3

Abstract
Access to mental health care remains a pressing global issue. In response, policymakers have devised strategies that span from self-care to psychotherapy, hoping to ease the strain. However, reforms over the past two decades have significantly restricted access to psychotherapy, limiting the number of professionals, such as nurses, allowed to practise under stringent conditions. This article examines the effects of Quebec's public policies on the practice of psychotherapy and mental health interventions. A critical discourse analysis, grounded in Strauss's theory of negotiated order, was conducted on 48 policy documents and public discourses. The findings reveal that mental health interventions have become disconnected from their therapeutic essence, reduced instead to technical tasks. This shift perpetuates a hierarchical professional landscape, subordinating these practices despite their reliance on the relational dynamics that define effective mental health care. For the nursing profession, the implications are profound. The profession's contribution to providing timely access to community-based mental health services is being overlooked, stymied by outdated perceptions and policy restrictions.

Keywords discourse analysis, negotiated order, psychotherapy, mental health, primary care

Mental health nursing and the negotiated order: A critical analysis of psychotherapy discourses in Québec (Canada)

PIERRE PARISEAU-LEGAULT, RICARDO A. AYALA, LISANDRE LABRECQUE-LEBEAU, SANDRINE VALLÉE-OUIMET, AUDREY BUJOLD & CHRISTINE GERVAIS

Introduction

Timely access to mental health services is a global concern (Organisation mondiale de la santé, 2022). In Canada, one in five citizens experiences a common mental health issue (Commission de la santé mentale du Canada, 2017), yet many do not seek or receive the necessary care. As of October 2024, approximately 15,000 people in Quebec were waiting for primary mental health care services within the public sector (Ministère de la santé et des services sociaux, 2023), where mental health services are among the most vulnerable parts of the healthcare system (Champagne et al., 2017). This figure excludes those deterred by the poor state of services or the stigma surrounding mental health (Warin, 2017), as well as those opting for private care.

To tackle this issue, social policies have adopted a continuum of care, ranging from self-help initiatives to psychotherapy. This strategy is designed to deliver personalised services to those with mental health concerns while aiming to reduce wait times and improve cost-efficiency (Moroz et al., 2020; Rivero-Santana et al., 2021). Roughly 90% of common mental disorders—defined by Lebrun-Paré et al. (2023) as anxiety, mood and substance-related disorders—could be treated in primary care settings (Fleury, 2014). Integrating psychotherapy into these services could cut costs by 20% to 30% (Moroz et al., 2020).

However, the shortage of professionals authorised to practise psychotherapy remains a barrier. Public discourse often highlights a shortage of psychologists, many of whom opt for private practice (Roy, 2016; Lapalme et al., 2018). Yet in

Quebec, psychotherapy has been regulated to include several professional groups, such as doctors, social workers, and nurses (Gouvernement du Québec, 2009). The underappreciation of healthcare workers' contributions to mental health services is not unique to Quebec. In Australia, for instance, mental health nurses "are vanishing from government funded schemes that subsidize psychotherapy and psychological treatments in primary care," giving way to professional monopolies (Hurley et al., 2020).

In Quebec, where mental health services remain largely inaccessible and the public sector struggles with staff shortages, the regulation of psychotherapy has produced systemic effects. Understanding the power dynamics surrounding this regulation is critical to grasping its consequences on intervention practices. These dynamics shape the boundary between what are deemed legitimate practices and what are considered illegitimate or even reprehensible.

Not officially authorised to practise psychotherapy, the lack of recognition for healthcare workers who provide mental health support warrants further examination. This article thus aims to explore how public policies regulating psychotherapy in Quebec impact the social and professional configuration of mental health practices. In doing so, it addresses two key questions below:

1. What are the negotiation dynamics behind the distinction between psychotherapy and other mental health interventions?

2. What are the potential consequences of these dynamics on the development of mental health practices in Quebec?

Social and historical context

The evolution of professional boundaries is pivotal in shaping the landscape of mental health professions. These boundaries not only delineate what constitutes legitimate and illegitimate practices but also influence the formation (or lack thereof) of interprofessional alliances. The professionalisation of psychotherapy illustrates this dynamic in North America and Europe. In the wake of World War II, American psychiatrists and psychologists endeavoured to establish a monopoly over the practice, fostering a corporatist relationship that oscillated between competition and cooperation (Buchanan, 2003). This ambition was propelled by the rise of clinical psychology, which sought independence and legal recognition while mirroring medical professional practices (Wiener, 1953; Buchanan, 2003). Conversely, the psychiatric field aimed to maintain its control over the treatment of mental health issues (Benjamin, 2005; Prud'homme, 2014).

It was not until the 1970s that psychology as a profession came to dominate the psychotherapy landscape (Benjamin, 2005). However, the absence of a clear definition of psychotherapy, coupled with diverse traditions of practice, exacerbated interprofessional tensions (Szasz, 1974; Buchanan, 2003). While it was recognised that nurses commonly practised psychotherapy informally during this era, their established subordinate relationship to psychiatric medicine meant they did not threaten the competitive dynamics between professions (Buchanan, 2003; Hurley & Lakeman, 2021). Lego (1973) highlights the centrality of this subordination in the struggle for professional recognition among psychotherapist nurses:

> "Unless we as nurses can support our contention that we offer a psychotherapeutic service that differs from that offered by the other disciplines, we cannot justify our practice of psychotherapy" (Lego, 1973, p. 147).

In Quebec during the early 1980s, similar dynamics of interprofessional negotiation emerged. Like some psychiatric nurses, social workers engaged in "indirect" psychotherapy, informed by a social understanding of mental disorders, which posed "little threat to the internal equilibrium of institutions," in contrast to psychologists who openly challenged medical authority (Prud'homme, 2014, p. 108, free translation). This encroachment of various professions into the psychotherapeutic domain compelled psychologists to distinguish themselves. They distanced themselves from shared intervention areas, integrating behavioural and cognitive approaches into their practice, while psychiatrists increasingly "aligned themselves with an organic understanding of mental illness and increasingly defined themselves, after 1960, by the use of medication" (Prud'homme, 2014, p. 109, free translation). Nevertheless, psychology's quest for emancipation from medical oversight faced ongoing administrative subordination (Prud'homme, 2014).

From 1980 to the early 2000s, extensive interprofessional discussions aimed to regulate the title of psychotherapist and the practice of psychotherapy (Trudeau et al., 2015). In Quebec, as in many other jurisdictions, including the United States and Australia (Buchanan, 2003; Hurley et al., 2020; Hurley & Lakeman, 2021), psychotherapy remained informally regulated for an extended period, a situation that continues in certain Canadian provinces (Association canadienne de counselling et de psychothérapie, 2023). This changed in 2012 with the enactment of legislation amending the Professional Code and other legislative provisions in the field of mental health and human relations (Gouvernement du Québec, 2009, hereafter Bill 21). The amendments aimed to enhance the protection

of individuals receiving psychotherapy services, reserving the title of psychotherapist and the practice of psychotherapy for designated professionals, including nurses, under specific conditions established by the Regulation respecting the psychotherapist's permit. These conditions will be elaborated upon later in this article.

More than a decade after this regulation was passed, only 41 nurses hold a psychotherapist permit (Ordre des psychologues du Québec, 2023), while approximately 5.8% of Quebec's 83,000 nurses work in mental health (Ordre des infirmières et des infirmiers du Québec, 2023). Recently, the rollout of the Quebec Program for Mental Disorders (QPMD), inspired by the guidelines of the National Institute for Health and Care Excellence (NICE), established a continuum of interventions ranging from self-care to psychotherapy. The programme's overarching goal is to enhance access to mental health services and their efficiency through a stepped-care model, providing services tailored to individuals' conditions at the appropriate time (Rivero-Santana et al., 2021). Within this framework, psychological interventions and psychotherapy are treated as two distinct activities.

Theoretical and methodological considerations

This study is grounded in a critical epistemology. To address the research questions, we conducted an analysis of documents reflecting public discourses surrounding the regulation of psychotherapy in Quebec between 2003 and 2023 (n=48). The dataset is presented in Table 1. Alongside this, scientific literature was reviewed to establish the historical, social and political context of the research problem. To support our discussion, we employed Strauss' theory of negotiated order (1992a, b) and adopted a methodological approach inspired by Foucauldian discourse analysis (Arribas-Ayllon & Walkerdine, 2017). This approach involved particular attention to discursive elements preceding the adoption of the current legal framework, agreements between professional groups, and counter-discourses that emerged following the changes in the professional ecosystem. This project was submitted to the Research Ethics Committee of the Université du Québec en Outaouais (2024-3013) for ethical declaration.

The concept of negotiation is central to various theories of social regulation (Allain, 2004). Strauss (1992a), in his study of daily interactions within a psychiatric hospital, introduced and elaborated the theory of negotiated order. Later, he expanded this framework (1992b) to analyse how power dynamics shape social relations and structure the everyday life of organisations. Strauss' theory departs from functionalist perspectives, emphasising instead the processes of appropriation, negotiation and implementation of both formal and informal rules and roles. Social order, he argues, is continuously constructed through the transactions of actors within the professional ecosystem (Strauss, 1992b). As he observed, order is "something at which members of any society, any organization, must work" (Strauss, 1992a, p. 88, free translation). Allen (1997) further explored these negotiation dynamics in her critique of the boundaries between nurses and physicians. Echoing Strauss, she advocated for a systemic perspective that foregrounds the underlying conditions of negotiation rather than focusing solely on individual actions.

Data collection was undertaken by the first author and analysed using Foucauldian discourse analysis (Arribas-Ayllon & Walkerdine, 2017). This deductive and interpretive method (Sam, 2019) is widely used in critical psychology, where it helps to reveal "the historical conditions through which psychological knowledge has played a part in shaping the conduct of individuals in Western societies" (Arribas-Ayllon & Walkerdine, 2017, pp. 110-111). Foucauldian discourse analysis allows for an examination of the social and historical conditions that contribute to the emergence of regimes of truth, which determine the legitimacy of specific knowledge at a given time, shaping the possibilities and meaning of action (Foucault, 2012; Khan & MacEachen, 2021).

The analysis was conducted by the first author, with preliminary findings reviewed collectively by the remaining authors. The first author's positioning as a mental health nurse helped to make sense of data coherence from an internalistic perspective, which was further enhanced during the discussions. Details of the methodological approach are outlined in Table 2.

Findings

The data analysis identified four key themes that shed light on how public policies shape psychotherapy and other mental health interventions. A summary of the results pertaining to these themes can be found in Table 3. The intricate dynamics of negotiation and their implications for practice will be examined in greater detail in the following sections. Unless otherwise noted, the cited material has been translated from French to English by the authors, with assistance from an OpenAI language model.

Psychotherapy: between charlatanism and professional legitimacy

Although the dynamics of professional negotiation aimed at securing the scope of psychotherapeutic practice are not new, a turning point in the governance of psychotherapy in Quebec occurred in 2003. A television report titled

Table 1. Dataset

	Author(s)	Date of production	Title*	Category**
1	Association des psychothérapeutes du Québec	2022	Letter sent to Lionel Carmant in response to the launch of the Inter-ministerial action plan for mental health	Public discourse
2	Bérubé, S., Boudou-Laforce, E., & Gagné, A.A.	2019	Law 21: a Categorization with Perverse Effects	Public discourse
3	Coalition des psychologues du réseau public québécois	2022	The Solution to the Psychologist Shortage in the Public Network Lies in the Formation of a Psychologist Union	Public discourse
4.1-4.10	Collège des médecins du Québec, Ordre des Conseillers et conseillères d'orientation du Québec, Ordre des ergothérapeutes du Québec, Ordre des infirmières et infirmiers du Québec, Ordre des psychoéducateurs et psychoéducatrices du Québec, Ordre des psychologues du Québec, Ordre professionnel des criminologues du Québec, Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec & Ordre professionnel des sexologues du Québec (ci-après, Collège des médecins du Québec et al.) – Guide interordre (4.1), outil d'aide à la décision (4.2), Vignettes cliniques (4.3-4.10)	2018	The Practice of Psychotherapy and Related Interventions: Finding the Boundary Between Different Professionals' Interventions and Psychotherapy	Social policy
5	Conseil consultatif interdisciplinaire sur l'exercice de la psychothérapie (Ordre des psychologues du Québec)	2012	Advisory Opinion of the Interdisciplinary Advisory Council on Complementary Issues Regarding Animal-Assisted Therapy	Social policy
6	Conseil consultatif interdisciplinaire sur l'exercice de la psychothérapie (Ordre des psychologues du Québec)	2012	Advisory Opinion of the Interdisciplinary Advisory Council on the Practice of Psychotherapy: Summary of Conclusions	Social policy
7	Conseil consultatif interdisciplinaire sur l'exercice de la psychothérapie (Ordre des psychologues du Québec)	2015	Final Mandate Report 2010-2015	Grey literature
8	Corporation des Zoothérapeutes du Québec	2014	Bill 21 and Animal-Assisted Therapy	Public discourse
9	Desjardins, N. (in collaboration with the Association des psychothérapeutes du Québec)	2021	The 1600 Psychotherapists are Here to Help!	Public discourse
10	Desjardins, N. (in collaboration with the Association des psychothérapeutes du Québec)	2020	For Universal Access to Psychotherapy: Psychotherapists are Ready!	Public discourse
11	Drapeau, M.	2016	The Regulation of Psychotherapy in Quebec: A Step Forward, Two Steps Back?	Commentary or editorial
12	Drapeau, M.	2020	For Universal Access to Psychotherapy	Commentary or editorial
13	École de formation professionnelle en hypnothérapie du Québec et Ordre des Psychologues du Québec	2015	Agreement Regarding Services that May Be Offered in Compliance with Bill 21 by Practitioners in Hypnosis Who are Neither Psychologists, Physicians, nor Holders of a Psychotherapy Permit	Social policy
14	Fédération Interprofessionnelle de la santé du Québec	2012	Review of the Professional System: The Impacts of Bill 21	Grey literature
15	Gauvreau, C.	2017	Perverse Effects: The Law on the Practice of Psychotherapy Has Excluded Charlatans, but Also Competent Professionals	Public discourse
16	Government of Ontario	2023	Regulated Health Professions Act	Legislative text
17	Government of Quebec	2023	Professional Code	Legislative text
18	Government of Quebec	2023	Regulation respecting the psychotherapist's permit	Legislative text
19	Government of Quebec	2009	Bill No. 21	Legislative text
20	Government of Quebec	2009	Journal of Debates of the Standing Committee on Institutions Tuesday, June 16, 2009 – Vol. 41 No. 23	Legislative text
21	Government of Quebec (Ministry of Health and Social Services)	2019	Getting Help or Support for Common Mental Disorders: Information Document for the Public (QPMD)	Social policy
22	Government of Quebec (Ministry of Health and Social Services)	2020	Support Document for Detection, Intervention, and Referral for Adults with Symptoms Associated with Common Mental Disorders in General Social Services – Summary of Recommendations from Steps 1 and 2 of the Quebec Program for Mental Disorders: From Self-Care to Psychotherapy (QPMD)	Social policy
23	Government of Quebec (Ministry of Health and Social Services)	2020	Information Document for Institutions – Quebec Program for Mental Disorders: From Self-Care to Psychotherapy (QPMD)	Social policy
24	Government of Quebec (Ministry of Health and Social Services)	2021	Common Mental Disorders: Detection and Service Pathways (QPMD)	Social policy
25	Government of Quebec (Ministry of Health and Social Services)	2022	Generalized Anxiety Disorder and Panic Disorder in Adults: Detection, Referral, and Treatment – Clinical Practice Guideline (QPMD)	Social policy
26	Government of Quebec (Ministry of Justice)	2016	Report on the Implementation of Chapter VI.1 of the Professional Code Relating to the Regulation of Psychotherapy	Social policy

Table 1. Dataset (cont'd)

	Author(s)	Date of production	Title*	Category**
27	Government of Quebec (Office of Professions)	2005	Sharing Our Expertise: Modernization of Professional Practice in Mental Health and Human Relations (Trudeau Report)	Social policy
28	Government of Quebec (Office of Professions)	2021 (April)	Law Amending the Professional Code and Other Legislative Provisions in the Field of Mental Health and Human Relations: Explanatory Guide	Social policy
29	Government of Quebec (Office of Professions)	2021 (January)	Law Amending the Professional Code and Other Legislative Provisions in the Field of Mental Health and Human Relations: Explanatory Guide	Social policy
30	Government of Quebec (Office of Professions)	2013	Law Amending the Professional Code and Other Legislative Provisions in the Field of Mental Health and Human Relations: Explanatory Guide	Social policy
31	Working Group on Optimizing Training in Psychology and Mental Health	2023	Mental Health: Trainings That Meets the Needs of the Population	Social policy
32	Lapalme, M., Moreault, B., Fansi, A.K., Jehanno, C. (Institut national d'excellence en santé et en services sociaux)	2018	Equitable Access to Psychotherapy Services in Quebec	Grey literature
33	Larin, V.	2021	Mental Health: Quebec Opens the Checkbook to Hire Private Psychologists	Public discourse
34	Lorquet, E.	2012	Legal Affairs: Opinions of the Interdisciplinary Advisory Council on the Practice of Psychotherapy	Grey literature
35.1-35.14	Memoranda Submitted Regarding Bill No. 21 (n=14)	2009	Special Consultations on Bill No. 21 - Law Amending the Professional Code and Other Legislative Provisions in the Field of Mental Health and Human Relations	Memorandum submitted to a parliamentary commission
36.1-36.31	Memoranda Submitted Regarding Bill No. 50 (n=31)	2008	Special Consultations on Bill No. 50 - Law Amending the Professional Code and Other Legislative Provisions in the Field of Mental Health and Human Relations	Memorandum submitted to a parliamentary commission
37	Government of Quebec (Ministry of Health and Social Services)	2022	Social Anxiety Disorder: Detection, Evaluation, and Treatment – Clinical Practice Guideline (QPMD)	Social policy
38	College of nurses of Ontario	2023	Psychotherapy and the Controlled Act Component of Psychotherapy	Social policy
39	Ordre des psychologues du Québec	2023	2022-2023 Annual Report	Grey literature
40	Ordre des psychologues du Québec	2022	Recognized Courses for the Psychotherapist Permit to Meet Regulatory Requirements	Grey literature
41	Radio-Canada	2003	Dangerous Therapies	Public discourse
42	Regroupement des intervenants et Thérapeutes en Médecine Alternative et Ordre des Psychologues du Québec	2015	Agreement Regarding Services That May Be Offered in Compliance with Bill 21 by Practitioners in Hypnosis Who Are Neither Psychologists, Physicians, nor Holders of a Psychotherapy Permit	Social policy
43	Rességuier, V.	2022	Psychologist Shortage in the Public Network: A Record Number of Positions to Fill	Public discourse
44	Rességuier, V.	2022	Psychologists in the Public Sector: "The Problem is That Our Expertise is Not Respected"	Public discourse
45	Roy, C.	2016	Affirmation of the Profession: What Are the Challenges for Quebec Psychologists?	Editorial or commentary
46	Savard, P. & Lussier-Valade, M.	2019	Supportive therapy: a mini-guide to practice (first edition)	Grey literature
47	Than, V.	2022	The silent epidemic: Quebecers' mental health and the challenge of access to psychotherapy	Grey literature
48	Trudeau, J.B., Desjardins, P., & Dion, A.	2015	Psychotherapy - A necessary and legally recognized framework in Quebec	Commentary or editorial

* Freely translated from French to English by the authors

**In order to constitute the data corpus underpinning this analysis, we sought to differentiate between public discourses (e.g., newspaper articles or letters addressed to the media, excerpts from websites), legislative texts (laws and regulations), social policies stemming from these legislative texts (e.g., guidelines), commentaries and editorials published in academic journals, memoranda submitted to parliamentary commissions, as well as grey literature (e.g., practice guides, internal organizational documents available to the public).

"Dangerous Therapies" from Radio-Canada (Document 41 - Radio-Canada, 2003) sparked a significant public scandal, leading to a particularly swift institutional response:

> The shocking report on dangerous therapies clearly illustrates the danger faced by individuals who entrust their mental health, or even their lives, to just anyone—charlatans and self-proclaimed psychotherapists of all kinds. The day after the broadcast, a preparatory meeting was held at the [Office of Professions] to establish a committee of experts on modernising professional practices in mental health and human relations. (Document 48 - Trudeau et al., 2015).

The collective awareness and outrage that followed these events catalysed a major initiative, culminating in the publication of a report aimed at modernising professional practice in mental health and human relations (Document

Table 2. Foucauldian Discourse Analysis

	Steps*	Analysis process
1	Selecting a corpus of statements corresponding to the issue	Inductive approach leading to the identification of various types of discourse related to the practice of psychotherapy in Quebec, such as public discourse, legislative texts, social policies, comments and editorials, memorandum submitted to parliamentary committees, and grey literature.
2	Problematizations: description of the material conditions that contributed to the discursive construction of the issue	Relating the issue to the context that contributed to or followed the adoption of laws and regulations governing the practice of psychotherapy in Quebec. The period is limited to the years 2003-2023, as it refers to the social and historical context during which psychotherapy was institutionalized through regulatory means in Quebec. Scientific writings addressing the historical, social, and political conditions associated with the issue were also consulted and added to the dataset.
3	Technologies: identification of rationalities involved in the issue	Identification of disciplinary, professional, social, and political issues, including those related to psychotherapy and access to mental health services in Quebec. Identification of scientific knowledge, controversies and debates associated with psychotherapy and mental health intervention practices.
4	Subject positions: identification of the moral location of subjects and institutions involved in the issue	Analysis of discursive elements associated with the expected conduct of subjects based on their social position, including their qualifications and the guidelines outlining mental health intervention practices.
5	Subjectification: Description of the ethical constitution of social practices	Analysis of power dynamics associated with mental health intervention practices, particularly the existing tensions between practices constructed as or distinct from psychotherapy.

*Adapted from Arribas-Ayllon & Walkerdine (2017)

27 - Office of Professions, 2005). This effort subsequently resulted in legislative changes under Bill 21 (Document 19 - Government of Quebec, 2009). Several principles guided this approach, notably the principle of competent accessibility, which "ensures that the patient receives the appropriate service, provided by a competent person, at the right time, in the desired location and for the required duration" (Document 27 - Office of Professions, 2005, p. 5).

As a result, increased regulation of psychotherapy began to delineate the legitimacy of certain practices while legally defining psychotherapy and specifying the individuals authorised to practice it under certain conditions. Since 2012, the Professional Code (Document 17 - Government of Quebec, 2023) and the Regulation respecting the psychotherapist's permit (Document 18 - Government of Quebec, 2023) have defined what constitutes psychotherapy, granting the Ordre des psychologues du Québec the authority to issue psychotherapy permits:

> "Psychotherapy is psychological treatment for a mental disorder, behavioural disturbance or other problem resulting in psychological suffering or distress, and aims to foster significant changes in the client's cognitive, emotional or behavioural functioning, interpersonal relations, personality, or health. Such treatment goes beyond help aimed at everyday difficulties and exceeds a support or counselling role" (Document 17 - Professional Code, 2023, Art. 187.1).

Critics argue that these legislative changes promote a dogmatic approach to psychotherapy, excluding many clinicians who have historically practiced it while reinforcing the dominance of evidence-based models and hegemonic intervention practices (Document 15 - Gauvreau, 2017).

> Beyond the ostensibly noble idea of public protection, Bill 21 has resulted in many competent therapists being unable to practice under the banner of psychotherapy due to stringent requirements […] One might rightly question, how many capable therapists were sacrificed during this process and how many charlatans were genuinely eliminated (Document 2 - Bérubé et al., 2013).

Following the implementation of Bill 21, a professional hierarchy emerged regarding the control of the psychotherapist title and the practice of psychotherapy. The legal definition has created uncertainty surrounding the legality of certain practices and their recognition (or lack thereof) as psychotherapies, particularly concerning animal-assisted therapy, music therapy, art therapy, and couple and family therapy. It has

Table 3. Summary of results

	Categories	Results
1	Psychotherapy: between charlatanism and professional legitimacy	In North America, professional negotiation dynamics related to psychotherapy have been ongoing since the early 1970s. However, it was in 2003, when scandalous practices were publicly denounced, that discussions regarding the regulation of psychotherapy in Quebec took on a more concrete form. These discussions culminated in legislative changes under Bill 21. This law, enacted in 2012, legally defines psychotherapy and restricts its practice to a limited number of professionals under specific conditions. This reform also excluded many practitioners who had historically practiced psychotherapy.
2	Psychotherapy as a normative apparatus	The reserved title of psychotherapist and the practice of psychotherapy promote the establishment of a control apparatus that determines what can be said, written, and practiced regarding the human psyche. Additional conditions target eligible professionals who are neither psychologists nor doctors. Guidelines developed by the relevant Professional Orders establish further standards and provide terminological clarifications to distinguish interventions that are similar to, but do not constitute psychotherapy.
3	Subordinated practices	The issue of psychological treatment is the focal point of the negotiation dynamics aimed at regulating the practice of psychotherapy. The dissociation of psychological treatment from psychological interventions creates a hierarchy of practices. This distinction appears to run counter to knowledge on the effectiveness of psychotherapy. Practical difficulties are also observed, particularly due to the therapeutic potential of interventions that do not constitute psychotherapy. This situation can create significant ambiguity for clinicians responsible for determining the legality of their interventions.
4	Care as a technical object	Care practices seem reduced to their technical dimensions. The Quebec Program for Mental Disorders (QPMD) illustrates this trend by differentiating between cognitive-behavioral psychotherapy and "interventions using cognitive-behavioral techniques." This dynamic may lead to a loss of meaning for mental health professionals. Some adopt discursive strategies to preserve the integrity of their practice.

been determined that these modalities do not, in themselves, constitute psychotherapy, and clinicians are "obliged to distinguish [their] intervention(s) from psychotherapy in terms of code, method and objectives" (Document 34 - Lorquet, 2012, pp. 18-20). The same applies to hypnotherapy, for which an agreement states that "there is no doubt that hypnosis or hypnotherapy can be practiced and offered to the public by a clinician who is not a psychotherapist" (Document 13 - École de formation professionnelle en hypnothérapie du Québec and Ordre des psychologues du Québec, 2015, p. 1). It is noteworthy that this agreement favours the use of the term "practitioner" over "therapist." This distinction suggests important normative tensions, which will be discussed in the following section.

Psychotherapy as a normative apparatus

The adoption of legislative provisions to protect the title of psychotherapist and the practice of psychotherapy has been accompanied by an extensive control apparatus. Through a consensus among the relevant professions, this apparatus determines what can be said, written and practiced regarding the human psyche. While the disciplinary rationale justifies such a framework—whether for public protection or quality control—the analysis of the social and historical conditions associated with this rationale suggests the influence of interprofessional negotiation dynamics. These dynamics are particularly evident in the cooperative relationship between doctors and psychologists concerning psychotherapy, although this collaboration primarily reflects the dominant position of the medical profession (Garon-Sayegh, 2016), as reflected in the following passage:

> For psychologists, psychotherapy is central to their practice, with university programs providing the necessary training. In contrast, physicians may receive training in psychotherapy, especially if they specialise in psychiatry (Document 27 - Office of Professions, 2005, p. 93).

Consequently, both the Trudeau report and Bill 21 propose reserving the title of psychotherapist and the practice of psychotherapy for psychologists and physicians across all specialties, while "sharing" this privilege with other professionals subject to additional training requirements. This distinction between psychologists, physicians and other mental health professionals suggests the establishment of a professional hierarchy (Garon-Sayegh, 2016), rationalised by the unique nature of their training and oversight mechanisms, which, nonetheless, are common across professional groups.

> In general, the initial training of these two professional groups aligns with the theoretical and practical training standards identified by the Expert Committee for eligibility for a psychotherapy license. Consequently, the codes of ethics and surveillance programs of these professional orders attest to the quality of their members' practices, as well as their obligation to possess the necessary knowledge and skills without the need for a specific license (Document 27 - Office of Professions, 2005, p. 93).

It follows that the entire regulatory framework naturally favours psychologists, as the prerequisites for psychotherapy are embedded within their training. For "other" professionals, this new regulation imposes particularly restrictive conditions for practising psychotherapy. The Professional Code and the Regulation respecting the psychotherapist's permit reserve the practice of psychotherapy for members of seven professional orders: guidance counsellors, criminologists, occupational therapists, nurses, psychoeducators, social workers, marital and family therapists, and sexologists. For these professionals, obtaining a psychotherapy license, issued by the Ordre des psychologues du Québec, requires additional qualifications, including a master's degree in mental health and human relations, along with 765 hours of theoretical training and 600 hours of practical training focused on specific intervention content and models (Document 18 – Regulation respecting the psychotherapist's permit). This regulation also categorises practices not considered psychotherapy: accompaniment, support intervention, family and couple intervention, psychological education, rehabilitation, clinical follow-up, coaching and crisis intervention.

Ultimately, this regulatory framework establishes a prescriptive discursive regime, the effects of which on intervention practices are palpable. The document titled "The Practice of Psychotherapy and Related Interventions" (Document 4.1 - Collège des médecins du Québec et al., 2018) underscores an interprofessional consensus on psychotherapy, identifying its defining elements based on a legal, rather than epistemological, definition. Psychotherapy is characterised as the simultaneous combination of three elements, namely nature, object and purpose: i) a psychological treatment (nature), ii) addressing a "mental disorder, behavioural disturbance or other problem resulting in psychological suffering or distress" (object), iii) with the goal of "fostering significant changes in the client's cognitive, emotional or behavioural functioning, interpersonal relations, personality or health" (purpose) (Document 4.1 - Collège des médecins du Québec et al., 2018, p. 7, free translation). While it is acknowledged that many interventions performed by various clinicians share the same object and purpose as psychotherapy, it is the nature of the psychological treatment that delineates its boundaries, as asserted in the passage below.

> Discussions within the working group and observations in the field reveal that the defining element of psychotherapy, psychological treatment, clinically distinguishes it from related interventions offered by other mental health and human relations professionals (Document 4.1 - Collège des médecins du Québec et al., 2018, p. 8).

However, this normative clarification regarding psychotherapy reflects several discursive strategies that tend to blur its boundaries rather than clearly define them. The notion of psychological treatment, for example, is both directly and indistinctly equated with intervention, "which targets what which organises and regulates the psychological and mental functioning of the individual" (Document 4.1 - Collège des médecins du Québec et al., 2018, p. 8). Certain terminological clarifications are also proposed due to the widespread use of psychological terms and the associated risks of confusion and misunderstanding (Document 4.1 - Collège des médecins du Québec et al., 2018, p. 23). For instance, the term "therapy" is regarded as "highly prone to confusion," and the use of "beliefs" (croyances) is preferred over "core beliefs" (croyances fondamentales) to differentiate interventions that do not constitute psychotherapy. Other interventions, such as exposure and cognitive restructuring, are interpreted more permissively if employed competently without being classified as psychological treatment (Document 4.1 - Collège des médecins du Québec et al., 2018, pp. 23-31).

Subordinate practices

The documents reviewed for this analysis suggest that the issue of psychological treatment—and consequently the therapeutic potential of related intervention practices—has been at the centre of interprofessional struggles between psychologists and physicians since the 1950s (Benjamin, 2005). The discursive investment of psychotherapy in Quebec, whose definition remains debated internationally (Castelpietra et al., 2021), seems to reproduce a logic that subordinates other

mental health professionals to psychological expertise. In the public sphere, this subordination could explain the relative invisibility of other mental health professionals (Document 47 - Than, 2022), favouring physicians and psychologists in discussions about access to psychotherapy and mental health services. This is depicted in excerpts like the one below:

> Furthermore, mechanisms for communication between family physicians and psychologists must be established within an interdisciplinary care framework, which has proven to be more effective than isolated treatments (Document 12 - Drapeau, 2020).

This dynamic of subordination raises two significant issues for any mental health professional. On one hand, the definition of psychotherapy as psychological treatment presents certain paradoxes. These paradoxes become particularly evident when it is stated that psychotherapy, which "goes beyond help aimed at dealing with everyday difficulties and beyond a support or counselling role," is not limited to the treatment of mental disorders and does not depend on their severity or symptom intensity (Document 4.1 - Collège des médecins du Québec et al., 2018, p. 7). This particularly broad approach to psychotherapy may place professionals in a precarious position, where the risk of practicing psychotherapy illegally or the fear of being accused of doing so are ever-present. The QPMD further confirms a dynamic of responsibility for professionals when applying recommendations targeting specific therapies and psychological interventions:

> Thus, the recommendations […] require the clinical judgment of the professional to determine whether the intervention they are about to undertake constitutes psychotherapy under this law. This analysis by the professional should be conducted using the various interprofessional documents […]. (Document 24 - Ministère de la Santé et des Services sociaux, 2021).

However, this attempt to distinguish intervention from psychological treatment is not without difficulty. This challenge is concretely expressed when it is acknowledged that some interventions may, inadvertently and without constituting psychological treatment, modify the organisation, regulation and psychological functioning of an individual:

> A professional who aims to effect changes within their scope of practice and whose interventions do not address what organises and regulates the psychological and mental functioning of the individual is not practicing psychotherapy. Moreover, it is possible that interventions by professionals not authorised to practice psychotherapy may have collateral effects on what organises and regulates the psychological and mental functioning of the individual […]. (Document 4.1 - Collège des médecins du Québec et al., 2018, p. 12,).

A report on equitable access to psychotherapy in Quebec, produced by the Institut national d'excellence en santé et services sociaux (Document 32 - Lapalme et al., 2018), illustrates how this attempt to hierarchise practices becomes even more complex. Notably, this report indicates that the meta-analyses reviewed on the effectiveness of psychological interventions neither distinguish these from psychotherapy nor determine whether they meet its legal definition in Quebec, "Quebec being one of the few places in the world where psychotherapy is legally regulated" (Document 24 - Ministère de la Santé et des Services sociaux, 2021, p. III). More generally, the effectiveness of these interventions complicates differentiation based solely on their psychotherapeutic scope. One striking example of this is the following quotation:

> Overall, the effectiveness of various psychological interventions, including psychotherapy, is comparable. The observed differences are minimal and are more closely related to age group and type of mental disorder than to the therapeutic approach itself. The personal characteristics of the therapist and the client, as well as common factors across all psychological interventions, also contribute to their effectiveness (Document 32 - Lapalme et al., 2018, p. III).

Care as a technical object

The analysis of the documents selected for this research project also suggests a multi-focal fragmentation of mental health intervention practices, which, combined with the hierarchical dynamics of professions, reduces care to its technical dimensions. It is observed that the therapeutic dimensions of care are subjected to a categorisation that disregards the nature of the helping relationship, rigidifying the clinical process by isolating its components into interventions such as "accompaniment meetings," "support interventions," "psychological education," and "clinical follow-up" (Document 18 - Regulation respecting the psychotherapist's permit, 2023, art. 6). The categorization of these interventions is based on what differs from, yet shares many common areas with, the legal definition of psychotherapy, as specified in the following statement:

> The Office of Professions has, by regulation, established a list of interventions that do not constitute psychotherapy within the meaning of the law but are similar to it and defined these interventions. It

> should be noted that, according to the legal definition of psychotherapy, this treatment goes beyond help aimed at dealing with everyday difficulties and beyond a support or counselling role (Document 28 - Office of Professions, 2021, section 5, p. 2).

The QPMD further contributes to such fragmentation by prioritising cognitive-behavioural interventions, which, while not classified as psychotherapy, nonetheless draw on its techniques, as clarified below:

> Using Cognitive-Behavioural Techniques: In the context of the [QPMD], this refers to interventions that are similar to psychotherapy but are not psychotherapy, where cognitive-behavioural techniques may be used but do not correspond to psychotherapy as defined by law (Document 24 - Ministry of Health and Social Services, 2021, p. 39).

However, the interprofessional consensus issues a warning about the deleterious effects of such fragmentation. Mobilising a discourse centred on risk management, this document asks healthcare professionals to take responsibility when implementing interventions that diverge from a psychotherapeutic process:

> Caution should be exercised clinically to avoid isolating interventions or fragmenting the stages of applying a technique, which could potentially amputate the psychotherapeutic process of essential components for treating certain disorders. The risks of exacerbating the condition of individuals affected must, therefore, be considered to prevent harm (Document 4.1 - College of Physicians of Quebec et al., 2018, p. 16).

Consequently, several discursive strategies are deployed by mental health professionals without a psychotherapy licence to preserve the integrity of their practice while remaining "very vigilant in their choice of words" (Document 8 - Corporation of Quebec Zootherapists, 2014). Some studies show that clinicians may substitute the term "therapy" with "sessions" or "interventions," add the adjective "therapeutic" to the term intervention, vary their discourse based on the interlocutor, modify the discursive construction of intervention plans, and informally practise psychotherapy (Côté and Brodeur, 2019; Mimeault, 2016, pp. 89-93). Mimeault provides a rationale beneath this:

> Nevertheless, doubt and guilt, coupled with the ongoing challenge of explaining their practice, lead them to develop linguistic strategies and withhold certain meanings regarding their practice for fear of being judged impure or engaging in an illegal activity. A fear of de-professionalisation/technicalisation is present (Mimeault, 2016, pp. 112-113).

Discussion

This critical discourse analysis sheds light on the discursive framework that has shaped discussions around mental health intervention practices in Quebec over the past two decades. At the heart of this discourse lies the establishment of a legal and operational definition of psychotherapy, a critical battleground in the struggle for authority among various health professions (Buchanan, 2003). Although Bill 21 was designed to protect the public from certain so-called "dangerous" practices, it has inadvertently excluded numerous health professionals, including psychiatric nurses and social workers, who have long operated in the shadows of institutional oversight (Ujhely, 1973; Buchanan, 2003).

The resulting structural changes in practice and service organisation reflect a consensus across professions, yet they simultaneously underscore the overwhelming dominance of psychology. Our findings reveal a professional ecosystem rife with tensions, which reinforce the influence of psychological expertise. The most significant consequence of these tensions is the denial of recognition for the contributions of mental health professionals unauthorized to practice psychotherapy. This exclusion restricts timely access to essential mental health services and reportedly leads to a profound sense of disillusionment among clinicians (Mimeault, 2016).

Quebec's landscape features a notably high ratio of psychologists and psychotherapists, with over half operating in the private sector (Document 32 - Lapalme et al., 2018). Yet, as Garon-Sayegh (2016) indicates, reserving the title of psychotherapist for certain professionals, including nurses, does not guarantee that they will engage in psychotherapy. Factors such as ethics, professional deontology, specific competencies, work organisation and compensation models critically shape the conditions under which such practices can occur.

Our analysis further suggests that mental health nursing practices, by being discursively severed from their psychotherapeutic roots, may exist in a state of anomie (Mimeault, 2016). The broad legal definition of psychotherapy in Quebec (Brodeur et al., 2015) places many professionals in a precarious position, fearing illegal practice. There is a real risk that capable practitioners, who have historically provided various forms of psychotherapy, could face public condemnation and institutional disapproval (Côté and Brodeur, 2019). The historical context reveals that concerns

over charlatanism represent just one facet of the ongoing recognition struggle between clinical psychologists and physicians regarding the right to practice psychotherapy. The interplay between psychology and medicine—characterised by competition and collaboration—has led to the infusion of medical logics into psychological practice (Karasu, 1992; Buchanan, 2003).

The privileges these professions enjoy regarding psychotherapy are not exclusive to Quebec. For instance, in France, Castelpietra et al. (2021) highlight a paradox where psychiatry residents receive insufficient psychotherapy training, yet psychiatrists are entitled to the psychotherapist title without additional qualifications.

When examining the treatment of prevalent mental disorders, it becomes apparent that recent shifts in mental health service organisation, under the purview of the QPMD, have entrenched cognitive-behavioral intervention models (Document 32 - Lapalme et al., 2018). Care practices are thus confined to the application of cognitive-behavioral techniques, categorised as support, accompaniment, clinical follow-up and "interventions similar to psychotherapy" (Document 4.1 - Collège des médecins du Québec et al., 2018). This bifurcation of the therapeutic relationship is often justified through an evidence-based discourse promoting manualised psychotherapies—structured psychotherapeutic approaches adhering to specified guidelines (American Psychological Association, 2024). However, studies contesting the supremacy of manualised over non-manualised methods point to the numerous challenges of implementation (Mignogna et al., 2018; Truijens et al., 2019; Shedler, 2020). Notably, research indicates that common factors within the therapeutic relationship, rather than the specifics of any psychotherapeutic method, are crucial to effective outcomes (Document 32 - Lapalme et al., 2018; Kidd et al., 2017; Cuijpers et al., 2019).

Disciplinary implications

It would be an oversimplification to claim that mental health nurses regularly engage in psychotherapy without formal recognition or possess the requisite competencies in all contexts. The increasing complexity of mental health services and evolving professional hierarchies necessitate a more nuanced exploration of these dynamics. If nursing staff are prohibited from legally offering psychotherapeutic care, what services do they provide, and under what conditions?

Mental health nursing often straddles the line between administering medication, monitoring side effects and managing risk. Nonetheless, many mental health nurses deliver therapeutic support interventions that extend beyond mere technical, evaluative or medico-legal functions. They harness the common factors inherent in therapeutic relationships (Kidd et al., 2017; Cuijpers et al., 2019) and employ pragmatic strategies focusing on therapeutic communication, motivation, problem-solving, and the mobilisation of patient strengths. Unfortunately, the therapeutic potential of these interventions remains largely unrecognised, both within the profession and in the broader healthcare landscape. Despite professional hierarchies, mutual recognition is vital for grasping the significance of informal arrangements that facilitate effective practice (Strauss, 1992b).

Recognition of these practices is hampered by findings of inadequate mental health education in the nursing curriculum (Barry & Ward, 2016; Happell, 2010; Lakeman et al., 2023). The current implementation of the QPMD, alongside the dominance of cognitive-behavioral methods, starkly contrasts the largely biomedical nature of nursing education (Adam et al., 2023), likely intensifying the disconnect between theory and practice. Our findings advocate for a substantial overhaul of mental health educational programmes, particularly given the notable lack of graduate courses focused specifically on psychotherapy in nursing, even a decade after the enactment of the Law amending the Professional Code and related provisions in mental health.

However, caution is advised regarding the disciplinary dynamics that compel nursing staff to choose allegiances between the competing discourses of psychiatry and psychology. Further investigation into the psychosocial intervention practices employed by mental health nurses is essential to better define and conceptualise eclectic therapeutic practices within the discipline. Although current interprofessional consensus warns that the term "supportive therapy" could "lend itself to ambiguity" (Document 4.1 - Collège des médecins du Québec et al., 2018), this terminology may aptly characterise mental health nursing practice and could be more thoroughly integrated into practice and research.

Finally, management practices and social policies could benefit from increased flexibility in integrating professionals legally authorised to practise psychotherapy within public mental health services. Our analysis prompts a reconsideration of the distinction made by the QPMD between "interventions using cognitive-behavioral techniques" and cognitive-behavioral therapy (Document 24 - Ministère de la Santé et des Services sociaux, 2021). While this distinction arises from the legal framework governing psychotherapy in Quebec, it exposes critical issues regarding the recognition of practices "similar to psychotherapy but are not" (Document 4.1 - Collège des médecins du Québec et al., 2018). A more inclusive definition of

psychotherapy could enhance access to primary mental health services and facilitate the QPMD's implementation, albeit requiring substantial legislative amendments regarding the conditions under which psychotherapy is practiced. In Ontario, for example, the practice of psychotherapy remains accessible to nurses, yet the legislative framework differentiates between general practice and the higher-risk authorised practice of psychotherapy, which is subject to stringent criteria, including the severity of the mental disorder being treated (Document 38 - College of Nurses of Ontario, 2023).

Strenghts and limitations of the approach

This critical analysis rests on a comprehensive review of policies and public discourse surrounding the practice of psychotherapy in Quebec. It interrogated the structuring effects these elements have on social relations and mental health care practices. However, the approach is limited by its inability to examine the social interactions that emerge directly from these policies. Incorporating in-situ observations alongside individual interviews, as well as consulting internal organisational documents, could yield a richer, more nuanced understanding of the subordination and resistance strategies employed by various health professionals as they navigate the recent regulatory framework governing psychotherapy in Quebec.

Conclusion

This discourse analysis has scrutinised the structural effects of legislative reforms regarding psychotherapy practice in Quebec over the past two decades. The findings underscore an interprofessional negotiation dynamic that has shaped a legal definition of psychotherapy, simultaneously restricting its practice to a select group of health professionals under specific conditions. Furthermore, the non-recognition of intervention practices previously classified as psychotherapy has led to a discrediting sentiment among numerous clinicians.

The analysis reveals that current public policies are forced to contort in order to accommodate these restrictions, resulting in the differentiation of many mental health interventions from psychotherapy and consequently diminishing their formal therapeutic recognition. In light of the pressing challenges in accessing mental health services within the public system, it may be fruitful to reassess psychotherapy through the lens of reasonable competence, as this sector is heavily affected by professional negotiation dynamics. Such a re-evaluation would enhance nurses' agency in implementing therapeutic interventions in mental health that align with their scope of practice.

These considerations are crucial for shaping social policies aimed at enhancing timely access to mental health services and may well constitute a step forward in responsible management in mental health.

Note

The original article was published in the journal *L'Infirmière clinicienne* under the title: La pratique infirmière en santé mentale et l'ordre négocié des professions : analyse des discours publics portant sur l'encadrement de la psychothérapie au Québec (Canada). The full reference is available at the end of this article.

References

Adam, S., Gold, E. et Burstow, B. (2023). From subjective opinion to medical fact: A critical discourse analysis of mental health nursing education. Issues in Mental Health Nursing, 44(1), 55-63. https://doi.org/10.1080/01612840.2022.2113940

Allain, S. (2004). La négociation comme concept analytique central d'une théorie de la régulation sociale. Négociations, 2(2), 23-40. https://doi.org/10.3917/neg.002.023

Allen, D. (1997). The nursing-medical boundary: a negotiated order?. Sociology of Health & Illness, 19(4), 498-520. https://doi.org/10.1111/j.1467-9566.1997.tb00415.x

American Psychological Association. (2024). Manualized therapy. https://dictionary.apa.org/manualized-therapy

Arribas-Ayllon, M. et Walkerdine, V. (2017). Foucauldian discourse analysis. Dans C. Willig et W. Stainton Rogers (dir.), The SAGE Handbook of Qualitative Research in Psychology (2e ed., p. 110-123). SAGE Publishing.

Association canadienne de counselling et de psychothérapie. (2023). La profession et la règlementation. https://www.ccpa-accp.ca/fr/la-reglementation-au-canada/

Barry, S. et Ward, L. (2017). Undergraduate nursing students' understandings of mental health: A review of the literature. Issues in Mental Health Nursing, 38(2), 160-175. https://doi.org/10.1080/01612840.2016.1251515

Benjamin, L. T. Jr. (2005). A history of clinical psychology as a profession in America (and a glimpse at its future). Annual Review of Clinical Psychology, 1, 1-30. https://doi.org/10.1146/annurev.clinpsy.1.102803.143758

Brodeur, N., Roy, V., Lindsay, J., Tremblay, G. et Damant, D. (2015). Une critique de la définition de la psychothérapie au Québec. Nouvelles pratiques sociales, 27(2), 295-308. https://doi.org/10.7202/1037694ar

Buchanan, R. D. (2003). Legislative warriors: American psychiatrists, psychologists, and competing claims over psychotherapy in the 1950s. Journal of the History of the

Behavioral Sciences, 39(3), 225-249. https://doi.org/10.1002/jhbs.10113

Castelpietra, G., Simon, J., Gutiérrez-Colosía, M. R., Rosenberg, S. et Salvador-Carulla, L. (2021). Disambiguation of psychotherapy: a search for meaning. The British Journal of Psychiatry, 219(4), 532-537. https://doi.org/10.1192/bjp.2020.196

Commission de la santé mentale du Canada. (2017). Faire valoir les arguments en faveur des investissements dans le système de santé mentale du Canada à l'aide de considérations économiques. https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2017-03/case_for_investment_fr.pdf

Champagne, F., Contandriopoulos, A.P., Ste-Marie, G. et Chartrand, E. (2018). L'accessibilité aux services de santé et aux services sociaux au Québec : Portrait de la situation. https://www.bibliotheque.assnat.qc.ca/DepotNumerique_v2/AffichageFichier.aspx?idf=184199

Côté, M.A. et Brodeur, N. (2019). Impacts des nouvelles modalités d'encadrement de la psychothérapie chez les travailleurs sociaux. Recherches sociographiques, 60(2), 351-378. https://doi.org/10.7202/1070975ar

Cuijpers, P., Reijnders, M. et Huibers, M. J. (2019). The role of common factors in psychotherapy outcomes. Annual review of clinical psychology, 15, 207-231. https://doi.org/10.1146/annurev-clinpsy-050718-095424

Fleury, M. J. (2014). La réforme des soins primaires de santé mentale au Québec et le rôle et les stratégies de coordination des omnipraticiens. Santé mentale au Québec, 39(1), 25-45 https://doi.org/10.7202/1025905ar

Foucault, M. (2012). Du Gouvernement des vivants Cours au Collège de France (1979-1980). Gallimard.

Garon-Sayegh, P. (2016). Quebec professional law as an obstacle to interprofessional care [Mémoire de maîtrise en droit, Université McGill]. eScholarship. https://escholarship.mcgill.ca/concern/theses/cc08hj21w

Gouvernement du Québec. (2009). Loi modifiant le Code des professions et d'autres dispositions législatives dans le domaine de la santé mentale et des relations humaines. Publications du Québec. https://www.publicationsduquebec.gouv.qc.ca/fileadmin/Fichiers_client/lois_et_reglements/LoisAnnuelles/fr/2009/2009C28F.PDF

Happell, B. (2010). Moving in circles: A brief history of reports and inquiries relating to mental health content in undergraduate nursing curricula. Nurse Education Today, 30(7), 643-648. https://doi.org/10.1016/j.nedt.2009.12.018

Hurley, J., Lakeman, R., Cashin, A., et Ryan, T. (2020). The remarkable (Disappearing Act of the) mental health nurse psychotherapist. International Journal of Mental Health Nursing, 29(4), 652-660. https://doi.org/10.1111/inm.12698

Hurley, J., et Lakeman, R. (2021). Making the case for clinical mental health nurses to break their silence on the healing they create: A critical discussion. International Journal of Mental Health Nursing, 30(2), 574-582. https://doi.org/10.1111/inm.12836

Karasu, T. B. (1992). The worst of times, the best of times: Psychotherapy in the 1990s. The Journal of Psychotherapy Practice and Research, 1(1), 2-15.

Khan, T.H. et MacEachen, E. (2021). Foucauldian discourse analysis: Moving beyond a social constructionist analytic. International journal of qualitative methods, 20, 16094069211018009. https://doi.org/10.1177/16094069211018009

Kidd, S. A., Davidson, L. et McKenzie, K. (2017). Common factors in community mental health intervention: a scoping review. Community Mental Health Journal, 53, 627-637 https://doi.org/10.1007/s10597-017-0117-8

Lakeman, R., Foster, K., Happell, B., Hazelton, M., Moxham, L., et Hurley, J. (2024). Informing the development of a fit-for-purpose mental health nursing curriculum: A survey of mental health nurse academics in Australia. International Journal of Mental Health Nursing, 33(1), 93-103. https://doi.org/10.1111/inm.13226

Lapalme, M., Moreault, B., Fansi, A., et Jehanno C. (2018). Accès équitable aux services de psychothérapie au Québec : État des connaissances. Institut national d'excellence en santé et en services sociaux. https://www.inesss.qc.ca/fileadmin/doc/INESSS/Rapports/ServicesSociaux/INESSS_Acces-equitable-psychotherapie.pdf

Lebrun-Paré, F., Mantoura, P. et Roberge, M. C. (2023). Proposition d'un modèle conceptuel concernant la surveillance de la santé mentale, des troubles mentaux courants et de leurs déterminants au Québec. Institut national de santé publique du Québec. https://www.inspq.qc.ca/publications/3365

Lego, S. (1973). Nurse psychotherapists: how are we different?. Perspectives in Psychiatric Care, 11(4), 144-147. https://doi.org/10.1111/j.1744-6163.1973.tb00815.x

Mignogna, J., Martin, L. A., Harik, J., Hundt, N. E., Kauth, M., Naik, A. D., … et Cully, J. (2018). "I had to somehow still be flexible": exploring adaptations during implementation of brief cognitive behavioral therapy in primary care. Implementation Science, 13(1), 1-11. https://doi.org/10.1186/s13012-018-0768-z

Mimeault, V. (2016). Projet de Loi 21 de 2009 et identité professionnelle de travailleurs sociaux œuvrant en santé mentale jeunesse [Mémoire de maîtrise en travail social, Université du Québec à Montréal]. Archipel. https://archipel.uqam.ca/9400/

Ministère de la Santé et des Services sociaux du Québec. (2024). Tableau de bord - Performance du réseau de la santé et des services sociaux. Gouvernement du Québec. https://www.quebec.ca/sante/systeme-et-services-de-sante/organisation-des-services/donnees-systeme-sante-quebecois-services/performance-reseau-sante-services-sociaux

Moroz, N., Moroz, I., et D'Angelo, M. S. (2020). Mental health services in Canada: barriers and cost-effective solutions to increase access. Healthcare management forum, 33(6), 282-287. https://doi.org/10.1177/0840470420933911

Ordre des infirmières et des infirmiers du Québec. (2023). Rapport statistique sur l'effectif infirmier et la relève infirmière du Québec 2022-2023. https://www.oiiq.org/documents/20147/26586017/oiiq-rapport-statistique-23-VF.pdf/6f710838-6645-eef2-90f6-152b5400d34a

Ordre des psychologues du Québec. (2023). Rapport annuel 2022-2023. https://www.ordrepsy.qc.ca/documents/26707/501029/RapportAnnuel_2022-2023_Projet+pour+consultation.pdf/3051c81c-1f01-4d86-6ae8-b984540eb179?t=1689002291024

Organisation mondiale de la santé. (2022). Plan d'action global pour la santé mentale 2013-2030. https://www.who.int/fr/publications-detail/9789240031029

Pariseau-Legault, P., Ayala, R.A., Labrecque-Lebeau, L., Vallée-Ouimet, S., Bujold, A., & Gervais, C. (2024). La pratique infirmière en santé mentale et l'ordre négocié des professions : analyse des discours publics portant sur l'encadrement de la psychothérapie au Québec (Canada). Revue l'Infirmière Clinicienne, 21(1), 1-20.

Prud'homme, J. (2014). Professions à part entière: histoire des ergothérapeutes, orthophonistes, physiothérapeutes, psychologues et travailleuses sociales au Québec. Presses de l'Université de Montréal.

Rivero-Santana, A., Perestelo-Perez, L., Alvarez-Perez, Y., Ramos-Garcia, V., Duarte-Diaz, A., Linertova, R., … et PECUNIA Group. (2021). Stepped care for the treatment of depression: a systematic review and meta-analysis. Journal of affective disorders, 294, 391-409. https://doi.org/10.1016/j.jad.2021.07.008

Roy, C. (2016). Affirmation de la profession: Quels sont les défis pour les psychologues québécois?. Psychologie Canadienne, 57(3), 220-225. https://doi.org/10.1037/cap0000052

Sam, C. H. (2019). Shaping discourse through social media: Using Foucauldian discourse analysis to explore the narratives that influence educational policy. American Behavioral Scientist, 63(3), 333-350. https://doi.org/10.1177/0002764218820565

Shedler, J. (2020). Where is the evidence for "evidence-based" therapy?. Dans M. Leuzinger-Bohleber, M. Solms et S.E. Arnold (dir.) Outcome research and the future of psychoanalysis (p. 44-56). Taylor & Francis.

Strauss, A. (1992a). L'hôpital et son ordre négocié. Dans I. Baszanger (dir.) La trame de la négociation (p. 87-112). L'Harmattan.

Strauss, A. (1992b). Négociations. Introduction à la question. Dans I. Baszanger (dir.) La trame de la négociation (p. 245-268). L'Harmattan.

Szasz, T. S. (1974). The myth of psychotherapy. American journal of psychotherapy, 28(4), 517-526. https://doi.org/10.1176/appi.psychotherapy.1974.28.4.517

Trudeau, J. B., Desjardins, P., & Dion, A. (2015). Psychothérapie–Un encadrement nécessaire et légalement reconnu au Québec. Santé mentale au Québec, 40(4), 31-42. https://doi.org/10.7202/1036091ar

Truijens, F., Zühlke-van Hulzen, L. et Vanheule, S. (2019). To manualize, or not to manualize: Is that still the question? A systematic review of empirical evidence for manual superiority in psychological treatment. Journal of Clinical Psychology, 75(3), 329-343. https://doi.org/10.1002/jclp.22712

Ujhely, G. B. (1973). The nurse as psychotherapist: what are the issues?. Perspectives in Psychiatric Care, 11(4), 155-160. https://doi.org/10.1111/j.1744-6163.1973.tb00817.x

Warin, P. (2017). Le non-recours aux politiques sociales. Presses universitaires de Grenoble.

Wiener, D. N. (1953). Some legislative and legal problems of psychologists. American Psychologist, 8(10), 564–569. https://doi.org/10.1037/h0055621

To contact the authors:
Pierre Pariseau-Legault, RN, Ph.D.
Full professor
Nursing sciences department
Université du Québec en Outaouais
5 St-Joseph Street, St-Jerome, Quebec, Canada, J7Z 0B7
Telephone: 1-450-530-7616, office 4122
E-mail: pierre.pariseau-legault@uqo.ca

Ricardo A. Ayala, PhD
Adjunct professor
Faculty of nursing
University of Montreal

Lisandre Labrecque-Lebeau, PhD
Researcher
Centre de recherche de Montréal sur les inégalités sociales, les discriminations et les pratiques alternatives de citoyenneté (CREMIS)
Adjunct professor
Nursing sciences department
Université du Québec en Outaouais

Sandrine Vallée-Ouimet, RN, PhD(c), M.Sc.N.
Doctoral student
Nursing sciences department
Université du Québec en Outaouais

Audrey Bujold, RN, PhD(c), M.Sc.N.
Doctoral student
Nursing sciences department
Université du Québec en Outaouais

Christine Gervais, RN, PhD
Full professor
Nursing sciences department
Université du Québec en Outaouais