Registered Psychiatric Nurses in New Brunswick, Nova Scotia and Prince Edward Island: *A Feasibility Study*

REPORT

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Available in French under the title: *Infirmières psychiatriques autorisées au Nouveau-Brunswick, en Nouvelle-Écosse et à l'Île-du-Prince-Édouard : Une étude de faisabilité* <https://rpnmaritimesstudy.ca/assets/%c3%a9tude-de-faisabilit%c3%a9-sur-les-ipa-dans-les-maritimes---le-rapport.pdf>

TABLE OF CONTENTS

EXECUTIVE SUMMARY **4**

1. INTRODUCTION **6**

2. APPROACH & METHODOLOGY **8**

2.1 Limitations of the study *10*

3. PSYCHIATRIC MENTAL HEALTH & ADDICTIONS IN CANADA **11**

3.1 Governments' response to the needs of psychiatric mental health and addictions care *11*

3.1.1 New Brunswick – Inter-departmental addiction and mental health action plan: priority areas for 2021 - 2025 12

3.1.2 Nova Scotia – Action for health: a strategic plan 2022 – 2026 13

3.1.3 PEI – Mental health and addictions strategy: 2016 – 2026: Moving Forward Together 13

4. PSYCHIATRIC MENTAL HEALTH & ADDICTIONS NURSING IN CANADA **14**

5. DETERMINING FEASIBILITY **19**

5.1 Legal and regulatory *19*

5.2 Education *22*

5.3 Labour market and related *25*

5.4 Knowledge and acceptance of RPNs *28*

5.5 Feasibility *29*

6. A BLUEPRINT FORWARD **31**

6.1 Regulation and legislation *31*

6.2 Education and change management *34*

7. CONCLUSION **35**

REFERENCES **37**

APPENDIX A. STEERING COMMITTEE AND REGIONAL ADVISORY COMMITTEES' MEMBERS **42**

APPENDIX B. KEY INFORMANT INTERVIEW AND FOCUS GROUP GUIDE **45**

APPENDIX C. RPN SURVEY **48**

APPENDIX D. CANADIAN PSYCHIATRIC NURSING PROGRAMS **52**

EXECUTIVE SUMMARY

The increased demand and ongoing gaps in psychiatric, mental health and addictions services are now at the forefront of national health related discussions. In May 2012, the first mental health strategy for Canada was developed and aimed to help improve the mental health and well-being of all people living in Canada, and to create a mental health system that can meet the needs of people living with mental health challenges. New Brunswick, Nova Scotia and Prince Edward Island (PEI) along with the other provincial and territorial governments responded with their own strategies and goals. An element common to all three strategies was workforce planning.

Licensed Practical Nurses[1] (LPN), Nurse Practitioners, Registered Nurses (RN) and Registered Psychiatric Nurses (RPN) provide care to people experiencing issues related to mental health and addictions in all service sectors in Canada today. LPNs, Nurse Practitioners and RNs are licensed/registered and regulated across the country while RPNs are only regulated in western Canada and the territories. RPNs work side by side with RNs and LPNs in various practice settings in the western provinces and territories and are especially concerned with the mental health of individuals, groups, families, and communities. Psychiatric nursing education prepares graduates to meet the national Entry-Level Competencies. The breadth and depth in mental health and addictions and advanced therapeutic relationships and communication distinguish psychiatric nursing education from the other nursing programs.

As a follow-up to the visionary 2015 *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project, Nova Scotia Health, the Nurses Association of New Brunswick (NANB), and PEI Health and Wellness discussed with the Registered Psychiatric Nurse Regulators of Canada (RPNRC) to understand the role and competencies of the RPN a potential feasibility of a pathway to licensure and regulation of RPNs in the Maritimes. Funded in part by the Government of Canada's Foreign Credential Recognition Program, the purpose of the feasibility study was to explore the pathway to licensure and regulation of RPNs in Nova Scotia, New Brunswick and PEI with a view to improve and support the access and provision of psychiatric, mental health and addictions services in the Maritime provinces, address the inequity faced by internationally educated psychiatric nurses (IEPNs) and improve the labour mobility of RPNs by laying the groundwork for regulation of RPNs in these provinces as well as in other jurisdictions.

The study was overseen by the Steering Committee which consisted of the four project partners, NANB, Nova Scotia Health, PEI Health and Wellness and the RPNRC in addition to one to two members from the Regional Advisory Committees (RAC). The RAC was established for each Maritime jurisdiction and while representation from all stakeholder segments was not uniform across the RACs, membership consisted of government, nurse regulators, employers, nurse educators, and unions representatives. Reporting to the Steering Committee, the RACs met virtually over the course of the study and provided recommendations for the Steering Committee's consideration. A project

[1] Licensed Practical Nurses (LPNs) are called Registered Practical Nurses in the Ontario. For the purposes of this report, the term LPNs will refer to Registered Practical Nurses as well.

manager was recruited to support both the study's Steering and Regional Advisory Committees and, the study's research and communication plans.

CAMPROF Canada Inc. was retained to complete the research which included the review of online and grey literature and data, key informant interviews and focus groups, an English and French survey of RPNs and a workshop of the RACs. Recruitment of participants over the summer and fall of 2022 together with nursing shortages, increased demands and competing priorities impacted the researchers' ability to consult with all stakeholder groups targeted. Notable gaps were the limited participation from the Maritime nursing unions and governments and the lack of representative diversity in the academic focus groups.

Feasibility of a pathway to license and regulate RPNs in the Maritimes explored 1) legal and regulatory, 2) education, 3) labour market and related and 4) knowledge and acceptance of RPNs to determine initial and sustainable feasibility. The Steering Committee acknowledged that a pathway to license and regulate RPNs in the Maritimes is feasible. There are opportunities to leverage and build on existing infrastructures and reimagine nursing education and healthcare teams to improve access and care for psychiatric, mental health and addictions. This will require long-term commitment of resources and time and in the case of New Brunswick, an amendment to its current legislation.

The decision to introduce and regulate RPNs in the Maritimes rests with each provincial government. The study's Steering Committee agreed that senior leaders of each provincial government and RN regulatory authority should form the initial membership of a Pan-Maritime or Atlantic Canada Collaborative since the decision to regulate RPNs in the jurisdiction is first required. Continued collaboration between the Maritime provinces welcoming Newfoundland and Labrador at some point if interested, will be beneficial to all.

Proceeding forward is long-term and calls for effective planning and decision-making to develop approaches that will support both initial and sustainable feasibility of regulating RPNs in the Maritimes should the decision be made to do so. Further discussions and research in legislation and regulation, change management and education may be necessary to inform the decisions and/or to explore the options.

1. INTRODUCTION

Mental health and addiction issues and the substantial human costs and costs to Canada's economy prompted federal and provincial and territorial governments to develop and implement mental health and addiction strategies. In an effort to continue to work on the successes highlighted in the follow up progress reports and address the strategies' priorities, Nova Scotia Health and Wellness (Nova Scotia Health), PEI Health and Wellness, and the Nurses Association of New Brunswick (NANB) initiated discussions with the Registered Psychiatric Nurse Regulators of Canada (RPNRC) to understand the role and competencies of the Registered Psychiatric Nurse (RPN). These discussions stemmed from the 2015 stakeholder roundtables which were the final component of the RPNRC's *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project.

Mobility of RPNs outside of western Canada has been a long-standing issue. Currently, RPNs can only practice in British Columbia, Alberta, Saskatchewan, Manitoba, and the Yukon. The 2015 Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses project commissioned by RPNRC, sought to address the assessment and integration of internationally educated psychiatric nurses wishing to practice in Canada and the recognition of RPN qualifications in Canada. The project included the development and validation of national entry-level competencies for RPNs and an environmental scan documenting the challenges and enablers to the recognition and mobility of the RPN profession in Canada. The scan found that Canadian and internationally educated RPNs in non-regulated jurisdictions are often underemployed working in non-regulated nursing-related roles and are therefore prevented from applying their full scope of their knowledge and skills in the delivery of healthcare to Canadians.

The project concluded with a series of stakeholder roundtables in Eastern Canada designed to discuss and identify options for the profession to move forward. Four years later, the Nova Scotia Department of Health and Wellness and Nova Scotia Health approached RPNRC to explore next steps. The NANB and PEI Health and Wellness entered discussions shortly after. RPNRC subsequently collaborated with the three Maritime organizations to undertake a feasibility study that explored the role and integration of RPNs in New Brunswick, Nova Scotia and Prince Edward Island. The College of Registered Nurses of Newfoundland and Labrador expressed an interest to be kept informed of the study's progress at the time of its inception.

Funded in part by the Government of Canada's Foreign Credential Recognition Program, the purpose of the feasibility study was to explore the pathway to licensure and regulation of RPNs in Nova Scotia, New Brunswick and Prince Edward Island (PEI) with a view to improve and support the access and provision of psychiatric, mental health and addictions services in the Maritime provinces, address the inequity faced by internationally educated psychiatric nurses (IEPNs) and improve the labour mobility of RPNs by laying the groundwork for regulation of RPNs in these provinces as well as in other jurisdictions.

The objectives were to:

- explore the role of RPNs in Nova Scotia, New Brunswick and PEI including the employment opportunities;
- improve the labour mobility and integration of IEPNs and RPNs in the region of their choice in Canada; and
- provide best/promising practices for other Canadian jurisdictions with a similar interest in licensing and regulating IEPNs and RPNs.

The project partners, RPNRC, Nova Scotia Health, the NANB, and PEI Health and Wellness commissioned the study and were accountable for the overall delivery of the project. These project partners also participated as members of the Steering Committee which also included another member of the RPNRC, and one to two members from each of the Regional Advisory Committees (RACs). The Steering Committee was responsible for the project's objectives and deliverables and approved/decided the recommendations proposed by the RACs. Research in each jurisdiction was guided by the RACs which consisted of nurse regulators, nurse educators, employers, unions and representatives of relevant government departments. In this capacity, the RACs supported the research work (e.g., disseminated surveys and identified key informants to consult), addressed specific research and process related issues and challenges, addressed questions from the Steering Committee and presented recommendations for the Steering Committee's approval/decision. The RACs collectively met virtually at key milestones of the research. Appendix A provides the list of Steering Committee and RACs members.

CAMPROF Canada Inc. was contracted in March, 2022 to complete the study that spanned 12 months. Supporting the project partners, RACs and research team, Christine Da Prat of the Health HR Group was retained as the project manager responsible for all aspects of the management including financial and administration of the project. The project manager liaised with the funder and reported to the Steering Committee. Communications support was provided by Dunn & Associates throughout the study and included designing and maintaining the study's website.

The study report discusses the findings resulting from the research completed by CAMPROF Canada Inc. The methodology and limitations are summarized followed by a brief overview of psychiatric mental health and addictions landscape in Canada that includes psychiatric, mental health and addictions nursing, and responses by governments. Section 5 discusses the feasibility of integrating the RPN profession in the Maritimes and a blueprint forward is presented in the final section of the report should the jurisdictions decide to move forward.

2. APPROACH & METHODOLOGY

The approach taken by the research team built on the RPNRC's 2015 mobility and assessment project and engaged stakeholders in targeted and practical ways. The approach also emphasized the Maritime lens and included an investigation of the local labour markets, education system and the two official languages.

The research team undertook the study through a series of six complementary activities. Input and approval were sought from the RACs and Steering Committee at each stage. In addition, the study was guided by robust quality assurance strategies, and the development and implementation of a risk assessment and mitigation plan.

A combination of primary and secondary research methods was employed that included a comprehensive literature/document review and analysis, key informant interviews, focus groups, survey of RPNs and a workshop of the RACs. Published and grey literature was retrieved electronically and provided by the Committees focusing on the current legislative landscape of the Maritime provinces and the western jurisdictions that regulate RPNs, government policy and not-for-profit statements on mental health care, government policy statements and mandate letters, research on health human resources (including any statements on regulatory reform), and the credentialling/assessment of RPNs, effectiveness and incorporation of RPNs into health service delivery models, and the impact on mental health needs.

The review also considered the RPN practice, regulation/cost-effectiveness of alternative health human resources (HHR) models, and data from the Canadian Institute for Health Information (CIHI) on the number, work, and status of RPNs. Statistics Canada data was also used to calculate estimates of potential RPN supply for the Maritime region.

Virtual key informant interviews and focus groups were completed to understand the context, challenges, and opportunities, and were key to engaging stakeholders for future follow-up. A total of 20 key informant interviews were completed and included representation as outlined in Table 1.

Table 1. Key informant interviews

Stakeholder Group	Number	Jurisdiction
Regulatory authorities	6	British Columbia (BC), Alberta (AB), Manitoba (MB), New Brunswick (NB), Nova Scotia (NS), PEI
Associations	2	BC, AB
Government (Mental Health/Addictions program and, to a lesser extent, HHR Planning divisions)	7 English 1 French	AB, Saskatchewan (SK), MB, NB, NS, PEI
Employers/Regional Health Authorities	2 English 2 French	SK, NB

Key informant interviews were held between July 15 and September 23, 2022, and were 60 to 80 minutes in length.

Six (6) focus groups were held with:

- front line Registered Nurses (RNs) from NB, PEI, and NS;
- front line RNs from NB (in French);
- front line RNs and RPNs from BC, AB, SK, and MB;
- educators from Brandon University's Bachelor of Science in Psychiatric Nursing, Manitoba; and
- educators from New Brunswick and Nova Scotia.

Focus groups were held between August 19 and September 2, 2022 by videoconferencing. Most focus groups were approximately 60 minutes in length.

A survey of practising RPNs in Western Canada was implemented to collect information about the opportunities and challenges practising as an RPN. The survey was available in English and French and supplemented the qualitative research. About 1,321 surveys were opened and of these, 1,096 surveys were completed achieving a response rate of 17% (N=6,937). The qualitative data from all 1,321 surveys were analyzed and demographic data was reported only for the completed surveys. More than 50% of respondents who completed the survey were from British Columbia. About 22% were from Alberta, 20% from Manitoba and 9% from Saskatchewan. The majority of respondents who completed the survey have been practising as a RPN five years or less (27%). About 24% have been practising between 11 – 20 years, 21% between 6 – 10 years and 12% 21 – 30 years. Slightly less than 16% have been practising as a RPN for over 30 years. The majority of respondents (64%) received a diploma while 34% received a Baccalaureate degree in psychiatric nursing as their initial education. About 6% achieved a Master's level psychiatric nursing education and less than 3% a post-diploma baccalaureate.

An internal report summarizing the results of the primary and secondary research completed was prepared to inform the workshop of the RACs. This one-day in-person workshop was convened

December 2022 in Halifax, Nova Scotia and was attended by 18 members across the three RACs (five from NB RAC; seven from NS RAC; and six from PEI RAC). Through breakout and plenary sessions, participants considered the researchers' findings and discussed possible next steps for their respective jurisdictions including consideration of what might be feasible in trying to establish regulation in the Maritime provinces.

Copies of the key informant interview guide, focus group guide and the survey of practising RPNs are found in the Appendices B and C.

2.1 Limitations of the study

The summer of 2022 and for the most part, the whole year, was tumultuous times for health systems across Canada, with nursing shortages frequently highlighted in the press. Additional pressures on local health systems also arose due to post-pandemic resourcing challenges and rising demands on health systems. The multiple urgencies surrounding health care providers and health systems in general increased the difficulty in recruiting participants.

Despite repeated efforts by the researchers and RAC members, not all stakeholder groups were represented in the various phases of the project. Two notable gaps were the limited participation from the Maritime nursing unions and governments and the lack of representative diversity in the academic focus groups. While there were several indications of interest and initial scheduling, none came to fruition.

Timing of the consultations was another limitation. Recruitment lists for interviews and focus groups were not completed until the third week of July or, in some instances, later because of delays in confirming RAC members which in turn, delayed the start of the research. This meant that interviews and focus groups were scheduled over the summer months, a time when many potential respondents were unavailable due to summer holidays. The consultations were extended into September to address the issue as best as possible.

The lack of diversity of representation in the western Canada and Maritime provinces' academic focus groups limited the depth of the information discussed. Despite accepting the scheduled virtual invitations to the focus groups, for various reasons, confirmed participants did not attend the sessions. Follow up with some of these participants was in the form of a key informant interview.

Representation from all the stakeholder segments was not uniform among the RACs resulting in gaps in the discussions. Similarly, some members were not able to attend the RACs workshop in December due to illness or unexpected competing priorities, thereby limiting the input from that stakeholder segment in the breakout discussions.

3. PSYCHIATRIC MENTAL HEALTH & ADDICTIONS IN CANADA

Mental illnesses result from complex interactions of biological, psychosocial, economic, and genetic factors, and while they can affect individuals of any age, they often appear in adolescence or early adulthood. Importantly, mental illness frequently occurs together with other conditions, such as substance abuse, chronic pain, or other chronic conditions (Public Health Agency, 2015). In pre-pandemic (2009-2010) data from the Canadian Chronic Disease Surveillance System (CCDS[2]), one in seven Canadians reported seeking treatment for mental illness annually (Public Health Agency of Canada, 2015). These numbers increased dramatically during the pandemic (Dozois, 2020; MHCC, 2022).

New challenges such as the opioid crisis, the Covid-19 pandemic and health human resource shortages, have put additional strain on mental health and addictions systems across the country. The increased demand and ongoing gaps in services are now at the forefront of national health related discussions. Health services delivery for Canadians with mental health or mental illness and addictions needs are not being met. Statistics Canada reports that of the 5.3 million Canadians needing care for mental health in 2018, 1.2 million (or 22%) reported that their needs were only partially met or fully unmet. Access to services is limited by long wait times for primary or psychiatric care, as well as community care that is often poorly integrated with acute or other services (Moroz et al, 2020, Statistics Canada, 2019).

Respondents of the study's key informant interviews and focus groups discussed the state of the current addictions and mental health care system, as well as to compare it to the future they envision. All respondents expressed their concern and agreement that mental health and addiction services in the Maritimes were lacking and required increased attention. One respondent was deeply critical of the current situation when asked to speak about the mental health system, stating, "We don't have one. We have a mental health *ribbon*." (Respondent 12).

Respondents spoke of the need for greater access to care, greater access to a full continuum of care in a variety of settings, the need for greater psychiatric/mental health support in emergency departments and other acute care settings, and the need to make access to a continuum of mental health services easier without stigma.

3.1 Governments' response to the needs of psychiatric mental health and addictions care

In May 2012, the first mental health strategy for Canada, *Changing Directions, Changing Lives,* was developed and overseen by the Mental Health Commission of Canada (MHCC, 2012). It aimed to help improve the mental health and well-being of all people living in Canada, and to create a mental health system that can meet the needs of people living with mental health challenges. Critics of the present

[2] This is the most recent CCDS data available.

circumstances say that not a lot has changed since the introduction of the original Mental Health Commission strategy, calling the federal government's commitments to mental health inadequate, even "lip service" (Canadian Alliance on Mental Illness and Mental Health (CAMIMH), 2022; MHCC; Khaliq, 2022). Mental health is still seen as somehow secondary to physical health and continues to be underfunded (Khaliq, 2022). Funding for mental health still falls outside of provincial health plans for the most part (Khaliq, 2022; key informant interviews, 2022), and there has not been enough movement on previous federal commitments to mental health (CAMIMH, 2022) despite the increase in budgetary commitments to mental health, the development of mental health standards and the establishment of a permanent and ongoing Canada Mental Health Transfer to the provinces (Government of Canada, 2021).

New Brunswick, Nova Scotia and PEI governments' each issued a plan with goals and objectives to improve psychiatric, mental health and addictions services. Recent strategies include extensive research and consultation on unmet needs and gap analyses. Common gaps recognized in all provincial reports included increasing demand for addictions and mental health services, challenges with appropriate and timely access to care, and the need for strengthened integration with primary care, the community, and other sectors of society. The Maritime provincial governments' plans include elements of workforce planning and are in various stages of execution as summarized below.

3.1.1 New Brunswick – Inter-departmental addiction and mental health action plan: priority areas for 2021 - 2025

New Brunswick issued a five-year inter-departmental action plan that acknowledges the intrinsic importance of mental health (equivalent to that of physical health) to overall well-being (Government of New Brunswick, 2021). The plan is based on the key finding that New Brunswick lacks a continuum of care and needs to address significant gaps – especially in the early stages of addiction and mental health challenges, and in lower intensity prevention and intervention. A key component of the strategy is the addition of addictions and mental health resources to fill current gaps in staffing and to address increasing demand.

Five overarching goals for addictions and mental health are targeted:

- to improve population health and improved access to what is needed to be healthy;
- to improve access to care with faster first contact and reduced wait times for services;
- earlier intervention through preventions and early intervention supports and services;
- to match individuals to care through an easily navigable system with a more complete continuum of services and supports; and
- to reduce drug-related impacts on communities and individuals to lessen community burden from the effect of drug use, such as crime, illness, injury, and death.

The plan adopts the stepped care model approach to ensure improvements across the continuum of care and address existing gaps in the system (Government of New Brunswick, 2021. Inter-departmental addiction and mental health action plan: priority areas for 2021 – 2025, p. 2). The stepped care model aims to match individuals with the least intensive treatment that is required to achieve the highest probability of improvement. This in turn leads to a better functioning system with increased access.

3.1.2 Nova Scotia – Action for health: a strategic plan 2022 – 2026

The Nova Scotia government's strategic plan for health was issued for 2022 - 2026. At a high level, the key priorities include:

- improving access to mental health services;
- attracting, retaining, and engaging mental health professionals, including "opening access to appropriate resources where the public system is failing";
- engagement of communities;
- coordination and integration of mental health services with other departments, such as Justice, Community Services, Education and Early Childhood Development;
- data collection and monitoring for accountability; and, perhaps most importantly; and
- incorporation of mental health and addictions services into Nova Scotia's publicly funded health system, including the development of legislation for universal coverage, appropriate billing codes for providers, and integration with private health insurance.

The plan specifically mentions reducing gaps in access to care through strategic investments in addictions and mental health – including the development of a workforce strategy to meet the mental health and addictions needs of Nova Scotians (Government of Nova Scotia, 2022).

3.1.3 PEI – Mental health and addictions strategy: 2016 – 2026: Moving Forward Together

PEI issued a ten-year mental health and addictions strategy with a strong focus on both inter-departmental government collaboration and the collective action of all across government departments, agencies, and community organizations. The PEI strategy is based on the guiding principle that the mental health of the population is a shared responsibility and depends on everyone supporting each other (Government of PEI, 2016). The plan includes five strategic priorities:

- mental health promotion for people of all ages;
- access to the right service, treatment, and support;
- an innovative and collaborative workforce;
- early investment – focusing on children, young people, and families; and
- faster recovery and well-being for people of all ages.

Similar to New Brunswick, the PEI mental health and addictions strategy is based on a tiered model or stepped-care. To adequately meet the mental health and addictions needs of its population, the PEI strategy calls for capacity-building in mental health human resources to cover a wide range of services. The strategy also promotes a mental health workforce comprised of a broad and diverse range of people (professionals) working in a number of different settings. It also calls for a system that allows health professionals to work to their full scope of their practice.

4. PSYCHIATRIC MENTAL HEALTH & ADDICTIONS NURSING IN CANADA

In a recent report on the Canadian health workforce, the Canadian Institute for Health Information (CIHI) wrote:

> *"The optimal use of the health workforce is essential for managing the increasing demand for services as Canada's health care systems recover from the COVID-19 pandemic. A clear understanding of what different health care professionals are authorized to do (i.e., scopes of practice) is necessary to better inform planning around resource use and efficient models of care."* (CIHI, 2022)

The need for mental health education and practice is relevant to all health care settings where nurses practice since mental health care is no longer confined to institutional settings and mental health training is pertinent to all areas of health care as concluded by Smith and Khanlou's (2013) analysis of Canadian Psychiatric and Mental Health Nursing (PMHN's) and RPNs' evolution over Canada's history. The authors call for increases in mental health nursing education, bridging programs, and innovative partnerships to help fill mental health/illness needs at a time of significant shortages of RPNs. They write, "communities with insufficient mental health care resources may be better served by nurses with an expanded scope … and specialized mental health education" (Smith and Khanlou, 2013) – a view that was frequently echoed by the key informants in this feasibility study.

Licensed Practical Nurses[3] (LPNs), Nurse Practitioners, and RNs provide care to people experiencing issues related to mental health and addictions in all service sectors in Canada today while RPNs provide these services only in Western Canada and the Territories. There were 312,382 RNs and 132,886 LPNs licensed to practise in Canada in 2021 growing by 2.5% and 1.6% respectively over the same period (CIHI 2022, https://www.cihi.ca/en/registered-nurses and https://www.cihi.ca/en/licensed-practical-nurses). By comparison, RPNs a total of 6,337 RPNs were licensed to practice in Canada in 2021; an increase of 4% from 2020 (6,115) (Ibid). This accounted for 1.4% of Canada's total supply of regulated nurses in 2021 (CIHI. 2022. https://www.cihi.ca/en/registered-psychiatric-nurses).

RN and LPN programs include mental health and addiction specific courses. In 2015, the Canadian Association of Schools of Nursing (CASN) partnered with the Canadian Federation of Mental Health Nurses (CFMHN) to develop a framework of entry-to-practice mental health and addiction competencies and indicators. The purpose of the framework is to promote the integration of core content related to mental health and addictions in undergraduate RN education in Canada (CASN. Entry-to-practice mental health and addictions competencies for undergraduate nursing education in Canada. 2015. Retrieved March 16, 2023. https://www.casn.ca/wp-

[3] Licensed Practical Nurses (LPNs) are called Registered Practical Nurses in the Ontario. For the purposes of this report, the term LPNs will refer to Registered Practical Nurses as well.

content/uploads/2015/11/Mental-health-Competencies_EN_FINAL-Jan-18-2017.pdf). While the framework's implementation is not mandatory, it is followed in those institutions accredited by CASN.

The University of New Brunswick's (UNB) Faculty of Nursing, Fredericton and Moncton campuses are establishing a Bachelor of Nursing Mental Health Specialty option with the intent to provide a "sustainable plan for employers from tertiary care, long term care, correctional services and primary care settings within the community to hire new graduates who are competent in mental health" (Faculty of Nursing, UNB. Concept paper, Equity oriented, trauma informed nursing education: putting the mental well-being of New Brunswickers first). UNB together with the New Brunswick Community College (NBCC) engaged mental health experts across the province to create a "responsive, informed, system with the flexibility to adapt to the needs of the population" (Ibid). Two new theory courses, 288 hours of clinical practice and a 12-week preceptorship specific to the specialty will be launched within the 2022-23 academic year. Students 1) enrolled in the four-year Bachelor of Nursing (BN) program, 2) enrolled in the Advanced Standing Program, and 3) LPN students entering the LPN-BN pathway can access the Bachelor of Nursing Mental Health Specialty option.

The UNB specialty option differs from the Canadian Nurses Association's (CNA) certification. The CNA's Certification Program offers a psychiatric mental health specialty certification to RNs. Certified Psychiatric Mental Health Nurses are RNs, nurse practitioners, LPNs, or RPNs with current registration or license who meet the experience and/or education requirements and who pass the CNA's national computer-based exam (CNA. Initial exam eligibility. Retrieved March 16, 2023. https://www.cna-aiic.ca/en/certification/initial-certification/initial-exam-eligibility) (the RPN entry to practice program is not to be confused with the CNA's certification program). The CNA certification is valid for five years upon which time, the Certified Psychiatric Mental Health Nurse must renew their certification credential by submitting a list of continuous learning activities or re-write the national certification exam. Most recent data from the Canadian Institute for Health Information (CIHI) showed that the total number of valid CNA psychiatric and mental health certifications declined since 2018. The number of certifications were down in 2020 by 5.9% (1,659 certificates) from the previous year (1,763) which in turn declined from 2018 by 2.8% (CIHI, Registered Psychiatric Nurses Data Tables. Retrieved April 29, 2023. https://www.cihi.ca/en/registered-psychiatric-nurses).

RPNs are especially concerned with the mental health of individuals, groups, families, and communities. They work side by side with other regulated nursing professionals (RNs, Nurse Practitioners and LPNs) and mental health service providers in various practice settings such as, psychiatric facilities, hospitals (including medicine and emergency departments), crises services, community mental health programs for children, adolescents, adults and seniors, primary care, schools, correctional facilities and programs, and long-term care facilities in western provinces and territories. RPNs "focus on mental and developmental health, mental illness and addictions while integrating physical health care and utilizing bio-psycho-social and spiritual models for a holistic approach to care" (RPNRC, 2014. Registered Psychiatric Nurse Entry-level Competencies. http://www.rpnc.ca/sites/default/files/resources/pdfs/RPNRC-ENGLISH%20Compdoc%20%28Nov6-14%29.pdf).

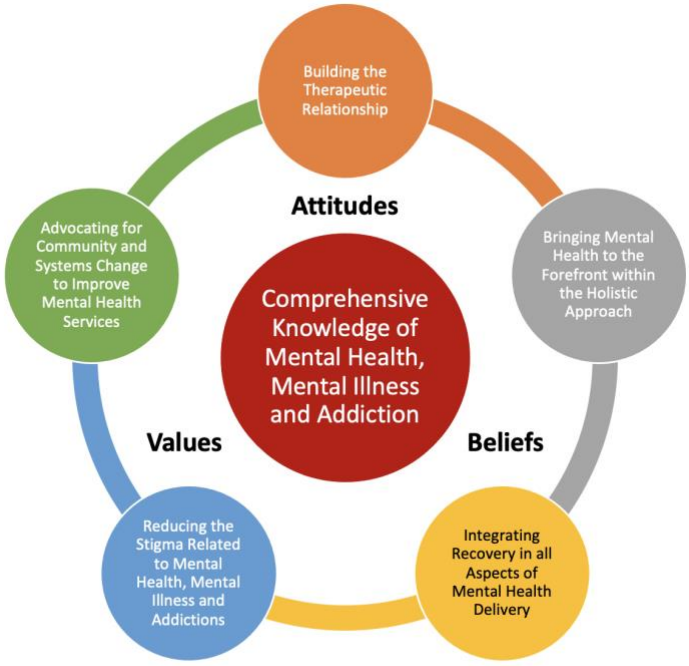
Psychiatric nursing education prepares graduates to meet the entry-level competencies for RPNs and at a minimum includes biological or physical sciences or both, the behavioural or social sciences or both, the humanities and ethics and research (Ibid). Appendix D provides a reference of the

psychiatric nursing programs curriculum, clinical and practicum in Canada. The breadth, depth and focus on mental health and addictions and advanced therapeutic relationships and communication distinguish psychiatric nursing education from the other nursing program (Winnipeg Regional Health Authority. N.d. Toolkit for Introduction of Registered Psychiatric Nurses in Non-Identified Mental Health Settings. Retrieved May 10, 2023. https://professionals.wrha.mb.ca/files/nursing-toolkit-rpn.pdf.)

Currently six academic institutions offer diploma and/or degree programs that are approved and recognized by the RPN regulatory authorities who set the standards for psychiatric nursing education in their jurisdictions and jointly establish minimum accepted educational requirements for registered psychiatric nursing.[4] A Masters of Psychiatric Nursing is currently only offered at Brandon University in Manitoba. Psychiatric nursing post-secondary education continues to evolve. The RPNRC foresees that a baccalaureate in psychiatric nursing will be the minimum requirement for entry to practice.

In their study of Manitoba RPNs, Graham et al. (2020), a group of educators from Brandon University, identified a framework of core knowledge, attitudes, values, and beliefs that are essential to being an RPN. Their framework as depicted in Figure 1 centres around comprehensive knowledge of mental health, mental illness and addictions, and includes education related to the traditional aspects of psychiatric care, such as psychopathology, psychotherapeutic interventions, and psychiatric rehabilitation and recovery (Graham et al., 2020).

Figure 1. Unique contributions of psychiatric nurses – A framework



Source: Graham et al, 2020

[4] Refer to http://www.rpnc.ca/rpn-education for more information.

The traditional core knowledge is supplemented by five key attitudinal/value sub themes, including acknowledging the importance of a strong therapeutic relationship, a necessary holistic approach to care, a recovery orientation, work towards stigma reduction, and advocacy for system change. These additional values, beliefs, and attitudes towards people with mental illness and addiction are essential for the education and training of RPNs, and are what makes them unique (Graham et al., 2020). Conversely, several studies indicate that RPNs must also be well-versed in more traditional clinical nursing care. MacLeod et al. (2022) found that only 10% of the 3,500 nurses (LPNs, RNs and RPNs) who practiced in a variety of settings in rural and remote areas of Canada surveyed indicated that mental health was their sole area of practice – supporting the need for thorough education and experience in non-mental clinical health care.

Research on the impact of mental health nursing on patient or staff outcomes is limited and frequently old (Brinkman et al, 2009; Sharrock et al, 2022; Wand et al, 2021). Further, research findings are complicated by the lack of consistency in mental health nursing terminology and role description (Brinkman et al, 2009). In their review of the literature, Brinkman et al emphasize that findings in outcome studies often depend on the exact role of the mental health nurse and whether the nurse is involved in direct patient care versus playing an administrative "gatekeeping" role (Brinkman et al, 2009), and whether the role is well integrated into organizational structures and policies (Sharrock et al, 2022; Wand et al, 2021).

Stakeholder groups consulted in the interviews and focus groups discussed the current and desired state of mental health and addictions services and whether RPNs might help address the current gaps to attain the desired state. The majority of respondents spoke of the potential role that RPNs might play in meeting mental health and addictions service needs in the Maritimes and a large variety of settings were mentioned. These included acute care, mobile units, with paramedics or other first responders, emergency intake, longer-term mental health facilities and forensic psychiatry settings, corrections, and educational settings (Kindergarten through Grade 12). As one respondent indicated, "The need for mental health and addictions is across the continuum of every client population. So even a labour and delivery client may have a mental health need. It's not that tidy." (Respondent 2)

A few respondents also spoke of the important role RPNs can play in Indigenous Communities and rural areas where there are "glaring holes in the services we provide" (Respondent 8). When asked whether it would be better to start in one setting over another, respondents did not offer any preferences. Most said that all aspects of the mental health care system could benefit from RPNs and greater resourcing in general. Several respondents indicated that, "RNs typically don't want to work in mental health or addiction…they're not specializing in that field" (Respondent 1). Many respondents spoke of their experience with RNs who were asking for support in dealing with mental health issues as they did not feel adequately qualified in this area. While there was not full consensus in this regard, many felt that RNs can benefit from partnerships with RPNs. As one participant offered, "the thing with the registered psychiatric nursing program is that when they [the RPNs] come out, they are ready to hit the ground running in mental health and addictions…they can work in many different areas right from the gate" (Respondent 1).

Informants from government, employers, educators, and front-line staff confirmed that similar psychiatric, mental health and addictions needs exist in western Canada, and that RPNs have

successfully addressed a portion of those needs using their specific knowledge and skills. In addition, western governments, employers, and educators confirmed that increases in RPN recruitment and educational cohort sizes are being pursued with the goal of obtaining additional RPNs because of the successes to date.

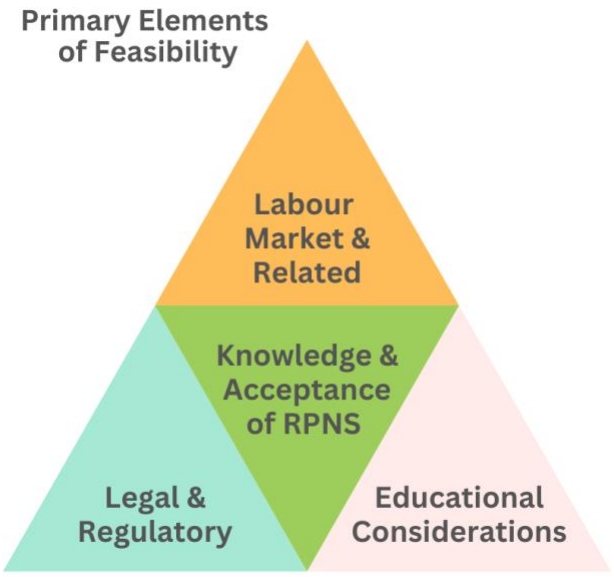
5. DETERMINING FEASIBILITY

Feasibility was understood to be both *initial,* all factors needed to initiate regulation of RPNs in the Maritime provinces exist or can be easily put in place and *sustainable*, once initiated, RPN regulation in the Maritimes can continue. Sustainability includes financial stability for the regulator, enough active members to conduct regulatory activities (Board and Executive, standing committees), and educational programs upon which the regulator can depend for future members in the region. Four key elements were studied to determine the feasibility of a pathway to licensure and regulation of RPNs in the Maritimes as illustrated in Figure 2. Each of the four elements are discussed below.

5.1 Legal and regulatory

Responsibility for registering and licensing RN, LPNs and Nurse Practitioners in the Maritimes rests with the regulator and is subject to provincial legislation. The authority for the regulation of a health profession in a province requires a legislative framework enabled by legislation. In some provinces, it is a broad legislation that applies to multiple disciplines of health care professionals. Each discipline has their own regulations under the multi-disciplinary legislation. In others, each discipline has their own legislation and regulations (e.g., RNs, LPN, Nurse Practitioners, RPNs). Legislation also identifies the organization responsible for the safety of the public through regulation of that health profession. That organization, or regulatory authority is responsible to carry out the Act.

Figure 2. Elements of feasibility



Source: CAMPROF Canada Inc., 2023

The complexities of regulating a new health profession depends on the terms of the legislation. In an ideal situation, existing legislation allows the addition of a new health profession or discipline to an existing regulatory body (e.g., adding RPNs to a college of nurses). In absence of the ideal scenario, other options include (1) amending the existing legislation or (2) establishing new legislation to allow the new health profession to be regulated in the jurisdiction. Either of these two options (amending or establishing new legislation) will need a champion to take the lead in obtaining government support and action.

Each province's legislation differs. In Nova Scotia, the Nova Scotia College of Nursing (NSCN) regulates the practice of LPN, RN, and nurse practitioners. They do so under the provisions of the provincial *Nursing Act, 2019*, which include "the registration, licensing, professional conduct, education approval and other processes set out in the Act and the regulations" (s. 2 (a)(1)).

LPNs, RNs and nurse practitioners are regulated separately by two different organizations in New Brunswick. The NANB licenses and regulates RNs and nurse practitioners, while the Association of New Brunswick Licensed Practical Nurses (ANBLPN) licenses and regulates LPNs only. Each organization has its own governing legislation: the *Nurses Act, 1984* (amended 1997 and 2004) and the *Licensed Practical Nurses Act, 1997* (amended 2014) respectively.

Similarly, the College of RNs and Midwives of PEI (CRNMPEI) regulates RNs, nurse practitioners and midwives while the College of LPNs of PEI (CLPNPEI) regulates LPNs in PEI. Unlike the other two provinces, as of 2018, a single *Act* – the *Regulated Health Professions Act* - sets out the regulatory framework for all health professions in PEI, with individual regulatory authorities governed by their own profession-specific regulations.

The legislation under which each regulator operates, together with its regulations, by-laws and policies, determines how easily an existing regulator can accommodate the regulation of a new nursing discipline, such as RPNs. Nova Scotia's *2019 Nursing Act* and PEI's *Regulated Health Professions Act* are the most flexible in that the introduction of a new category of nurse can be achieved with the introductions of new regulations and not legislation, the latter being more cumbersome and requiring more time. The regulatory authorities in Nova Scotia and PEI can proceed almost immediately to develop regulatory policies and tools to regulate RPNs once direction from the provincial government is given.

NSCN has the provision in the Act to enable RPNs to practice in a number of models under a regulatory framework. The depth and breadth of the model depends on the approach directed by the provincial government. The models include:

i. **Authorize/Deauthorize Model:** implement a bylaw that enables RPNs registered and licensed elsewhere in Canada to practice in Nova Scotia for a limited or defined time. A Memorandum of Understanding (MOU) with "home" regulatory authority is needed as they will be responsible to ensure the RPN is and continues to be qualified for licensure and to deal with practice/conduct issues. Authorization means that the NSCN permits RPNs to practice in Nova Scotia but does not register or license them. The authority to deauthorize is NSCN's safeguard for circumstances where an RPN has practice issues. Practice and conduct issues

are managed by the home regulatory authority and NSCN can revoke the RPN's ability to practice in Nova Scotia.

ii. **Comprehensive Model:** Implement new regulations enabling NSCN to register and license RPNs. In addition, bylaws will need to be established to enable standards of practice and entry-level competencies.

iii. **Comprehensive Model + Education Program approval:** If there is appetite to educate RPNs in Nova Scotia, education program approval is added to the comprehensive model outlined above. Board approval of the new education program will be required.

In PEI, the regulatory authority will define the scope of practice, definition of psychiatric nursing, designations, and abbreviations, as well as the classes of registration for RPNs (general class, graduate class, provisional class) through regulation. Outside of legislation, the regulatory authority will need to create and adopt standards of practice, code of ethics, practice directives, and associated policies.

New Brunswick is the least flexible of the three Maritime provinces and will require considerably more effort and time to introduce a new nursing discipline as an amendment to the Act is necessary. The *Nurses Act* is significantly older than that of Nova Scotia and PEI and has not been updated in more than 40 years. NANB is currently navigating a new *Nurses Act* beginning the process of amending legislation. The need to provide health care services in both official languages in New Brunswick must also be considered and understood. The *Official Languages Act* as well as the legislation regarding Regulated Health Authorities in New Brunswick clearly state that patient services must be provided in both official languages. It follows that if RPNs are working in New Brunswick, the services they provide will need to be provided in both official languages. Likewise, it is desirable in Nova Scotia and PEI to have staff available who can speak French, to serve the francophone populations in those provinces.

Stakeholder groups consulted in the interviews and focus groups discussed how RPNs may be integrated into the health care teams. Informants suggested that more information regarding the specifics of amendments to current legislation is needed to evaluate legal and regulatory feasibility of RPNs. None of the stakeholders consulted were interested in leading the creation of one Maritime RPN regulator recognizing the complexities and challenges of aligning legislation across the three provinces. The current provincial nursing regulators consulted in the study indicated a degree of interest in regulating RPNs in their provinces, subject to sustainability.

Even with enabling legislation as in the case of Nova Scotia and PEI, a number of regulatory activities will need to be established before regulation can be operationalized. This includes defining scope of practice, additional policy work, alignment with labour mobility provisions. Some of these regulatory tools such as entry-level competencies for RPNs, already exist with current RPN regulators in Western Canada providing a starting point. The current work underway by the Registered Nurses Association of the NorthWest Territories and Nunavut (RNANT/NU) was reference by informants from western Canada. RNANT/NU is preparing to regulate RPNs in these territories by January 1, 2024. The pathway and learning to achieve regulation of RPNs in the territories can be shared with other jurisdictions.

Both Nova Scotia and PEI currently have legislation frameworks that will enable of the regulation of RPNs, thus deeming it initially feasible to provide a pathway to RPN Practice . While the RN regulatory authority currently exists in New Brunswick, an update and amendment to the province's Nurses Act is essential for licensure and regulation of RPNs to be initially feasible. Once initiated, the feasibility of sustaining RPN regulation in each Maritime province will be dependent on the availability of a consistent supply of RPNs.

5.2 Education

While a supply of RPNs is critical to initial feasibility, a well-executed educational program that develops RPNs is critical to sustainability. Increasing the number of RPNs and their availability across healthcare settings in a provincial health system requires a close relationship with regulators to avoid unexpected breaks in supply, as have occurred on occasion in one or more western provinces. This is in addition to safeguarding the ability to replace those who retire, or leave for other reasons, which places a heavy responsibility on educators.

Education delivery in the Maritimes will have two demand curves: one that is laid out over the number of years chosen by a jurisdiction to reach "full demand" and the other to graduate "replacement cohorts" once "full demand" is achieved. The form that an RPN education program in the Maritimes may take must be considered. Currently RPN education is offered in the four western provinces only. The first diploma program was established in Manitoba in 1920 and was a three-year program. By 1969 the program was two-years and expanded to the other western provinces. Manitoba's Brandon University established the first Bachelor of Science in Psychiatric Nursing program in 1995 and over time, phased out the diploma program recognizing the baccalaureate designation for all entry to practice psychiatric nurses. In the last three years, British Columbia has also recognized the degree program for entry to practice psychiatric nurses. Alberta and Saskatchewan recognize the two- to two-and-a-half-year diploma and the four-year baccalaureate degree as the entry to practice requirements for psychiatric nurses.[5]

Consultations with RPNs and educators in western Canada noted that some diploma-level RPNs who are licensed, and practising having successfully passed the Registered Psychiatric Nurse of Canada Examination (RPNCE) choose to enroll in a degree completion program to obtain a Baccalaureate degree for their own reasons such as career advancement. This suggested a potential option or idea for the Maritimes to consider that builds on the 2.5 years diploma program transitioning into the baccalaureate program. Candidates can take five years to complete a degree completion program while they practise as RPNs upon successfully passing the RPNCE. They are not eligible for license renewal until they complete the degree completion program. Irrespective of the pathway, either a diploma or baccalaureate program or combination of both will require time, funding, and most importantly, availability of educators and educational sites.

Educators represented on the study's New Brunswick and PEI RACs strongly agreed that a baccalaureate psychiatric nursing program is the educational model to implement in each province if integrating the RPN into the health care system. This is supported by the RPNRC's position statement,

[5] Refer to the RPNRC website for educational programs, http://www.rpnc.ca/rpn-education.

> *"that the minimum requirement for initial registrants for entry to practice into the profession of psychiatric nursing must be a baccalaureate degree. The competencies required of the Registered Psychiatric Nurse (RPN) to meet the changing health care needs of Canadians and the demands of the health care delivery system require baccalaureate preparation in psychiatric nursing."* (Registered Psychiatric Nurses of Canada (RPNC), Position statement on baccalaureate preparation as entry to practice in psychiatric nursing, online (retrieved March 20, 2023): <http://www.rpnc.ca/sites/default/files/resources/pdfs/BACCAL_Prep_PositionStatement_2012.pdf>).

Capacity issues with implementing a diploma, degree or any other educational pathway pose a risk to the feasibility and sustainability of regulating RPNs in the Maritimes both initially and longer-term. RAC members despite their desire to establish a baccalaureate program in each jurisdiction, expressed concerns with being able to recruit sufficient RPN faculty with graduate level qualifications to establish the programs in each Maritime province. Research participants from educational institutions, employers and governments in western Canada repeatedly expressed the desire to recruit more RPNs while at the same time reporting that educational institutions were finding it difficult or impossible to fulfill these requests given a lack of additional faculty, learning resources and clinical placements. Educational institutions are challenged in adding more seats due to these constraints.

In 2011, Brandon University in Manitoba launched the first and only Masters of Psychiatric Nursing program to prepare graduates for advanced practice roles and to be leaders and educators in psychiatric nursing and health care (Brandon University, *Master of Psychiatric Nursing: About the program*, online (retrieved March 30, 2023): <https://www.brandonu.ca/mpn/about/>). Graduates graduate from one of three streams: leadership administration, advance practice and education. This will help but not completely address the shortages. Staffing faculty is not only a challenge for RPN programs but also for RN programs as was cited by participants consulted for the study. Despite these challenges, the option to "purchase seats" in existing psychiatric nursing programs can be further explored and discussed as an initial pathway to educate and recruit RPNs.

The need for bilingual RPNs presents an important challenge in regulating RPNs particularly in New Brunswick, in that there are currently no French RPN educational programs. It is also likely that very few Canadian RPNs can speak French at an employable level, given that the profession only exists in the Western provinces and territories. Both realities create a significant challenge to recruiting French and/or bilingual RPNs.

Relying on existing programs in western Canada to provide potential graduates to practice in the Maritimes may only be a short-term solution at best given the shortages western provinces are facing with respect to the demand for RPNs and the shortages of faculty to deliver the learning. This also does not address the issue of delivering a French RPN program a requirement particularly for New Brunswick. The existing RPN educational programs in western Canada do provide the opportunity to build on and adapt to the Maritime needs rather than re-invent the wheel.

Comprehensive discussions among the educational community in the Maritimes first and then eventually including government and regulatory authorities is critical to integration if the decision is

made to regulate RPNs. Recognition of a profession's competencies may also be a consideration forward. This competency-based approach is flexible across many types of professional recognition models, including:

- experienced psychiatric/mental health RNs looking for RPN licensure;
- internationally educated RPNs seeking recognition and licensure, through education that has been deemed comparable (by regulators, based on common standards);
- LPNs or RNs seeking entry to a RPN bridging program or other training pathway (existing or new programs); and
- re-entry of inactive RPNs to the profession.

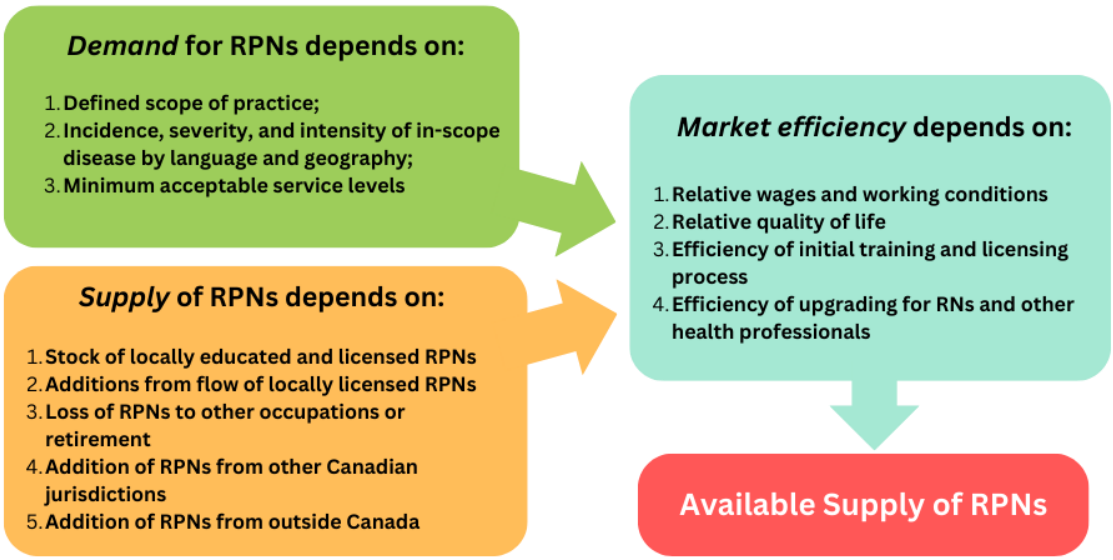
Existing assessment methods permit this type of recognition in a focussed and efficient manner and is currently used around the world in a number of skilled and regulated professions.

Further consultations and research to inform directions forward with respect to education will be necessary. Programs and curriculum already existing in western Canada present opportunities for collaboration that can be leveraged both to explore interim solutions and alternative long-term pathways.

5.3 Labour market and related[6]

Three components of the labour market were considered to determine the feasibility of a pathway to licensure and regulation of RPNs in the Maritimes. Figure 3 presents a high-level labour market model of RPNs.

Figure 3. A model of the labour market for RPNs



Source: CAMPROF Canada Inc., 2023

Demand is mainly influenced by employers (e.g., regional health authorities, corrections, education, community organizations) and provincial governments that are responsible for the delivery of healthcare to residents. A key component is the scope of practice and scope of employment for the profession. The possibility of hiring more RPNs is directly impacted on what is included or excluded from the RPN's roles and responsibilities, and how much overlap exists across the various professionals who provide psychiatric and mental health and addictions services.

Two important methods are used to estimate the demand for RPNs in a particular jurisdiction:

a. Basing the estimate on ***prevalence and intensity of the conditions to be managed, and the educational and preventive care to be delivered***. While jurisdictions can consult their service delivery data to measure actual care delivered, this leaves a gap in counting resources needed as it is generally acknowledged that unmet needs exist among those who

[6] CAMPROF Canada would like to thank T. Scott Murray of DataAngel Policy Research for his assistance with this study.

don't receive services (no referral to a psychiatrist, for example) and of those who receive less service than they require (e.g., an individual reaches the upper limit of reimbursable mental health services through their health insurance) - (Khaliq, 2022; Sandler, personal communication). All western jurisdictions consulted indicated that they recognized that their current service delivery can benefit from more RPNs to address gaps, while acknowledging that they were struggling with an effective way to measure unmet needs.

b. Using a ***percentage as a proxy for the number of RPNs needed***. This can be addressed as a rate (e.g., one RPN per "x" residents — in 2018, the ratio for western Canada was one RPN for every 2,039 residents) or as a percentage of total nursing staff involved in psychiatric, mental health and addiction services. Of course, this varies from province to province, and should be calculated for an individual jurisdiction for comparison purposes.

Attempting to provide an initial number of RPNs required as a starting point is a challenge. Estimates need to consider and build on the strengths of the existing health care team to collectively address the access and care needs of Maritimers. For the Maritimes to prove an equivalent number of RPNs based on population will require 378 RPNs in New Brunswick, 471 RPNs in Nova Scotia, and 75 RPNs in PEI[7]. These estimates may serve to guide decisions in terms of what a full complement of RPNs might look like, "future demand", with a fixed "initial demand being identified at first in the context of pilot projects involving RPNs, and a plan to build capacity to achieve the full demand estimate at a specific point in the future.

Supply is essentially an exercise of addition and subtraction to arrive at a net number of RPNs who could potentially be attracted to practice in the jurisdiction. Typically, supply is thought of as RPNs currently employed in the local workforce, plus those expected to become employed from local educational programs, less those that are estimated to leave the profession for a variety of reasons, including retirement. With the rapidly growing demand for nurses outpacing the supply from educational programs, other sources to consider recruiting from include:

- Internationally Educated Nurses (IENs);
- re-entry of retired nurses, and/or nurses who pursued other career options; and
- recruitment of graduates and existing nurses in other jurisdictions.

While these add to the supply available to a jurisdiction, such sources typically cost more to access in both dollars and effort.

The survey of registered RPNs in Western provinces and the Yukon suggests that many RPNs have an interest in increased labour mobility. Over half the survey respondents indicated that, given a choice, they would choose to work in other geographic areas, including other western provinces, Ontario, Quebec, and Atlantic Canada. Some expressed their desire to move to rural or remote areas – including Northern Canada – due to the higher need for their skills and expertise as RPNs. Participants provided many reasons for their enthusiasm to relocate, with the core message being that they seek more flexibility and portability to practise anywhere in Canada. Recruiting from the western jurisdictions may have a negative impact and may be perceived negatively by western Canadian employers and governments who are already struggling to meet their own demands for RPNs.

[7] Calculated by CAMPROF Canada and DataAngel using ratios derived from StatCan and CIHI data.

A pilot-based approach requiring a smaller number of recruits may provide an initial supply of RPNs in the Maritimes and help build the critical mass necessary for sustainability. Such an approach may identify existing RPNs in the Maritimes doing other jobs and/or may focus on re-entering RPNs who are not currently practising. Attracting internationally educated RPNs through expedited recognition is another possible strategy. While this approach may provide RPNs to staff small pilots, there will still be a need for some western recruitment or providing recognition/bridging programs for RN nurses currently practising in the Maritimes. A solution to the lack of RPN educational opportunities must be addressed to move beyond an initial pilot cohort, or sustainability will not be possible.

Market efficiencies, the third component of the labour market model are the microelements that make one jurisdiction preferable to another for some nurses, or a particular role less desirable to them. An RPN considering two jurisdictions may consider what roles are available, and the opportunities for transfer and promotion once hired. Salary and benefits may be compared, along with standard of living and quality of life in each jurisdiction. Qualitative factors may be considered if the nurse knows individuals currently employed in one or both jurisdictions. Considerations for the family unit may include spousal job opportunities, schooling for children, access to health or educational services for family members with special needs, and so on.

Provinces have relative advantages in attracting professionals. It is also important to note that these advantages balance out over time. The more people who move to a province, the more expensive accommodations become. School ratios change to higher classroom sizes, it becomes more difficult to acquire a primary care provider, and so on.

Mobility of RPNs outside of western Canada has been a long-standing issue. RPNs are regulated and can only practice as RPNs in British Columbia, Alberta, Saskatchewan, Manitoba and the Yukon and in 2024, Northwest Territories and Nunavut. The 2015 *Mobility and Assessment of Canadian and Internationally Educated Registered Psychiatric Nurses* project found that Canadian and internationally educated RPNs in non-regulated jurisdictions are often underemployed working in non-regulated nursing-related roles and are often prevented from applying their full scope of their knowledge and skills in the delivery of healthcare to Canadians. Many RPNs believe that their mobility rights under Canada's Charter of Rights and Freedoms are infringed upon.

There is little to no data available to understand the number of internationally educated nurses (IEN) who registered and practiced as a RPN east of Ontario. CIHI data for 2016 showed that a total of 373 new international graduates registered as a RPN in a western province accounting for 6.8% of the total RPN supply in Canada. As with all IENs intending to immigrate and practice in Canada, the Internationally Educated Psychiatric Nurse's first step is to apply to the National Nursing Assessment Service (NNAS). NNAS is responsible to collect and process all documents to apply for nursing registration in Canada (NNAS. Retrieved March 29, 2023. https://www.nnas.ca). An advisory report that includes an evaluation of the IEN's education, based on Canadian standards and comparing it to the current Canadian nursing requirements for entry to practice is generated and available to the IEN and the regulatory authorities the IEN applies to.

A recent new initiative spearheaded by the British Columbia College of Nurses and Midwives (BCCNM), the Nursing Community Assessment Service (NCAS) assesses the educational credentials, language proficiency and competencies of IENs who wish to practice in British Columbia, New Brunswick, Nova Scotia and PEI (NCAS. About NCAS. Retrieved April 10, 2023. https://www.ncasbc.ca/about_NCAS/Pages/default.aspx). An applicant's skills and competencies are assessed for up to three different health care roles simultaneously: LPNs, RNs and a health care assistant. The benefit of NCAS is the dual- or triple-track assessment providing the applicant career options leading to finding work faster in the jurisdiction of choice. NCAS is currently transitioning from the pilot phase toward full operations and sustainability.

In most western provinces, RNs and RPNs are represented by the same union and the nursing pay scale for each province applies to both nursing professions (with the same initial graduate rate and the same steps along the pay scale — excepting certain specialties among RNs). Collective agreements also typically apply in the same way to both professions (excepting scope of practice differences), and most job postings are open to both RPNs and RNs. Key informants interviewed commented that the nurses' union play a significant role in shaping the relationship between RNs and RPNs in western Canada. This arrangement began earlier in some western provinces than others but has been found to have merit in all of them, creating a sense of collaboration with the union benefitting both professions, rather than a view where one would be seen as "taking" from the other. Initiating discussions with the nurses' unions in each Maritime province will be a priority to identify any issues that need to be addressed should there be interest to regulate RPNs given the existence of collective agreements and pay scales for RNs in each Maritime province.

While RPN regulation in the Maritimes may increase the potential for labour mobility into the region, it will require additional, detailed analysis of the labour market (beyond the scope of this study) to attempt to predict what the five- or 10-year labour market outcomes will be for the region.

5.4 Knowledge and acceptance of RPNs

Not surprisingly given that RPNs are not regulated and employed east of Manitoba, research participants were not familiar with, and lacked knowledge about the RPN's education, scope of practice, and typical practice, including their relation to other nurses. In some cases, this lack of knowledge was accompanied by a lack of acceptance among some of the participants consulted, who questioned the medical/surgical training received by RPNs, as well as their ability to care for the "whole patient."

Without change management and education activities for existing staff, there is a risk of creating an "us vs them" environment among the health care team if RPNs are added. Lack of knowledge might also impact a number of activities, including, at a minimum:

- recruitment and hiring;
- performance management and compensation;
- reform of psychiatric, mental health and addiction services and roles;
- access to clinical opportunities;
- promotion of careers in psychiatric, mental health and addiction for those considering a health occupation; and

- provision of psychiatric, mental health and addiction services in corrections, education, and community settings.

A notable theme emerged in the survey of RPNs. A lack of general knowledge and understanding of RPNs and their unique skills has contributed to stigma surrounding their capabilities and qualifications. This limits job opportunities, upward career mobility, training opportunities, and educational advancement.

The potential to implement the regulation of RPNs in the Maritimes requires a change management approach to accomplish in a shorter period of time what occurred over decades in the western provinces. Regulation can technically be established without education and change management efforts, however, the risks of doing so can lead to possible tension among practicing health teams and/or employers and, may undermine optimal performance of new RPN roles (Sharrock et al, 2022; Wand et al, 2021). Organizational integration and support for the psychiatric, mental health and addiction nursing role is essential to its successful implementation and improved experience and outcomes for patients (Brinkman et al, 2009; Sharrock et al, 2022; Wand et al, 2021). Such findings further underscore the importance of carefully planned education and change management strategies.

5.5 Feasibility

The feasibility to license and regulate RPNs in the Maritimes was explored looking at both initial and sustainable feasibility in four primary elements: legal and regulatory, labour market and related, education, and knowledge and acceptance of RPNs. Not surprisingly, the RPN profession is not well understood and there is generally a lack of knowledge east of Manitoba. Central to the primary elements of feasibility is the need to raise the awareness and knowledge of RPNs both initially and over the long-term to accommodate the profession's integration into the local health care teams.

All three Maritime provinces have existing regulatory authorities mandated to regulate RNs, LPNs and Nurse Practitioners in the public interest. Research participants consulted did not favour establishing a new Maritime RPN regulatory authority suggesting rather that the existing RN regulatory authorities in each jurisdiction regulate the new nursing discipline. To do so will require an amendment to New Brunswick's Nurses Act, a task that requires time and considerable effort. Steps towards updating the Act are already underway. No changes to the legislation s are required in Nova Scotia and PEI. Considerable work and time to draft new regulatory processes including bylaw amendments, regulations, and standards will be required in all three jurisdictions if the decision to regulate RPNs is made.

Initial supply or provision of RPNs to practise in the Maritimes may be possible by recruiting from western Canada particularly RPNs who are originally from the Maritimes and/or from outside Canada and/or by focusing on RPNs already employed in the Maritime jurisdiction but not practising as an RPN. This though triggers several issues one of which is the fact that there is a high demand and shortage of RPNs already in western Canadian provinces as several key informants from western Canada pointed out. Even if there are RPNs seeking mobility to the Maritimes, arrangements such as an MOU with a RPN regulatory authority will be required posing risks to the western regulatory authority. While an example of such an arrangement already exists (Nunavut and Northwest

Territories and Manitoba and Alberta), this arrangement will soon come to an end when NANT/NU assumes regulation of RPNs in Nunavut.

"Educating their own" RPNs is the more sustainable approach to providing a consistent supply but this will require creating the RPN educational programs in the Maritimes. While the institutions exist in all three provinces the faculty and curriculum to instruct the psychiatric nursing program do not. Staffing the faculty to deliver the program will be a challenge as currently, RPN programs in western Canada are struggling to staff faculty, a similar challenge for most RN programs identified in the research. Educational representatives of the study's RACs supported by a position statement issued several years past by RPN regulators in western Canada, strongly agreed to develop the baccalaureate RPN program if the decision to regulate RPNs is made.

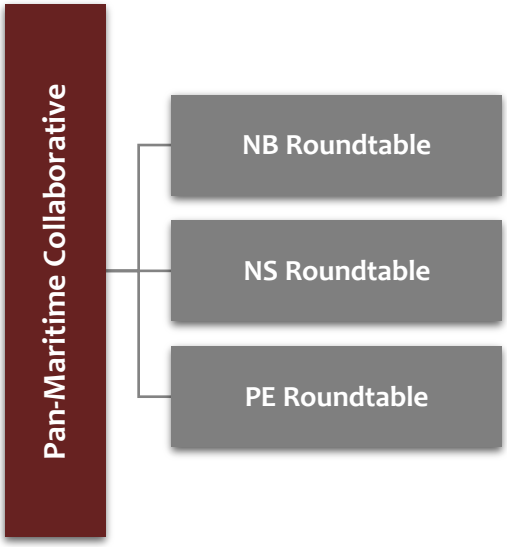
A pathway to license and regulate RPNs in the Maritimes is feasible but not without its challenges and longer-term commitment of resources and time. Regulation has the greatest opportunity of being initially and sustainably feasible if undertaken individually by the existing nursing regulatory body in each province and with a change to current legislation in New Brunswick rather than one Maritime regulatory authority. RAC members together with the study's Steering Committee acknowledged that the commitment to regulate RPNs is a provincial government decision and recognized that proceeding forward is long-term. Comprehensive discussions and further research of options and considerations in three areas: 1) legislation and regulation, 2) change management and 3) education is required in any plan forward. All scenarios underscore the need for effective planning and decision-making in each province to develop approaches (or a shared approach) that will support both initial and sustainable feasibility.

6. A BLUEPRINT FORWARD

The preceding section highlights the need for continued dialogue and possibly further research that can inform decisions in each jurisdiction. The study's Steering Committee agreed that each jurisdiction will benefit from the continued collaboration between the Maritime provinces and welcomed Newfoundland and Labrador although the province was not part of the study. The Committee also agreed of the importance that senior leaders of each provincial government and of each RN regulatory authority form the initial membership of a Pan-Maritime or Atlantic Canada Collaborative since the decision to regulate RPNs in the jurisdiction is first required.

Further research may be required to inform the decisions of government and/or to explore options if the decision is to regulate RPNs. Subject matter expert working groups for the Pan-Maritime Collaborative and within each jurisdiction may be formed to focus on the key research areas related to regulation and legislation, change management and education. Figure 4 illustrates a model of the proposed structure.

Figure 4. Proposed structure for phase 2



Source: Dunn & Associates, 2023

6.1 Regulation and legislation

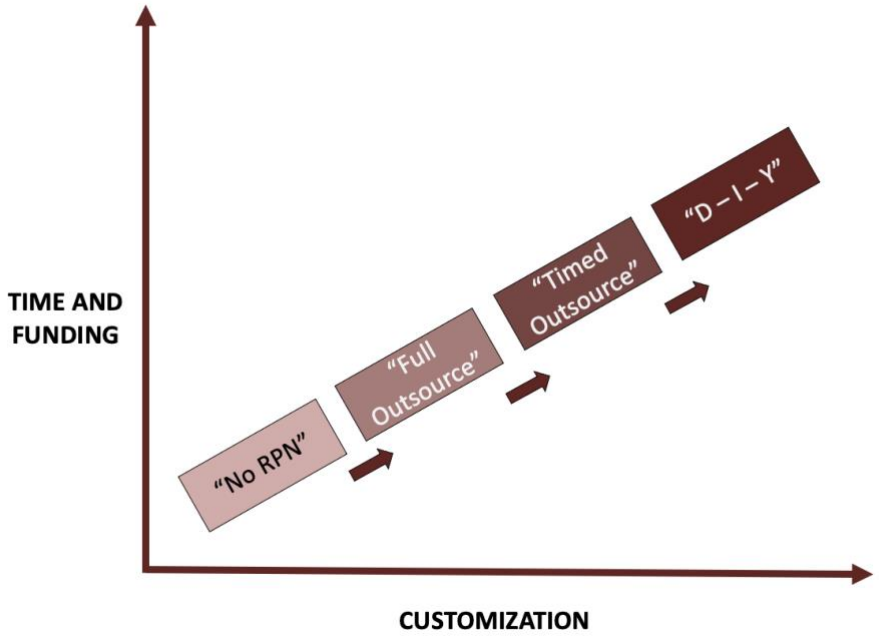
The development of new regulatory processes and policies are necessary in all three provinces if there is a decision to integrate the RPN into the existing health care teams with New Brunswick requiring an amendment to its Nurses Act. There is considerable learning to leverage from NANT/NU who is currently working towards licensing and regulating RPNs in the Northwest Territories and Nunavut and from the College of Registered Nurses and Midwives of PEI (CRNMPEI) who recently

began licensing and regulating midwives in PEI. NANT/NU has been working closely with the RPN regulatory authorities using the existing RPN entry-level competencies and already developed standards of practice and other regulatory tools necessary for regulation. Regulatory process already exists and may require modifications by each Maritime province. Provincial governments may also assume that the regulatory authorities will require funds to help cover the start-up costs to regulate RPNs while maintaining or minimizing these costs to current members at a rate that reflects what the individual costs will be once the number of RPNs reaches a critical mass in the province.

To address costs related to regulation and their impact on feasibility, it is necessary to have an estimate of initial RPNs registered as well as the desired rate of growth. With this information, it is possible to estimate cash flows for the regulatory bodies, including the development of educational programs, regulations, and scope of practice. Plans also need to be made for foreign credential recognition, as well as the development of communication tools and materials for those seeking more information about the RPN profession or registration itself. Regulators in the Western provinces have indicated a willingness to share their existing tools, which will serve to alleviate the burden of creating new ones.

Despite the challenges to feasibility initially and sustainably, four models or options informed by the primary and secondary research completed for the study and by the discussions with the study's RACs were considered to regulate RPNs in the Maritime provinces. Figure 5 presents these models from the "lowest" to "highest" in terms of investment of funding and time, relative to seeing potential results from these investments.

Figure 5. Proposed models of RPN regulation in the Maritimes



Source: CAMPROF Canada Ltd., 2023

In deliberating each model, the greatest consensus among the New Brunswick, Nova Scotia and PEI RACs was with the "D-I-Y" model recognizing that this option is more sustainable given the investment of time and resources to "build" and that the intended outcomes will not be immediately realized. The *"D-I-Y" model* is as its name implies. A new or existing regulatory authority in the jurisdiction licenses/registers and regulates the RPN and the RPN is integrated into the health care team of that jurisdiction. This means full jurisdictional control and complete alignment with the environment and circumstances within the jurisdiction. Ideally, the "D-I-Y" model is aligned with other health professions and their scopes of practice, along with the government's health plan and staffing demand from employers. The related educational program will also have strong working ties to the regulatory authority because of parallel development. The primary challenge with this model is the time and resource investment to establish the regulatory processes, including amending legislation if needed to regulate RPNs, and develop the educational program if desired.

The "timed outsource model" was also discussed by the RACs. This option incorporates the concept of the "full outsource" model in that licensure and regulation of the RPN is "outsourced" to an existing RPN regulatory authority through an arrangement or agreement such as a MOU for a finite period of time while the local jurisdiction establishes the processes to regulate RPNs in that jurisdiction (e.g., amendments to legislation, new policies, bylaws). This differs in the "full outsource" model which is for an indefinite period of time. Such an arrangement can be initiated through an interim piece of legislation (e.g., ministerial orders, interim orders, directives and regulation or bylaw) or other mechanism, adopting the regulatory approach of the regulating province. While the model provides immediate benefits of supplying RPNs, fewer existing RPN regulators are negotiating such arrangements due to legislative change impacting regulation within the serving or receiving jurisdiction concerns related to liability, and unresolved legal issues related to investigative disciplinary functions in the receiving jurisdiction.; the College of RPNs of Manitoba's (CRPNM) agreement to regulate RPNs in Nunavut is coming to an end in 2024.

The fourth model, *"No RPN"*, assumes the jurisdiction cannot or chooses not to introduce RPNs into the health care teams focusing instead on improving the psychiatric, mental health and addictions skills of existing health care providers, with an emphasis on RNs and social workers (and possibly LPNs, NPs, and family physicians) through targeted professional development. Maritime jurisdictions contemplated approaches in favour of emphasizing training current staff such as RNs and social workers rather than pursuing the regulation of RPNs, but this became less popular given statements indicating that fully addressing knowledge and skills gaps may take two additional years of study or more. More discussion was targeted toward an approach that may include regulating and employing RPNs in the jurisdiction while also providing additional psychiatric, mental health and addictions content and clinical opportunities to RNs, LPNs and nurse practitioners in the jurisdiction. The UNB's Bachelor of Nursing Mental Health Specialty option to some extent is or will provide this opportunity to RNs and LPNs in New Brunswick.

6.2 Education and change management

Educational considerations and change management strategies are at the core of each of these options and essential to making regulation and integration of RPNs into the Maritimes a success. Efforts to increase knowledge of RPNs may begin right away with RPNs being engaged to provide webinars on specific areas of interest, successful initiatives, or professional development in particular techniques. Similarly, opportunities to work with and learn from RPNs may be facilitated for Maritime RNs working in psychiatric, mental health and addictions services. These efforts may benefit existing staff, raise the awareness of the care provided by RPNs and help pave the way for new RPNs in the Maritimes if the decision is such.

There was consistent support for RPN training at the university (degree) level in each Maritime jurisdiction. There was also support for a short-term solution to establish a critical mass of RPNs, while the university training program(s) are under development acknowledging the length of time and resourcing needed to develop and implement a four-year university program for RPNs.

RACs discussed "demonstration projects" as a means to establish an initial mass of RPNs. Demonstration projects are described as projects that are designed to measure and communicate the benefits of a proven innovation in a new area or manner. This differs from the traditional "pilot project", where the decision to use the innovation is uncertain, and the final decision will only be made after reviewing the performance of the project. The challenge for the Maritime jurisdictions is to begin to put some numbers to these projects in order to identify recruitment activities and target labour markets and establish short- and medium-term goals. Demonstration projects may provide the opportunity to further educate other health professions, management, and government about RPNs and to test change management practices while reporting on project successes, leading to a virtuous cycle where each success paves the way for the next step of implementation. Such projects will build on the staff education and change management efforts and are meant to show staff, patients, leaders, etc. the benefits of RPNs, including concrete examples and/or the progress resulting from their presence.

Clarity on the size and scope of demonstration projects will also permit the development of recruitment strategies by employers, further increasing the likelihood that initial human resource goals will be met, thus supporting the work of the regulator. In addition, the recognized importance of educating existing staff about the nature, knowledge, and future role of RPNs in the provincial health system, supported by change management work, will be key to addressing concerns by staff and clients.

7. CONCLUSION

Cognizant of the rising needs for, and governments' commitment to improving access to psychiatric, mental health and addiction needs, New Brunswick, Nova Scotia and PEI explored the feasibility of licensing/registering and regulation RPNs in their jurisdiction and integrating this new profession to the healthcare team. Study participants consulted confirmed the health system and Maritime population needs related to psychiatric nursing, mental health, and addictions touching access, availability of services and effectiveness. Increasing numbers of people are presenting with more conditions and greater complexity. The need touches access, availability of services, and effectiveness; it has been compared with the scope of practice of RPNs and found to be a good fit. This has been confirmed by data as well as informants in the eastern and western regions of Canada.

The study' Regional Advisory and Steering Committees recognized that RPNs provide a benefit in addressing psychiatric, mental health addictions in western Canada and may provide the same in the Maritimes. All of the Maritime provinces (including New Brunswick if amendments to the current Nurses Act succeeds) have an environment within which RPNs can be registered and regulated to varying degrees. Regulation may be initially and sustainably feasible if undertaken individually by the existing RN regulatory body in each province. The pathway to licensure and regulation of RPNs will require a long-term commitment, comprehensive discussions among key stakeholder groups further exploratory research in the areas of regulation, change management and education.

Nova Scotia and PEI can commence establishing the regulatory processes almost immediately since no amendment to legislation is required. New Brunswick on the other hand, will require an amendment to an old Act, a process that is already underway. Raising the awareness and knowledge of RPNs among health care providers, administrators, governments and the general public is critical to successfully integrating RPNs in the jurisdictions. This will require a robust change management strategy using demonstration projects to educate, build awareness, and supply initial RPNs to the jurisdiction.

Options such as recruiting RPNs who are practising in the Maritimes but not as RPNs, internationally educated psychiatric nurses, and RPNs who are practising in western Canada and the territories and wish to return or move to the Maritimes to initially employ RPNs in the Maritimes will need further investigation. Educators represented on the RACs strongly favoured a baccalaureate degree if RPNs are regulated in the Maritimes. Whatever the format, establishing RPN education will require time, funds, and most importantly, availability of educators and educational sites to establish the programs.

There is considerable learning, processes and tools to leverage from the western provinces who have been licensing and regulating RPNs for over 100 years. NANT/NU's current work and effort to license and regulate RPNs in the Northwest Territories and Nunavut to some extent provides a roadmap for the other jurisdictions seeking to integrate RPNs into their health care system. An opportunity lies to reimagine nursing education and interdisciplinary collaboration to improve access and care for psychiatric, mental health and addictions.

Canada's health care is in crisis as the current healthcare workforce cannot keep up with the growing need for care and services across the country. Provincial and Territorial governments are scrambling to find solutions to the growing human resource crises. This in turn, is putting pressure on existing health care agencies and organizations to implement initiatives and/or new processes that are seeing rules loosened by the province/territory to address shortages. Nursing regulators are in the throes of this mounting pressure. New Brunswick, Nova Scotia and PEI will be navigating within this current environment if decisions are made to integrate the RPN into the existing health care teams.

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Resource Document
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APPENDIX A. STEERING COMMITTEE AND REGIONAL ADVISORY COMMITTEES' MEMBERS

Steering Committee Members

NAME	ORGANIZATION
Doug Bungay	Nova Scotia College of Nursing
Janet Gallant *(retired)*	Nova Scotia Department of Health and Wellness
Suzanne Harrison	Université de Moncton
Laurie Janes *(retired)*	Nurses Association of New Brunswick
Denise LeBlanc-Kwaw*	Nurses Association of New Brunswick
Barbara Lowe	Registered Psychiatric Nurse Regulators of Canada
Nadine MacLean	Government of Prince Edward Island Department of Health and Wellness
Cindy MacQuarrie	Nova Scotia Health
Christine Ogaranko	Nova Scotia Department of Health and Wellness
Laura Panteluk	Registered Psychiatric Nurse Regulators of Canada
Sidnie Williams	Health PEI

*Initially represented the Government of Prince Edward Island Department of Health and Wellness

New Brunswick Regional Advisory Committee Members

NAME	ORGANIZATION
Louise Smith	Government of New Brunswick Department of Health
Rachel Boehm	Horizon Health Network New Brunswick
Lorna Butler	University of New Brunswick
Jean Daigle	Horizon Health Network New Brunswick
Paula Doucett	New Brunswick Nurses Union
Virgil Guitard	Vitalité
Suzanne Harrison	Université de Moncton
Rino Lang	Vitalité

Nova Scotia Regional Advisory Committee Members

NAME	ORGANIZATION
Maureen Brennan	Izaak Walton Killam (IWK) Hospital for Children
Doug Bungay	Nova Scotia College of Nursing
Nancy Cashen	Izaak Walton Killam (IWK) Hospital for Children
Janet Gallant *(retired)*	Nova Scotia Department of Health and Wellness
Cindy MacQuarrie	Nova Scotia Health
Alexandra Marcia	Nova Scotia Health
Christine Ogaranko	Nova Scotia Department of Health and Wellness
Tanya Penney	Nova Scotia Department of Health and Wellness

Prince Edward Island (PEI) Regional Advisory Committee Members

NAME	ORGANIZATION
Barbara Brookins	PEI Nurses Union
Denise LeBlanc-Kwaw *(retired)*	Government of Prince Edward Island Department of Health and Wellness
Dr. Jo-Ann MacDonald	University of PEI
Karen MacLaren	Health PEI
Nadine MacLean	Government of Prince Edward Island Department of Health and Wellness
Iva Marinov *(retired)*	Health PEI
Heather Mills	Health PEI
Sidnie Williams	Health PEI

APPENDIX B. KEY INFORMANT INTERVIEW AND FOCUS GROUP GUIDE

For Maritime provinces: practising nurses, nursing regulators, nursing unions, nursing associations, government representatives (Mental Health services branch), employers (RHAs), nurse-educators

INTRODUCTION: CAMPROF Canada is retained by the Registered Psychiatric Nurse Regulators of Canada, Nova Scotia Health, New Brunswick Association of Nurses and PEI Health and Wellness to complete a study regarding the feasibility of regulating Registered Psychiatric Nurses in the Maritimes. Your input today will enrich our understanding of the mental health and addiction services provided in your jurisdiction.

The first phase of the research is a gap analysis of the state of mental health and addiction services delivery in New Brunswick, Nova Scotia and Prince Edward Island. We will conduct a semi-structured interview, which means it isn't 100% scripted – I have a list of thoughts I'd like to explore with you, but we have some flexibility in what exactly we talk about – depending on what you'd like to emphasize. The interview will last for approximately one hour and we will cover three broad areas:

- Your views and opinions on the current state of mental health and addictions services in PROVINCE,
- Your vision of *optimal* mental health and addictions services in PROVINCE (in other words, your desired future state), and
- Your views on what the barriers or opportunities might be to achieving that desired future state.
- In addition, I would like to explore with you the role that Registered Psychiatric Nurses might play in meeting mental health and addiction service needs in PROVINCE

If we have time, we might also talk more in-depth about the regulation of Registered Psychiatric Nurses in PROVINCE and explore whether that might be one path for achieving the desired future state. Or, that may be a topic that we come back to another time.

Your answers will be kept confidential and will not be attributed directly to you. We will be reporting back to the study sponsors only in aggregate. If you are uncomfortable speaking about any of the questions I ask that you advise and we can end the interview at any time.

Do you have any questions for me at this point?
Do I have your permission to proceed with the interview?
OK. Let's begin.

ID/DEMOGRAPHICS:
1. First, please tell me your name, your title, and where you work.
2. How long have you been working there?
3. Can you tell me a little bit about your role – what are your main responsibilities?

4. How much do you know about Registered Psychiatric Nurses and what they do[8]?
[Depending on the respondent, adapt interview at this point to either take some time and talk about the scope and work of RPNs, or to look at current and future state using existing nursing personnel only.]

DESIRED FUTURE STATE- PROBE for vision on priority areas identified in provincial strategy and/or gap areas that provincial strategy might not address.

1. When you think about mental health and addictions services in PROVINCE, tell me what you think the best possible mental health and addiction services system could be. Describe it to me.
PROBE: if you could wave a magic wand or design the system from scratch, what would it look like?
2. And what do you see as the role for the nursing profession in your desired future state?
    2.a. What about internationally-educated nurses – how do they fit into the future state?

CURRENT STATE:
1. And now, tell me about the actual current state. What do mental health and addiction services look like in PROVINCE?[9]
    1.a. How far are you from that desired future state?
2. In general, how well do you think the mental health and addiction needs of PROVINCE residents are being met?
    2.a. Probe for good aspects versus challenging aspects.
    2.b. What are the main barriers to achieving the desired vision?
    2.c. Please tell me a little bit more about why you answered that way. [Probe for reasons underlying the answer. If answer is in the positive – how do they know care is "good"? If negative – what is the evidence of that? What dimensions are good? What not so good? (i.e., access, timeliness, choice, patient-centredness, equity, cost effectiveness, evidence-based care, etc.]
3. What are the best aspects of the system?
    3.a. Are these parts of the system sustainable?
4. What needs improvement?
    4.a. What barriers exist to achieving improvements? What opportunities might you capitalize on?
    4.b. How can IENs help address the opportunities or challenges in PROVINCIAL mental health and addiction services delivery?
5. There has been a great deal of press coverage about the growing need for mental health care services, especially post-pandemic, and especially among Canadian youth. In your experience, how is this playing out in PROVINCE? Is demand increasing? How do you know?
6. Your PROVINCE has a strategy in place to address mental health services and addiction needs. Its key priorities are: (discuss those that apply in that province)

- increasing access to mental health/addiction services
- decreasing wait times
- integrating care better with primary care providers and into the community

[8] From Essential Competency document: autonomous professional, working collaboratively with other team members with a focus on mental and developmental health, mental illness and addictions.

[9] High-level – I am not asking for a system description.

- filling health resource gaps with a special focus on supporting health professionals to their full scope of practice
- Addressing the needs of Aboriginal populations/remote communities/those with opioid addictions

What do you see as the role of Licensed Practical and Registered nurses in the mental health and addictions strategy?

6.a. Are there gaps in the current PROVINCE strategy that you think haven't been adequately addressed or need more work?
6.b. Could RPNs play a role in filling those gaps?
6.c. How else might RPNs address these government priorities or other challenging areas?
[Depending on interview, probe into the inter-relationship between IENs and the licensure of RPNs at this time.]

FEASIBILITY
Your provincial strategy includes a particular focus on XXX (access/wait times/integration into community) and it's possible that Registered Psychiatric Nurses might help achieve that goal. They already exist as self-regulated professionals in several western provinces. So now, I'd like to turn our attention to talking about the possibility of regulating RPNs in the Maritimes.

1. How do you think RPNs might help advance the provincial mental health and addictions strategy?
PROBE: role and practice area
Is this a priority here? Who /what health professionals play a lead role in that area for PROVINCE?
2. What do you anticipate the biggest challenges might be for the introduction of RPNs into the province?
PROBE for educational challenges, professional clashes with other nursing professionals/other health professionals, lack of support from government, lack of money to fund them, lack of clarity about their role, acceptability to patients, other (based on provincial strategy info).
3. If RPNs were licensed here, where would you start? What would be the priority area for deployment of RPNs?
4. How do you think currently practising RNs, LPNs or others might train to become an RPN? What would be the best model? What opportunities currently exist for that kind of training here?
5. Do you have any thoughts or ideas about the best way to license and regulate RPNs in PROVINCE? (If yes) What would they be?

CLOSING
Is there anything else that you would like for me to know about mental health and addiction services in PROVINCE that we haven't talked about? Or the role of nursing and RPNs that we haven't discussed?

Thank you very much for your time. I know there is an awful lot of work going on in the province to meet rising mental health and addictions needs. We wish you all the best in continuing to work on these challenges.

APPENDIX C. RPN SURVEY

Welcome and thank you for your interest in the study to determine the feasibility of regulating Registered Psychiatric Nurses (RPN) in the Maritime provinces. Your input will help us identify factors such as possible sources of RPNs, and challenges that may be encountered in establishing regulation in each province. **Please respond by September 22, 2022.**

We estimate you will need approximately 15 minutes to complete the three parts of the survey:

1. About yourself
2. About your education
3. About your work

For more information about the study, click here [link to web page].

Anonymity and reporting:
We have designed the survey in a way that no personal information is collected or could be used to identify a respondent. Please do not include any personal information about you or others in open text fields. If you do, we may need to exclude your responses from analysis to safeguard everyone's privacy. Responses will be analyzed and reported to the Registered Psychiatric Nurse Regulators of Canada (RPNRC) in aggregate form. To help us gauge if we heard from a wide and diverse audience of RPNs, the survey includes professional practice context and socio-demographic questions.

Accessibility:
The survey software is compliant with current accessibility requirements[10]. Should you experience difficulties, please contact us and we will be happy to provide the survey in a format that works for you (MS Word, telephone interview, etc.).

Tips for responding to the survey:

- Questions requiring an answer are marked with an asterisk *.
- Use an up-to-date web browser[11].
- If you prefer to see a static version of this interactive survey, access a pdf file of the survey questions here [embed link to website or CAMPROF Canada OneDrive].
- If you cannot complete the survey at once, you can exit and resume later by using the same survey link and same device you used the first time (computer, tablet or smartphone).

If you encounter technical difficulties, visit: SurveyMonkey help page[12]; or submit a help request and we will get in touch within 24 hours.

[10] https://help.surveymonkey.com/articles/en_US/kb/Accessibility-at-SurveyMonkey#Checklist

[11] https://help.surveymonkey.com/articles/en_US/kb/What-browser-versions-do-you-support

[12] https://help.surveymonkey.com/articles/en_US/kb/We-are-having-accessibility-or-technical-issues-What-should-we-do

Let's get started!

Part 1: About yourself

1. In what province(s)/territory are you currently registered as a Registered Psychiatric Nurse?
    - Alberta
    - British Columbia
    - Manitoba
    - Saskatchewan
    - Yukon Territory
2. Please identify your current role(s) at your place of employment by checking all that apply:
    - Hospital-based RPN
    - Community-based RPN
    - Managerial position/administrator
    - Clinical lead/educator
    - Instructor/professor/educator/researcher
    - Other (please specify):
3. How many years have you practised as an RPN?
    - 0-5 years
    - 6 to 10 years
    - 11 to 20 years
    - 21 to 30 years
    - More than 30 years
4. Please check all the settings in which you have worked:
    - Hospital (general, children's, rehabilitation, etc.)
    - Community addictions and mental health agency
    - Nursing home/long-term care facility
    - Forensic hospital
    - Correctional facility
    - Indigenous health
    - Other (please specify):
5. We would like to hear from a wide and diverse audience of Registered Psychiatric Nurses. We are therefore interested in knowing any additional information you may wish to share about yourself (for example, "I was born outside of Canada and completed most of my nursing/psychiatric education prior to arriving", "I identify as a person with a disability", "I identify as First Nation, Inuit, Métis or other Indigenous group") [text box]

Part 2: About your education

6. What was your <u>initial</u> education in psychiatric nursing?
    - Diploma in psychiatric nursing
    - Baccalaureate degree in psychiatric nursing
    - Baccalaureate degree in nursing and certification in mental health nursing
    - Baccalaureate degree in nursing and received on-the-job training

7. What is the highest level of psychiatric nursing education you have achieved?
    - Diploma
    - Advanced diploma
    - Baccalaureate
    - Post-diploma baccalaureate
    - Master's
    - Doctorate
    - No formal RPN education
8. Where did you complete your RPN education?
    - Brandon University
    - Douglas College
    - Kwantlen Polytechnic University
    - MacEwan University
    - Saskatchewan Polytechnic
    - Stenberg College
    - A program outside of Canada
9. Did you choose to leave your home province or country to complete your psychiatric nursing education?
10. Do you have any other nursing education (for example, a diploma in nursing or a Bachelor of Nursing) that led to registration as a Registered Nurse (RN)?
    - No (skips to Q11)
    - Yes (skips to following questions):
        i. What is the highest level of nursing education you achieved to become an RN? [diploma; bachelor's degree]
        ii. In what order did you complete your nursing education? (RPN, then RN; RN, then RPN; both at same time; alternated between programs)?
        iii. What are the primary reasons you chose to take an RN diploma or degree?
            a. It was the only pathway to advanced education
            b. It affords greater mobility
            c. I may have chosen the RPN program if it were an option
            d. Other (please specify):
        iv. In your experience and if applicable, what are the similarities and differences between Canadian RPN and RN education programs? [text box]

Part 3: About your work

11. We're interested in learning about the opportunities and challenges associated with practicing as an RPN. For example, you might wish to comment on employment and/or hiring, care teams, scope of practice, work settings, resources.
    - Please describe the opportunities you've had [text box]:
    - Please describe the challenges you've encountered [text box]:
12. If you could practise as a Registered Psychiatric Nurse anywhere in Canada, in what region would that be? Please select your top choice.
    - In my current region
    - Elsewhere within my province/territory

- Another province/territory (please specify and, if you are willing, explain the reason for your choice): [text box]

13. Based on your experience and observations, what do you think is the largest contribution RPNs currently make/could potentially make within the current health system in Canada?

[Final question]: If you wish to share any additional feedback, please enter it below:

Thank you for taking the time to provide your input!

APPENDIX D. CANADIAN PSYCHIATRIC NURSING PROGRAMS

SCHOOL	PROGRAM LINK
Brandon University, Manitoba	https://www.brandonu.ca/health-studies/programs/bscpn/program-requirements/b-sc-p-n-curriculum/
Douglas College, British Columbia	https://www.douglascollege.ca/program/bspnur
Kwantlen Polytechnic University, British Columbia	https://calendar.kpu.ca/programs-az/health/psychiatric-nursing/psychiatric-nursing-bpn/#requirementstext
MacEwan University, Alberta	https://calendar.macewan.ca/programs/certificates-diplomas/psychiatric-nursing/#programrequirementstext
Saskatchewan Polytechnic, Saskatchewan	https://saskpolytech.ca/programs-and-courses/programs/Psychiatric-Nursing-Advanced-Diploma.aspx
Stenberg College, British Columbia	https://stenbergcollege.com/program/psychiatric-nursing/