998
Annual Report, 1999-2000
Psychiatric Nursing, 1999

Registered Psychiatric Nurses Association of Saskatchewan, Saskatchewan Association of Licensed Practical Nurses, Saskatchewan Registered Nurses' Association. *Nursing in Collaborative Environments*, (2000). Regina, SK: Authors.

Saskatchewan Association of Health Organizations, (2000). *Two Worlds Meet: Aboriginal Awareness Training*. Regina, SK: Author.

Schizophrenia Society of Saskatchewan (2000). Interview with Art Gondziola, Executive Director.

School of Health Studies, Brandon University. (2000)

- *First Nations Aboriginal Counselling Degree Program*
- *Post-Diploma Education for Registered Nurses*
- *Psychiatric Nursing Degree*

Women's Secretariat (1999). *Profile of Aboriginal Women in Saskatchewan*. Regina: Author.