

The Competencies, Roles and Scope of Practice of Advanced Psychiatric Nursing in Indonesia

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The graduate advanced psychiatric nursing (psychiatric nursing specialist) from master degree in Indonesia are about 70 nurses, 67 nurses were graduated from University of Indonesia. They are working at mental health services and educational setting around Indonesia and yet seem not ready to perform some specific advanced competencies in clinical area. The mastery on mental health assessment, neurochemical perspectives, medical management and psychotherapy have not yet performed by the psychiatric nurse specialist in the clinical area or community.

To have those competencies and its performances, therefore the curriculum in a psychiatric nursing graduate program must include advanced courses in physiopsychology, psychopathology, advanced psychopharmacology, neurobehavioral science, advanced mental health assessment, and advanced treatment interventions such as psychotherapy and prescription and management of psychotropic medications as their core and major courses in the curriculum. Those courses should be performed in their clinical practice courses or other related learning experiences. When those qualifications are met, then they are competent to be called advanced psychiatric nurse.

As advanced practice registered nurses, the advanced psychiatric nurses should be able to demonstrate their direct expertise and roles in advanced mental health assessment, diagnostic evaluation, psychopharmacology management, psychotherapy with individuals, group and families, case management, milieu management, liason and counselling from prevention, promotion until psychiatric rehabilitation. Meanwhile the skill such as psycho-education, teaching, unit management, research and staff development can be added as their indirect roles.

Key words: competencies, scope, role of practice, advanced psychiatric nurse

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Introduction

The cases of mental health problems, mild to severe mental diseases are very large and extremely heterogenous, especially in low to middle income country like Indonesia. WHO (2011), mental fact number one stated that about half of mental disorders begin before the age of 14. Around 20% of the world's children and adolescents are estimated to have mental disorders or problems, with similar types of disorders being reported across cultures. Yet, regions of the world with the highest percentage of population under the age of 19 have the poorest level of mental health resources. The evidence of mental illness cases is always in line with the poverty of the country. Unfortunately, the poverty is always huge with the violence, crime, chaos, un-justice, corruption, un-employment, low literature rate, terrorist attack and those all lead to low self esteem and emotional insecurity.

Indonesia, as an archipelago country has additional unmanageable stressor named natural disaster. The natural disaster as the impact of global warming and terrorist attacks become a monster for some of people who are living in Mediterranean stones and rural area because it comes unpredictable and uncontrollable stressor. Those are the stressors which lead to mental problems and this interferes in substantial ways with the ability of the children and youth to learn and the ability of adults to function in family, at workplace and in society at large. Those mental health problems construct many demands for the mental health services from the experts, including psychiatric nurse specialists.

Increasing access of primary care for the mentally ill person (individuals, families and sub-communities setting) push the government, mental health profession and nursing profession to rethink about the existence of psychiatric nursing in Indonesia. For answering this situation, the advanced practice of psychiatric nursing has expanded as good as the increasing academic level of master degree in psychiatric nursing in Indonesia. The graduate advanced psychiatric nursing from master degree are a lot enough and yet ready to perform

some specific competences to help the mentally ill person. American Nurses Association, 1994a (in Kaas, 1998:190) stated that Clinical Nurses Specialists are licensed registered nurse with a minimum of a master's degree and are almost always certified as specialist in psychiatric mental health nursing. As advanced practice registered nurses, the advanced psychiatric nurses demonstrate expertise in assessment and psychotherapy with individuals, group and families, from promotion to psychiatric rehabilitation. This opinion was inline perspective with Lego (1996), the traditional emphasis in psychiatric mental health nursing master's program was on preparation of the student for the practice of psychotherapy.

The reality in the clinical areas, mental hospitals and community settings, the existing of advanced practice of psychiatric nurses are confusing the other mental health care giver and its system. Especially, the vague boundary roles between vocational nurse, generalist nurses and psychiatric clinical nurse specialist who are working together in serving the mentally ill patients. Nurses who were finished her Advanced Psychiatric Nursing in master degree still doing their habituation practices like general nurses or worst just like vocational psychiatric nurses. Then the people and other professional judge that there is no differentiation between advanced psychiatric nurse with others ordinary nurses who are working at mental health settings. They are all doing nursing care management, therapeutic communication, group therapy, mental health education and medication treatment. Whereas actually the advanced psychiatric nurses can do more fruitful and meaningful practice to help the mentally ill person and the community.

However, arguing this roles require many corresponding perspectives. In fact, in the curriculum of the master degree of psychiatric nursing, the psychoterapy principles and approach, principle of counseling and consultation and depth knowledge about psychopathology and psychopharmacology have been delivered to the students. Underused resources, unaware availability and scope of practice of advanced psychiatric nurses in

Indonesia are still searching their position in the eyes of peoples, regulation and mental health professions.

This situation will lead some questions such as; Are the mentally ill patients need advanced psychiatric nurse to do something to minimize their mental problems? What can advanced psychiatric nurses do for them? What are the perspectives of other mental health professions toward advanced psychiatric nurses? How the regulations and professions assume the competencies of psychiatric nurse?

The purposes of this literature review is focused only in the context of mental health problems and mental health care system in Indonesia. Hence, the article will develop some aims to discuss the need of mentally ill persons to be treated by advanced psychiatric nurses, determine the curriculum of master degree in psychiatric nursing and the competencies of advanced psychiatric nurses and describes the roles and function of advanced psychiatric nursing, scope of practices of advanced psychiatric nursing.

Method

The researcher searched the materials by doing the literature review, evidence base research from many journals from EBSCO data based, PubMed, online journals, books and etc. Those literature study materials are compared, analyzed and synthesized carefully to become a review literature.

Discussion

The need of mentally ill persons to be treated by advanced psychiatric nurses

Restructuring mental health services across the nation is important. Data from Ministry of Health of Republic of Indonesia (2010), identified that Indonesia has 33 mental hospitals. With this condition, more than 80% of mentally ill person are have not been touched by the mental health professional workers. Most low- and middle-income countries have only one child psychiatrist for every 1 to 4 million people. It is

supported by the fact no.8 of WHO (2011), mentioned that there is huge inequity in the distribution of skilled human resources for mental health across the world. Shortages of psychiatrists, psychiatric nurses, psychologists and social workers are among the main barriers to providing treatment and care in low- and middle-income countries. Low-income countries have 0.05 psychiatrists and 0.42 nurses per 100.000 people. The rate of psychiatrists in high income countries is 170 times greater and for nurses is 70 times greater. From this data, then Indonesia government can make a projection that there will be increasing cases of mental health problem around 50% by the year of 2020.

Meanwhile, many persons are experiencing neurotic or psychotic in their own way. It is believed that most of us are experiencing a kind of light mental health problem such as psychosomatic, anxiety and other neurotic disease. Symptoms of mental illness are commonly construed as 'normal' given the adverse situations a patient may be experiencing, such as reactive anxiety. Furthermore, it is consistently found that many people with a mental disorder present to primary care, but their condition is not detected. Yet, if it happened in long time without treatment, then it becomes chronic mental health problems.

William (1998:49-51) said that the population in need of mental health services are those who belongs to a group of people with serious and persistent mentally ill, physically ill with comorbid mental health problems and episode emotional / development crisis.

The first group is defined as psychotic cases, a condition which need the longest term of hospitalization, the highest relapse incidence, the highest cost of treatments and highest burden to the family, community and the government. They are who suffers from schizophrenia, mood disorders, substance abuse and suicide belongs to this layer. This mentally ill person and her/his family need assistance in learning to adapt and live with this illness (Williams, 1998:50). They need the help and intervention of mental health expert. When talk about expert, it refers to someone who are able to demonstrate initiative response in clinical situation, bringing dynamic solution to problems and providing high quality care with the ability to pass on this information (Gilfedder, 2010:39).

Tabel 1 Level of competency

Level	Competencies
1: Novice	Has little or no experience of the issue or situation. Require direct supervision
2: Beginner	Requires support in making sense of the issue or situation and contributing to the provision of care.
3: Competent	Able to select and prioritize immediate and potential situation and is considered to be safe in aspects of practice
4: Proficient	Accurate global perspective of the whole issue or situation. Care is of a high standard demonstrated through outcomes
5: Expert	Demonstrates initiative in clinical situations, bringing dynamic solution to problems and providing high quality care with the ability to pass on this

Note. Based on NHS Education for Scotland extended nursing practice competencies and NHS Lanarkshire hospital emergency care team competencies.

The mental health expert can help the mentally ill patients by their advanced skill such as counseling, psychotherapy, medication management and so on. The psychiatrists, psychotherapist and advanced psychiatric nurses are belongs to the expert person.

Another group is people who are experiencing episode of anxiety and depression, normal development crises or stressful live events. The cases like life threatening illnesses, traumatic experiences, acquired immunodeficiency syndromes, post surgical, terminal illnesses, intensive care treatments and haemodialysis patients are also need the touch of mental health professional to have an enhanced response to physical treatment in order to have prolonged life and increased quality of health. They need counseling or psychotherapy to reduce their stress, avoid more serious mental health problems. They are also need the help of mental health expert.

The last group is people who are experiencing episode emotional crises including developmental crisis. Those person need to be cared by mental health expert such as crisis intervention, brief cognitive therapy, grieving counseling and supportive psychotherapy to increase their coping capability toward personal growth.

Examine the two polars, between the demand of mentally ill patients and the supply of mental health professionals around Indonesia then we have to empowering the high qualified

psychiatric nurses to help the people. The need of people, community and government to have a service from advanced mental health practitioners are noted and highly recommended and will give broad effects for the mental health system in this country.

Some new strategies and regulations indirectly and directly need to be developed to manage those care roles within mental health care professionals. In another side, the great variability of nursing activities based on service setting and geographic location will also influence this condition.

The Curriculum Development and Competencies of Advanced Psychiatric Nurses

Psychiatric nursing is a specialist area of nursing practice. Its specialty is the advanced mental assessment, treatment and management of people with complex mental health problems. Understanding a mentally ill patient is very unique in many perspectives. Start in 1990 which is famous as “brain era”, understanding and approachment to mentally ill person are focused in organo-biological perspective. This is because the premise that person is biological being, then the biological perspective is a way to understand this phenomena.

The implication of this perspective to the process of making mental health professional is it should be emphasized in the development of the curriculum, including the curriculum of master degree of mental health nursing. The advanced knowledge in neuroanatomy, neurophysiology, neurochemistry, neuropharmacology, psychophysiology, psychopathology become the biological foundation to understand human as biological being. Some principles and techniques on psychotherapy (such as behavioral, cognitive, psychoanalysis therapy) individual or group therapy are also become the important courses to be added in the curriculum. Then advanced mental health assessments are the most strategic courses to be developed in the post-graduate degree either in master degree or pre doctoral degree. The others issues are can be added for example the medication management, administration, psychotherapy, education, research, community development and counselling.

Some illustration about comparison of courses in graduate degree are described in the table 2 as follows:

Tabel 2 The comparison of some post graduate courses on Mental Health/Psyciatric Nursing Program

Course	Indiana Univ	Columbia Univ.	Indonesia Univ.	Aunshine Coas Univ, Australia	St.Tomas Univ, Philippines
Credits					
Advanced Psychophysiology	4	3	Not stated clearly	Not stated clearly	3 (elective)
Advanced Psychopharmacology	6	3	Not stated clearly	Not stated clearly	Not stated clearly
Advanced Mental Health Assesment	3	3	3	12	Not stated clearly
Psychopathology		2	3	Not stated clearly	3
Theory and Practice Individual Psychotherapy		4	Not stated clearly	12	3 (advanced psychiatric I)
Family Therapy		4	Not stated clearly	Not stated clearly	Not stated clearly
Group Psychotherapy		4	Not stated clearly	12	3 (advanced psychiatric II)
Clinical Practice in Psychiatric Nursing	6	8	Not stated clearly	Not stated clearly	3 (advanced psychiatric III)

Table 2 showed that majority the program for psychiatric nursing are offering advanced mental health assessment, advanced psychopharmacology, individual and group psychotherapy and clinical practicum as their core courses in the curriculum. Those beginner knowledge about psychoterapy are have been thought in the academic setting and written in many psychiatric nursing books and journals.

The curriculum mapping of graduate program in psychiatric nursing will lead the students to have some qualification. Qualification will reflect the usability the knowledge, skill and attitudes to solve the problems and managed given situation. When someone attain those qualification then this person is called competent. A competent is a beginning of professional movement, to be exist beyond the qualification. If mental health nurses are to provide the best care for consumers of mental health services they need to develop psychotherapeutic skills with proven efficacy. This is probably not the role of generic

undergraduate programs but it could be argued that psychotherapeutic skills are basic mental health nursing skills (Crowe, 2005:25).

How about Indonesia? Program of professional preparation in psychiatric nursing area is started at University of Indonesia in 2005. This program is aimed to have the graduate master students who are able to give advanced psychiatric nursing practices, accountable and aware of ethic legal principles in psychiatric nursing care, able to collaborate with other mental health multi discipliner and willing to increase their professional development. After finishing the academic process then the students must have one year full for residency to advance their practice skill in the mental health setting and community. It is noticed that this learning experiences are focused only in advance assessment skills, case management and unit management and some modality therapy such as individual therapy, group therapy, supportive therapy. The students did not practice their knowledge in advanced medication management and significant psychotherapy skill such as psychoanalytic therapy, cognitive therapy, family therapy, behavioral therapy, CBT and so on. It is probably caused when they were finish the study then they afraid to do it. It can be understood because they did not demanded to do this psychotherapy skill (under supervision maybe) when they had their practicum or in the clinical practice courses. Another think because the mental health system and regulation still do not allow a nursing practitioner to do this kind of psychotherapy. Actually, once knowledge is given in the class, skills are attained in clinical area, then it is important for mental health services to provide the opportunity for mental health nurses to deliver these skills. For further exploration, it needs to be develop a qualitative research to explore the satisfaction and level confidence of graduate psychiatric nurses to do their advanced practices including psychotherapy in the clinical setting.

For addition information to the above, there has been no agreement about defining one set of core competencies of psychiatric–mental health advanced practice. The need to clarify

and specify an advanced practice of psychiatric–mental health model is of paramount importance to the specialty (Wheeler & Haber, 2004:131). Furthermore, the NONPF Domain & Competencies for Nurse Practitioner (2003:7-8) and APNA position statement (2010) explain clearly that competency of advanced psychiatric nursing in the plan and implementation of treatments as follows:

1. Develops a treatment plan for mental health problems and psychiatric disorders based on bio psycho social theories, evidence-based standards of care, and practice guidelines.
2. Conducts individual, group, and/or family psychotherapy.
3. Treat acute and chronic psychiatric disorders and mental health problems.
4. Plans care to minimize the development of complications and promote function and quality of life using treatment modalities such as, but not limited to, psychotherapy and psychopharmacology.
5. Prescribes psychotropic and related medications based on clinical indicators of a patient's status, including results of diagnostic and lab tests as appropriate, to treat symptoms of psychiatric disorders and improve functional health status.

The Psychiatric Mental Health (PMH) Nurse is an advanced nursing practice requiring extensive education in development, physical and mental health assessment, the diagnosis of mental health conditions, integration and implementation of care, psychopharmacology, psychotherapy, practice evaluation, consultation, and liaison. To utilize these skills in practice it is necessary to obtain the appropriate educational degree. Advanced masters and doctoral degrees allow the PMH nurse to work in particular roles, such as that of psychiatric primary care provider, psychotherapist, consultant, and university educator (ANA, 2011). The core competencies of advanced practice of psychiatric nurses are advanced mental assessment, psychopharmacological management, psychotherapy, counseling, education and research (William 1998, Campbell, 1998, Drew, 2009, Delaney 2009 and Stein, 2012). To have those

competencies therefore the curriculum in a psychiatric nursing graduate program must include advanced courses in pathophysiology, pharmacology, psychopharmacology, neurobehavioral science, advanced physical assessment, diagnostics and management of behavioral health, and comorbid medical problems, as well as treatment interventions such as psychotherapy and prescription and management of psychotropic medications. Another thought can be developed is about the support for the opportunity to train this postgraduate students as interpersonal psychotherapists and some restructuring of current models of service delivery to enable mental health nurses to provide these interventions would be a useful starting point. If those qualifications are met, then they are competent to be called advanced psychiatric nurse.

Campbell (1998:119) emphasized that advanced practice nurses who are trained with major focus on providing group, family and individual therapy may provide psychotherapy. If it is not happened then the difficulty in meeting the needs of complex client are blocked. Stein (2012:324) added some elements of psychotherapy should be considered such as a type of disorder, background and creditial of therapist, type of psychotherapy, service delivery format, duration and outcome of the therapy should be examined carefully. As the picture in clinical area portreyed, after the students finish their master degree in psychiatric nursing, within the past year, 80 to 100% they delivered medication managements, management, supervision and administration, meanwhile only less then 20% they did the group psychotherapy, individual psychotherapy, teaching, research, precepting and consultation. The specific psychotherapies done by the students were cognitive therapy, cognitive-behavioral, psychodynamic and interpersonal therapy (Drew, 2009:107, Weiss, 2009:116-117). Then this idea are supported by a statement that first, Psychiatric nurse practitioners (NPs) are advanced practice registered nurses who deliver primary mental health and psychiatric care to clients and families. Secondly, Psychiatric NP curriculum include advanced health assessment, pathology, pharmacology, NP role development, and psychiatric-mental health content, such

as diagnosing and managing mental illnesses, providing therapies, and promoting mental health and the last that degree of prescriptive autonomy of psychiatric NPs is determined by each state's Nurse Practice Act (Johnson, 1998).

If the core courses in the curriculum are attained the qualifications are there inside the graduate students, then they can get their license and credential to perform their competencies. Therefore, they can help the complex mentally ill persons, help the mental health professionals and help the government to minimize the mental health problems across the country, Indonesia and ready for broader their service internationally. Then, if we want to set this kind of competencies in the mental health system, we need to have an inter profession of mental health care giver meeting, set the regulation, its authorities and restriction skill area among them.

The perspective role, function and scope of practices of advanced psychiatric nursing in Indonesia.

The description of role of Psychiatric mental health nurses at both the generalist and advanced practice level are uniquely qualified to serve in both indirect and direct care roles within mental health managed care systems. Nurses alone among the various mental health disciplines combine the bio psycho social knowledge, psychopharmacological competency, physical and psychiatric assessment skills with an intrinsic perspective of patient advocacy and 24-hour accountability (NA, 2011). Oleck (2011:184) stated that there is clear recognition that level of education, state practice acts, work setting, and job description influence how individual nurses function within the outlined scope.

Advanced Practice of Nursing defined as a registered nurse that has the expert knowledge required, has some advanced abilities to make complex decisions and clinical competence for an expanded work description, whose character is formed by the context and/or the country where he/she has the right to work (Nieminen, 2011). Meanwhile, Caldwell

(2010:45) emphasized that professional nurses must play an active role in client recovery because they are employed in all aspects of service delivery systems and most times are responsible for the delivery and coordination of care.

In another opinion, common services that delivered by advanced psychiatric nurse practitioner are diagnostic evaluation, medication management, individual therapy, psycho-education, parent-child therapy, family therapy, case management, milieu management, health assessment, group therapy, liaison consultation. In term of psychotherapy, the most frequent psycho-therapy used are CBT (37%), Psychodynamic (11.5%), Behavioral (11.5%), Supportive (8.5%), Interpersonal (6.4%), Play therapy (3.8%), Person Centered Therapy (3.4%) with N=145. The non direct services responsibilities can be done by advanced practioner are teaching, consultation, management, staff development and research (Weisse, 2011:115-116).

Gilfedder (2010) said that there are many roles challenged by the ANPs including promoting safe and effective practice, ensuring governance structures are in place, being accepted by service users and careers who may be concerned there is no doctor available and authority for APPN to prescribe depend on the law and regulation of the nation. The most common roles of psychiatric nursing stated like the role of physical and mental assessment, diagnosis, education, counselling cognitive and behavioral therapy, psychodynamic therapy, referral and admission (Allen, 1998; Baker, 2010; Cashin, 2010; Hanrahan, 2012and Pulcini, 2009)

In term of Behavioral Health Workforce, there are five core disciplines in mental health hospital; psychiatrist, psychologist, social worker, psychiatric nurses and therapist (family therapist or marital therapist). They should hold minimal degree in masteral / specialization program.

The reality in the mental health hospital here in Indonesia, she sense of togetherness, synergy services in working among the mental health care professions (psychiatrist,

psychologist, psychiatric nurse, social worker, pastoral care, pharmacologist) and any other mental health professionals are not arranged harmoniously yet. The blurring boundaries of the competencies and authority should be cleared by a systematic and vivid mental health care standard of practices. Those standard of practices should be known by the government, mental health care professional and the community. Muxworthy (2011) wrote that there should be a “collaboration agreement”, a mechanism to control the practice among the professionals. This collaboration agreement will minimize the variety, inconsistency and confusion role and function among the mental health professionals. It’s functioned as a political compromise to substitute for professional judgement.

There is a gap between what are already thought and what are to be practiced as advanced practitioner. Advanced assessments, advanced psychopharmacology and psychotherapy are thought in this program. Yet, when the graduate students from this program are working in mental health setting, they seem afraid to do psychotherapy and medical medication and other advanced practices. This feeling of inadequate are come from conditions such as lack of public knowledge about the psychiatric nursing profession and its roles (60%), lack of understanding of the roles by other mental health professional (39%), resistance from the psychiatrists or psychologist (42%) and the rest are because of salary being lower than other nursing position and lack of peer network (Chevalier, 2006:758; Muxworthy, 2011)

Scope of practice and practice privileges parameters of determine where the practice will occur, and include the name of the designated location or facility. The most interest issue today is about what the most appropriate psychotherapy is and who should perform it? The data from the pilot study and the current study lend further support to psychotherapy as an autonomous role for psychiatric (Campbell, 1998). Another position strongly argue that this work to support the survival of psychotherapy requires the efforts of nurse teams of

practitioners, PhD-prepared researchers, and DNP prepared nurse scholars. Lego (1996) said that master degree are prepare to practice psychotherapy and also have permission and authority to manage psychotropic medication. The scope of practice and authority of master's degree psychiatric nurse may overlap with that of a psychologist, social worker and psychiatrist because all of these positions usually do psychotherapy. Advanced practice in psychiatric and psychiatrists can prescribe, whereas psychologists and social workers cannot. Psychologists are trained to do psychological testing and members of the other three disciplines are not trained in this way. All of these different psychiatric providers can practice independently, but are also subject to state laws governing practice and scope of practice.

Conclusion

The work of Advanced Psychiatric Nursing in Indonesia is increasingly important as important as the increase number of the advanced nurse prepared as nurse specialist who hold at least master degree program.

The curriculum innovations on master degree should include advance mental health assessment, psychophysiology, psychopathology, neurosciences and neurochemical, psychotherapy, management and leadership in mental health care and advanced psychopharmacology as the core courses in the curriculum. The important thing is to do those knowledge has been taken in master degree into practice / related learning experience so that the graduate student will have good confidence level in doing their competencies.

Continuing education and involvement in professional organizations care critically important activities. Graduate are required to complete a supervised prescribing externship after they complete their master's degree. Discussions around expanding scope of practice for advanced practice nurses at the national, state and local levels must include the role of mental health practitioners.

Advanced practice psychiatric nurses should be front and central in the policy and development of the future mental health and addiction workforce. It needs an adequate number of advanced practice psychiatric mental health nurses to provide a full spectrum of psychiatric mental health and addiction services in all states. There are many reasons to do this struggle and support for the psychiatric nurses. This act is not merely to protect the human right of the patient and the legal aspect of practice of the Indonesian nurses and but also to answer the need of the global competition and automatically increasing economic capability of the community. Knowledge overlap and its expressions among the mental health professional are always present, and no one profession has a monopoly on the ability to be performed.

Let give more places and opportunity for the Indonesian nurses better destination, giving their significant contributions in increasing the country's economic income and health status. The Indonesian National Nurses Association (INNA), The Association of Indonesian Psychiatric Nurses and Psychiatric Nursing Collegium should working hand in hand to have clear cut of competencies, role and function between psychiatric vocational worker, psychiatric nurse generalist and advanced psychiatric nurses who hold master degree and specialist tract.

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