State of California Department of Consumer Affairs

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ROLE OF THE CALIFORNIA REGISTERED NURSE IN PROVIDING PSYCHIATRIC MENTAL HEALTH SERVICES

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California now has a process for listing qualified psychiatric-mental health nurses with the Board. As more nurses function in outpatient settings or open private practices, the Board frequently is asked to define the scope of practice of registered nurses providing psychiatric and mental health care in California.

The Nursing Practice Act recognizes that nursing continually is evolving to include more sophisticated patient care activities. Under the Nursing Practice Act, all registered nurses have the same permissible scope of practice, and within that scope may perform all functions for which they have competence. In addition, the Act provides a mechanism whereby the RN legally may perform functions which overlap the scope of practice of other health care professions in a collaborative manner.

To address the scope of practice of the psychiatric-mental health nurse is to analyze the various provisions of the Nursing Practice Act, and to apply this analysis to psychiatric-mental health nursing practice. Nursing functions are categorized in the following way:

- ***Independent functions*** are those which the nurse can perform based on professional judgment and expertise, and without an order from another health professional.

- ***Dependent functions*** are those which the nurse can perform if there is an order by another health professional (such as a physician or clinical psychologist), provided the order falls within that person's scope of practice.

- ***Interdependent functions*** are those which overlap between nursing and another discipline, such as medicine or clinical psychology, and which the nurse legally may perform by adhering to standardized procedures as defined by the Nursing Practice Act. The standardized procedure mechanism provides the legal basis for collaborative practice.

These three categories apply to the function of the psychiatric-mental health nurse as well as to the function of RN's in all other areas of nursing.

The Nursing Practice Act describes the *independent* scope of practice in part as "those functions including basic health care, which help people cope with difficulties in daily living," (a large part of psychiatric-mental health nursing practice), "direct and indirect patient care services that insure the safety, comfort, personal hygiene, and protection of patients and the performance of disease prevention and restorative measures." This definition applies to any of the nursing interventions that fall within the daily practice of the RN, and includes reorienting the confused patient, involving the patient in diversional activity and providing a secluded environment for the patient who needs it.

Independent practice further includes observation of signs and symptoms of illness, reactions to treatment, general behavior or general physical condition, and determination of whether these conditions exhibit abnormal characteristics. These observations and evaluations, which often are referred to as patient assessment or nursing diagnosis, are not merely permissive, but are the expected standard of care.

In some situations, a nurse's entire practice may be limited to independent functions. In such cases, the nurse does not need either an order from another professional or a standardized procedure.

The psychiatric mental health nurse has the responsibility, as a skilled and knowledgeable health care provider, to assess the total patient. This includes physical as well as psychosocial components. Due to the unique educational preparation which encompasses the total patient, the RN may be the only practitioner in a psychiatric-mental setting with the assessment skills needed to evaluate all aspects of the patient, including the physical status. Based on this assessment the nurse is authorized to make the appropriate response regarding observed abnormalities. This may include:

- Initiating appropriate nursing intervention;
- Reporting the finding to another health professional;
- Referring the client to another health professional; and
- Initiating necessary emergency procedures.

The *dependent* function of the nurse is implementation of "a treatment, disease prevention, or rehabilitative regimen ordered by, and within the scope of licensure of, a physician, dentist, podiatrist or clinical psychologist." For example, the nurse may administer medication ordered by the physician (but not by the clinical psychologist, since prescribing is within the scope of practice of a physician, but not of a clinical psychologist).

In general, the nurse is prohibited by the Medical Practice Act from diagnosing and treating illness. Although the nurse independently makes an assessment regarding whether a particular condition or behavior is normal or abnormal, it is beyond the scope of nursing practice to label such condition or behavior as a particular disease, to prescribe drugs or initiate a course of medical treatment for that disease. An example where the nurse would report her findings to a physician would be the acutely depressed patient who is suicidal. Although the nurse may initiate a number of independent and interdependent functions in caring for this patient, the nurse may not diagnose or manage such a patient independently.

The independent and dependent functions described make up the common scope of nursing practice.

In an organized health care system, the nurse's scope of practice is collaborative and may overlap that of other providers or be extended by the use of standardized procedures. Functions performed by RN's through adherence to standardized procedures are termed *interdependent* because they require collaboration and concurrence among the RN, the administrator and any other licensed health care provider. These individuals collaborate to develop policies and protocols for the safe implementation of treatment modalities when it has been institutionally determined that it would be desirable for the RN to perform beyond the common scope of nursing practice. Using standardized procedures developed according to the guidelines promulgated by the California Boards of Nursing and Medicine, the nurse may legally perform functions that overlap other health care disciplines. For example, a nurse may perform functions commonly reserved to the clinical psychologist or psychiatrist. An additional factor in defining the scope of practice of the psychiatric-mental health nurse is the impact on nursing of the laws of regulated health care professionals, specifically physicians, clinical psychologists and psychiatric technicians.

The Medical Practice Act prohibits persons not licensed as physicians from diagnosing and treating disease. Exemptions from this prohibition are contained in Section 2061, which states that, "Nothing in this chapter shall be construed as limiting the practice of other persons licensed, certified or registered under any provision of law relating to the healing arts when such person is engaged in his or her authorized and licensed practice." It is important to note this exemption, for without it much of common nursing practice (for example nursing diagnosis) would be called into question.

The Psychology Licensing Law (Business and Professions code 6.6, Section 2902), forbids person other than licensed psychologists from using any title or description of services incorporating the word psychology or any derivatives, such as psychometrist, psychotherapy or psychoanalysis. Section 2908 clarifies that members of other disciplines, (including nursing), are not prevented from doing work of a psychological nature consistent with the laws governing their respective professions.

What are the appropriate and legal professional titles that a psychiatric-mental health nurse may use? It is appropriate for the nurse to use the term "counselor" or "counseling" if these functions are within their area of expertise. Nurse certified by a professional group may use the term "Certified Psychiatric-Mental Health Nurse." California does not prohibit the use of the title. However, since California does not certify psychiatric-mental health nurses, it is more appropriate to use a term as "Certified by the American Nurses' Association." The California Insurance Code provides for nurses to be listed with the Board as psychiatric-mental health nurses in order to qualify for reimbursement by third-party payers. These nurses may indicate their listing on business cards and other materials. However, there is no advanced scope of practice which accompanies being listed.

The scope of practice of the psychiatric technician has relevance to the psychiatric-mental health nurse for several reasons. First, the registered nurse is authorized by law to supervise the psychiatric technician. Secondly, since the psychiatric technician is in a field directly related to registered nursing, but with less stringent educational requirements than the mental health nurse, the practice of the psychiatric-mental health nurse can be assumed to encompass that of the psychiatric technician. Opinions rendered by the Department of Consumer Affairs Legal Office have substantiated this.

Regarding the standard of care, it is important to emphasize that the psychiatric-mental health nurse, like any other registered nurse, is responsible for practicing only within his or her are of competence, regardless of whether the nurse is functioning in a dependent, independent or interdependent role.