Canadian Nurse Practitioner Core Competencies Identified: An Opportunity to Build Mental Health and Illness Skills and Knowledge

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ABSTRACT

In 2015, the Canadian Counsel of Registered Nurse Regulators released a report that identified entry-to-practice core competencies for adult, family/all ages, and pediatric nurse practitioners (NPs) across Canada. The report is expected to guide future decisions about NP entry-to-practice examinations and allow for Canadian Counsel of Registered Nurse Regulators member organizations to develop pan-Canadian requirements for licensure. Optimistically, it could set the stage for a national approach to NP education. This is an opportune time to highlight various stakeholders' call for increased mental health education for NPs and identify challenges and promising strategies for reaching that goal.

Keywords: Canada, competency, education, mental health, nurse practitioner, therapeutic capacity

The Canadian Council of Registered Nurse Regulators (CCRNR) released a report last year that identified core competencies in 3 practice streams (adult, family/all ages, and Pediatric) for entry-to-practice nurse practitioners (NPs) across Canada.[1] This report was developed through work with key stakeholders and a survey of Canadian NPs (N = 909). The information gained is expected to guide future decisions about NP entry-to-practice examinations in Canada and allow for CCRNR member organizations to develop pan-Canadian requirements for licensure and fair, transparent, and accountable regulatory policies and processes to support the integration of NPs into the labor market. These core competencies could allow for a national approach to NP education, rather than via the provincial and territorial-specific examinations and licensure requirements that currently exist. Although the CCRNR report did not identify specific clinical areas as foci, this is an opportune time to highlight mental health care as a key area. It was recently identified by Canadian NPs as one in which more education and skill development are needed.[2]

Moreover, in 2015, the Canadian Association of Schools of Nursing and the Canadian Federation of Mental Health Nurses released a document that outlined a national, consensus-based framework of entry-to-practice mental health and addiction competencies and indicators for undergraduate nursing education.[3] Sets of detailed and specific competencies were described in order to provide more guidance to educators with the goal of enhancing mental health and addiction content in curricula. Five categories of competencies were identified, including professional responsibility and accountability, knowledge-based practice, ethical practice, service to the public, and self-regulation. It remains to be seen if universities will adopt these competencies. Thus, stakeholders for both undergraduate nursing programs and NPs have identified the need for more education.

In 2011, it was estimated that more than 6.7 million Canadians, representing almost 20% of the country's population, were living with the following major mental illnesses: mood and anxiety disorders, schizophrenia, substance use disorders, attention-deficit/hyperactivity disorder, conduct disorders, oppositional defiant disorder, and cognitive impairment including dementia.[4] Mood and anxiety disorders were the most common; approximately

4.0 million people were affected, including adolescents and children. At that time, the estimated total direct cost of these mental illnesses to the Canadian economy was $42.3 billion, likely an underestimate because costs to the justice, social service, and education systems; costs for child and youth services; and informal caregiving costs or costs attributable to losses in health-related quality of life were not included. By 2041, it is expected that almost 9 million Canadians will be living with these mental illnesses, including approximately 1.2 million children and adolescents between the ages of 9 and 19 years. Clearly, promoting mental health and preventing and managing mental illnesses are critical issues to be addressed in Canada.

From a global perspective, it is known that in low- and middle-income countries between 76% and 85% of people with severe mental illnesses receive no treatment for their illness, whereas in high-income countries such as Canada between 35% and 50% remain untreated.[5] In 2012, 26.3% of Canadians 15 years and older with mental health disorders reported that they could not access mental health care when they needed it.[6] The Mental Health Commission of Canada[7] has identified several goals and strategies to meet the overarching goal of improving mental health care for Canadians. These include expanding the role of primary health care in meeting mental health needs, increasing the availability and coordination of mental health services in the community for people of all ages, and strengthening mental health human resources. Strategies include 1) strengthening collaborative approaches to primary and mental health care through better communication, supportive funding, and interdisciplinary education; 2) strengthening pan-Canadian mental health human resources planning capacity to guide the development of a workforce that is the right size and mix of providers and has the right skill set; and 3) developing a pan-Canadian mental health workforce development strategy, including core competencies for all mental health service providers.

NPs play an important role in the management of stable chronic illnesses, including diabetes, cardiovascular diseases, and mental illness. In the CCRNR survey,[1] almost 40% of NPs (n = 872) reported that more than 25% of their patients presented with symptoms of or a diagnosis of a psychiatric or mental health disorder. NPs are ideally suited to integrate mental health care and treatment into primary care settings. Additionally, NPs tend to have more time to spend with their patients and provide a holistic approach to care.[8] NPs are capable of positively addressing factors that have been found to contribute to premature death among those with serious mental illness. These factors include inadequate access to health care services; limited or no sharing of information among health care providers; stigma; adverse social conditions; unhealthy lifestyle choices; diminished social, communication, and cognitive skills; limited motivation; and feelings of distrust.[9,10]

Canadian NPs have identified that they are committed to working with those with mental illness.[2] A model of therapeutic capacity has been developed to explain factors that affect the commitment of those in the nonspecialist community (eg, community nurses) to working with individuals with mental health problems.[2,11] Theoretically, as a consequence of the provider's professional and personal discomfort when working with this population, community workers refer on to other health care providers on or do not ask about mental health issues. Therefore, therapeutic commitment, "a predisposition to working therapeutically with people who have mental health problems and as a prerequisite for effective therapeutic interventions," is low.[11(p484)] Other elements of the model include role competency, a self-perception, "that working with mental health problems is a legitimate part of one's role and that one has the skills and knowledge to discharge this responsibility well,"[(p484)] and role support, "a self-perception that one has a source of specialist support from which advice can be easily obtained."[(p484)] Although the model proposes that providers with adequate role support and appropriate competency developed through education and experience have higher therapeutic commitment, increased effectiveness in their role, and improved patient outcomes,[11] no research was found that actually tested the model and examined outcomes showing whether elements of the model were enhanced.

Tested with a Canadian NP population (N = 680), therapeutic commitment, role support, and role