ENB clinical course No 655, 'Behavioural Therapy in Residential Settings', aims to enable a nurse to develop skills in behaviour therapy in order to develop the potential of long-term patients in residential settings. This course has now run for five years and in this time has produced 17 course 'graduates'. Unfortunately little has been published to show what impact nurse training of this kind has on its target population or indeed what kind of work course 'graduates' engage in after completion.

The only other relevant course is ENB clinical course No 945, 'Short Course on the Rehabilitation of the Mentally Ill', which is offered at one centre in the country (as is ENB cc No 655). Again, little is known about course 'graduates' or indeed the impact of training. As yet it would seem that post-basic nursing education offers little in direct relevance to the broad issue of hospital closures. There does seem to be a real need here, which we in the nursing profession are reluctant to tackle, possibly due to the sheer enormity of the problem. However, is nursing standing alone in this respect?

Professor Altschul<sup>6</sup> attempted to initiate a debate should psychiatric nurses subscribe to a medical/disease model of mental health or a view that is more community/socially orientated? This discussion has prompted some nurses to examine their roles closely, not just at present, but more importantly in the future. The contraction of large psychiatric hospitals should focus these ideas sharply. Psychiatric nurses can make a major contribution to plans to disperse services from large institutions, both these groups working in the community now and those providing care in hospitals. CPNs are well placed with their experience to enable moves to the community. Nurses in hospitals, by moving and preparing their patients, should provide some continuity and security. When the new training syllabus is implemented by 1987, nurses should be more community orientated. The financial implications of retraining staff who work in large hospitals remains a large concern although it is understood that the DHSS has just provided the ENB with

£200,000 for this very task in 1985. Although this departmental initiative is welcomed, whether it will be maintained, remains to be seen.

As changes occur in psychiatric care settings in the next twenty years or so, psychiatric nurses to survive must become more flexible in the way in which they perceive and respond to patients' needs as these will undoubtedly change. We believe that nurses must embrace the concept of 'care in the least restrictive environment' and promote patient independence to its logical limit—whilst providing a range of fall-back positions (and facilities) for those who will inevitably require long-term support. Whilst community care is an ideal toward which we all strive on one level, this enthusiasm must be tempered with realism. Community care alternatives in this country are rare, especially those which are well researched and monitored. But if we as nurses merely stick our heads in the sand and wait for 'care in the community' as a concept to blow over we could be waiting a very long time and we could even become an extinct species.

## REFERENCES

<sup>1</sup>DEPARTMENT OF HEALTH AND SOCIAL SECURITY (1980) Health and Personal Social Services Statistics for England, 1980. London: DHSS.

<sup>2</sup>MANN, S. A. & CREE, W. (1976) 'New' long stay psychiatric patients: a national survey of 15 mental hospitals in England and Wales 1972-3. *Psychological Medicine*, 6, 603-16.

<sup>3</sup>PAYKEL, E., MANGEN, S., GRIFFITH, J. & BURNS, T. (1982) Community psychiatric nursing for neurotic patients: a controlled trial. *British Journal of Psychiatry*, 140, 573-81.

BROOKER, C. (1984) Some problems associated with the measurement of community psychiatric nursing intervention. *Journal of Advanced Nursing*, 9, 165-74.

<sup>5</sup>ROYAL COLLEGE OF PSYCHIATRISTS (1980) Psychiatric Rehabilitation in the 1980s. Report of the Working Party on Rehabilitation of the Social and Community Psychiatry Section

ALTSCHUL, A. (1984) Does good practice need good principles? Nursing Times, 80, 27, 36-38.

## Squibb Travelling Fellowship

E. R. Squibb and Sons Ltd have made an award to the College of £5,000 in 1985 to provide for a Travelling Fellowship. It is intended that this will be awarded annually. The Fellowship is open to members of the College working in the United Kingdom who are of Senior Registrar or Lecturer grade or equivalent, or are Consultants within three years of their first Consultant appointment. This year's award will be announced in November 1985 at the latest.

The award is intended to cover expenses for travel abroad, to one or two centres, for a period of not less than three months, in pursuit of further study, research or

clinical training relevant to the applicant's current interests. Applications should include a curriculum vitae, a statement of current interests and planned study abroad, with supporting statements from the proposed host centre and the names of two referees; and confirmation from the applicant's Employing Authority that study leave would be granted if the applicant was successful.

Applications should be sent by 30 June 1985 to the Dean of the College who will be happy to answer any queries.

J. L. T. BIRLEY