

## Community child psychiatric nursing

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There has been a steady growth in the number of community psychiatric nurses (CPNs) working in this country over the last few years. Despite this there are still relatively few community child psychiatric nurses (CCPNs) and those that there are often work in relative isolation. It is difficult to find any articles concerning community child psychiatric nursing, either anecdotal accounts of individual practice or evaluations of a particular service.

Our impression is that CCPNs are operating in a number of different ways around the country. We know of CCPNs who deal only with older adolescents with early onset 'adult-type' psychotic illnesses and some who see only younger children with behaviour problems. Some CCPNs employ only certain therapeutic modalities, e.g. family therapy or behaviour therapy. We even know of one CCPN who is expected to function as a PA to a consultant child psychiatrist! It is our belief that CCPNs can provide a number of different, effective treatments if they are part of a multidisciplinary child psychiatric team.

### *Community child psychiatric nursing at St George's*

The service started in 1976 with a charge nurse and ward sister as a result of concern in the clinic that certain families might benefit from a different type of help. Early pilot cases were treated successfully and the CCPNs were soon established as part of the team. Over the years almost all types of problem have been and continue to be seen but it is our impression that home based treatment is most effective with conduct disorders in the home (especially in chaotic/disorganised families), emotional disorders such as fears and phobias and resistant enuresis and encopresis. Referrals now come from a wide variety of sources. Supervision is from a consultant child psychiatrist at a weekly meeting. The work itself comes under the following headings.

#### **Assessment**

Home assessments may be carried out at the request of the Department of Child Psychiatry or following

referral from health visitors, social workers or CPNs in the adult service where a child is involved in the home. Assessments may be a prelude to treatment but may also lead to a consultation with the primary care worker enabling them to see new approaches to their work with the child and family. Although treatment is often carried out by one CCPN alone, assessment is usually a joint affair, reflecting the difficult nature of assessing complex psychological issues in the home.

#### **Treatment**

The primary treatment approach is behaviour therapy and is problem orientated, but within this framework much support, advice and informal counselling is provided for the child and family. Treatment is intensive and visits (by appointment only) may occur twice a week for four to six weeks before becoming less frequent. The average length of treatment is six to nine months.

#### **Liaison**

Many of the families the CCPNs become involved with are already 'multi-agency families'. Increasingly the CCPN has become a key liaison worker pulling together information and skills from other community workers in order to co-ordinate help for the family.

#### **Child health clinics**

A recent development has been the setting up of weekly advisory clinics at two local child health clinics. Parents refer themselves or are sent by other primary care team members, the aim being to pick up behavioural problems in their early stages and prevent them becoming entrenched and resistant. Parents have found this particularly helpful with toddlers but older children (up to 16 years) are also seen if referred.

#### **Teaching**

As CCPNs have become established in the district, requests for teaching have increased. CCPNs are

now actively involved in teaching medical and nursing students, health visitors, social workers, probation officers and general practitioners.

### *Training of community child psychiatric nurses*

The CCPN is an independent mental health worker who has to exercise great skill and responsibility when working alone in families' homes. The ideal CCPN should have had experience in paediatric, adult psychiatric, child psychiatric and community nursing but this is rarely possible. Experience of mental health nursing and the qualification of RMN is essential. Preferably the CCPN should have had at least two years experience in charge of an adult psychiatric ward as the skills developed in managing and treating disturbed adult patients is invaluable when dealing with unhappy and distraught parents in their homes.

Training in community work comes from ENB Course 811 which leads to the Community Psychiatric Nursing Certificate. This full-time 36 week course covers the child and family, adult psychiatry and care of the psychiatrically ill elderly. There is no specific CCPN course available although there is a residential course for child and adolescent psychiatric nursing. The lack of specific training concerning children, even when funding is available, is hampering the development of CCPNs and more training is needed.

### *Evaluation of community child psychiatric nurses*

Research has been carried out on the effectiveness of community psychiatric nursing for adult neurotic patients and the conclusion was that this provides "a

valuable alternative mode of deployment within the psychiatric team" (Paykel *et al*, 1982; Mangen *et al*, 1983). We have not been able to find any published research concerned with the work of CCPNs. Recently a similar research project to evaluate the CCPN service at St George's Hospital has been started with random allocation to either home based treatment by the CCPNs or clinic-based treatment by another member of the clinic team. Families are visited regularly at home by a research worker who checks on the progress of treatment and the child and family's opinion of the help being received. The project is currently half-way through and it is too early yet to draw any firm conclusions. However, initial impressions suggest that CCPNs are at least as effective as other members of the clinic team and possibly more popular with the patients.

### *Comment*

We believe that CCPNs are a valuable addition to child psychiatric teams, and hope to be in a position to prove this soon. In view of the dearth of published material concerning CCPNs, the authors would be interested to hear from other CCPNs about the type of service they provide. In particular we would like to know what client group is seen, what treatment methods used, whether the CCPN is part of a team and how readily available training is locally.

### *References*

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