The Role of the Community Psychiatric Nurse

Tom Clare
Ballymun Clinic
Tel 420011
Eastern Health Board/Bord Altranais Course
for
Community Psychiatric Nurses
School of Nursing
St Brendan’s Hospital
Dublin 7

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Role of Community Psychiatric Nurse

1. Preventative psychiatry (Primary Care).
2. Early detection (Secondary Care).
3. Assessment of referrals.
5. Therapist/therapeutic relationships.
6. Clinician.
7. Liaison in multidisciplinary assessment of clients.
8. Advisor to local community professionals.
9. Family support.
10. Training students.
11. Encouraging and assisting with clients social skills, rehabilitation and training.
13. Manager.
14. Reporting and recording.
15. Legal responsibilities in storage of drugs, their administration, health and safety of staff or patients and confidentiality.
16. Liaising and advising rehabilitation services and Community Care.
18. Knowledge of voluntary agencies and local groups.
The Role of the Community Psychiatric Nurse in 1986

This is a study of the Role of the Community Psychiatric Nurse undertaken by thirteen practising Psychiatric Nurses participating in this course from:

1. St Brendan’s Hospital Catchment Area.
2. St Loman’s Hospital, Dublin 20 Catchment Area.
3. St Patrick’s Hospital, Dublin 8 Catchment Area.
4. St Ita’s Hospital, Portrane Catchment Area.

They adopted a study whereby they researched, analysed, evaluated and documented their present ever-changing role and their future participation in a comprehensive community based service, as outlined in:

A. ‘Planning for the Future’
B. Eastern Health Board’s — ‘Proposed Development of a Community Based Adult Service’, and
C. World Health Organisation’s — ‘Health for all by the year 2000’.

In some areas we will need to acquire new skills and expand our present interpersonal and therapeutic skills to meet the needs in the Primary, Secondary, and Tertiary Care Area.

We will first outline the role of the Community Psychiatric Nurse in 1986.

Secondly we will discuss the evolving role of the Community Psychiatric Nurse as we see it — regarding skills, involvement with agencies, education, etc.

Thirdly, we will outline the factors that influence Community Psychiatric Nursing.
20. Following up and assessing non attenders at BPD Clinics, Day Hospitals etc.

‘Role of the Community Psychiatric Nurse 1986’

1. Prevention of psychiatric illness through Health
   Education — on-going education on mental health — provide
   information and give talks to schools, i.e. teachers and pupils
   and adult EDVC courses, youth clubs, home help groups,
   student nurses, general practitioners, public health nurses,
   gardai, voluntary organisations, clergy, etc. This education and
   input should be an on-going basis — for the Provision of
   Primary Care.

2. Early detection of psychiatric problems and intervention.
   Through good relations with general practitioners, public health
   nurses, social workers, community welfare officers, alcoholics
   anonymous, etc. - persons with psychiatric problems are
   referred to us at an early stage by the above people who through
   mental health awareness detect early and refer to us as part of
   the multidisciplinary team.

3. Assessment — The community psychiatric nurse is called upon
   by general practitioners, public health nurses or families who are
   concerned about certain individuals to assess the individual in
   question -these assessments are done via Consultant Psychiatrist
   request — act as:
   A. Referral Source
   B. Assessor of physical, psychological and social problems of
      individuals.

4. Crisis Intervention — When individuals confront problems that
   for the time being they cannot escape or solve - the community
   psychiatric nurse is called in a crisis situation and using his/her
   personal skills and resources available help the individuals over
   this crises, by active and direct professional action.
   (Ref: 1, 2, 3, 4).

5. Therapist — By the provision of both
   (i) physical and
   (ii) psychological care.
(i) Provision of basic nursing — social skill training, i.e. personal hygiene, — social awareness, social interaction.

(ii) Provision of ‘Therapy’ — i.e. individual and group psychotherapy, counselling, relaxation and behavioural therapy, rehabilitation, etc, as a back up to sheltered workshops, hostels, day centres, adult fostering, group homes and day hospitals.

Working within a multidisciplinary team to provide such support.

6. **Clinician** — The administration of prescribed drugs — i.e. oral or intramuscular medication — observing for side effects — monitoring the drug, and reporting any change in person’s condition.

* Being aware of patient’s compliance with drugs — monitoring blood levels.

* Provide advice regarding diet, exercise, relaxation and sleep.

* Educating client regarding side effects of drugs prescribed.

7. **Liaison** — The community psychiatric nurse acts as a liaison or link between the hospitalised client and his family, and between hospitalised patient and the community.

The community psychiatric nurse builds up a relationship with the hospitalised client and will be involved in his/her planned discharge plan. The client will know the community psychiatric nurse on discharge from hospital — the community psychiatric nurse liaise with local community supports available and general practitioners, public health nurses, social workers, etc., so utilises same in preparation for clients discharge from hospital. *(Tertiary Care).*

8. **Advisor** — the community psychiatric nurse advises fellow community professionals — i.e. public health nurses, social workers, general practitioners, gardai, community care, etc., regarding mental health.
9. Family Support — Provision of psychological support and advice for families — clarify misconceptions and provide guidance and reassurance — especially to families where psychiatric illness is new and frightening.

10. Training Students — Provide training for post graduates and students in community psychiatric nursing.

11. Encouraging and assisting with client's social activities and community integration.

12. Consultant — Provide consultation for patients, family and other professionals on factors pertaining to patient's own health, or for those who have interest in patient's health — consultation can be for things that worry a patient, to financial situation, home situation, etc. Community psychiatric nurses provide ongoing consultation service.

13. Manager — The community psychiatric nurse through training and experience manage their own duties — their working day, caseloads, clinics, referrals, meeting with statutory or voluntary groups, and local mental health education programmes.

Management: (a) Analysis of resources available,

(b) Planning carried out within a multidisciplinary team.

14. Reporting and recording — The community psychiatric nurse during daily work, reports and records continually with accuracy and efficiency, relevant data and records are kept and are freely available to team when required.

15. Legal responsibilities in storage of drugs, their administration, health and safety of staff or patients and confidentiality.

16. Liaising and advising rehabilitation services, community care and voluntary groups.

17. Knowledge of social welfare and health board allowances.

18. Knowledge of voluntary agencies and local groups.

20. Following and assessing non attenders at OPD clinics, day hospitals etc.


The role of the community psychiatric nurse in 1986 is one of many skills and we will move on to outline how we would see our role as a community psychiatric nurse in a highly technical and everchanging world with many social problems.

1986 Evolving Role of Community Psychiatric Nurse

1. Community psychiatric nurse training and on-going education.

2. Research, planning, analysis and evaluation of service.

3. Promotion of mental health (primary care, secondary care and tertiary care).

4. Family therapy/psychotherapy/counselling/group therapy skills


6. Forensic Psychiatry.

7. Crisis Intervention Units, High Support Hostels, Community Based Residences, Workshops and Day Hospitals.
1986 Evolving Role of Community Psychiatric Nurse

A. Community Psychiatric Nurse Training — We would like to see a comprehensive training course available prior to commencing our duties as a Community Psychiatric Nurse. This course would be run in conjunction with the Health Board and An Bord Atranais. This comprehensive course would provide community therapy techniques and training which would be beneficial to us during our placement as a community psychiatric nurse, (in Great Britain a thirty-six week community psychiatric nurse course is provided). This course would be followed by a regular basis with refresher courses which would provide on-going education and provide up to date information vital to our work.

B. Research and Planning — at local and national level;
Community Psychiatric Nurses are willing to document problems in our own area, and with our team research document our needs — provide written evidence, analysis and reports - make these freely available to senior nursing personnel — make people aware of our needs — locally and nationally. We should know how to get resources — use local media to voice your opinion - be able to present facts and figures as to why and what you want — work as part of a team in so doing.

This should be an on-going basis — use of research — The Community Psychiatric Nurse should be given training in research —

* How to accumulate, breakdown facts and figures.

* Get involved in planning for the future at your local level.

* For example, compiling proper discharge plan to be used by your team — on discharging clients from hospitals and hostels.

C. Promotion of Mental Health — The Community Psychiatric Nurses are willing to be more involved with agencies — for example, Mental Health Association, Health Education Bureau, Alcoholics Anonymous, Schizophrenia Association, etc., his/her experience would be of benefit to such organisations and they
would also provide a media for mental health awareness. Mental Health Education — whereby the Community Psychiatric Nurse could use these agencies to express ideas and provide answers for individuals. By working closely with above agencies the Community Psychiatric Nurse expresses an interest in health affairs and becomes a very important part of the health care team.

Primary Intervention should be of great importance to us as professionals — we must let people know who we are, what service we provide and where we can be located.

As health educators we have a lot to offer — and should be up there with other health care personnel.

D. Family Therapy, Group Therapy, Psychotherapy, Counselling Skills and Relaxation Therapy

Many Community Psychiatric Nurses have attained further therapeutic and rehabilitive skills in specialised areas and now take referrals from their teams for special groups. This is a very necessary and welcome development. We believe we have a role in providing care for rape victims and incest victims but may need to develop these specialities.

E. Policies and Procedures — We must continually develop operational policies and procedures on all aspects of Community Psychiatric Nursing — case load management, referrals, meetings, records, carriage of drugs and passengers, education, information, staff numbers per population numbers, service profile, facilities, staff appraisal and community psychiatric Nurse client assessment form (see appendix II).

F. Forensic Psychiatry — To date we have minimal involvement with the Forensic Service although some of our clients have passed through the service. By a full therapeutic involvement we can assist with the client’s rehabilitation back into society.

G. Crisis intervention units, high support hostels, community based residences, workshops and day hospitals — Community Psychiatric Nurses will have a major therapeutic role within the team in catering for the needs of persons in these care centres.
Factors that influence
Community Psychiatric Nursing Service

Professional Factors:

Resources Factor
Lack of resources, lack of finance, lack of manpower, rising cost of health care, health board priorities.

Communications Factor
Media of mass communication, Health Education Bureau.

Social Factors
The family, unemployment, bad housing, changing population structures, stigma of psychiatric illness, public lack of knowledge regarding availability of service, voluntary groups, public opinion, public perception of psychiatric illness, public expectations of service.

Educational factors
Promotions of mental health in schools and within voluntary and statutory groups, Health Education Bureau, greater availability of nursing books and journals, on-going community psychiatric nurse education.

Governmental factors

Planning factors
Lack of national and local research and planning, seven day service, twenty-four hour service, development of evaluation processes.
STRESS FACTOR

Community Psychiatric Nurse Stress

Community Psychiatric Nurses are particularly vulnerable to stress from many sources: work isolation, work overload, role conflict, driving, vandalism of cars and property, home/work interface, poor and overcrowded work conditions, lack of consultation by service planners, litigation, verbal abuse, physical assault, psychological stress from contact with major family and individual problems and crises interventions, lack of clearly documented work procedures, e.g. carriage of drugs, carriage of passengers in nurse’s car during working hours.

Other factors

The law, religion, technological advancement, lack of Community Psychiatric Nurse promotion structure.

As community psychiatric nurses, we have long recognised that our clients have a right to a full local based comprehensive community service that maximises our contact with those who need it. Over the past twenty years, community psychiatric nurses have initiated and developed a therapeutic and rehabilitive community programme that has restored many of our fellow human beings dignity and self respect. This was achieved against a background of understaffing, under-financing and at times public prejudice.

Hopefully, ‘Planning for the Future’ will be implemented in a humane and caring manner and with local problems identified and that the community psychiatric nurses and the multidisciplinary team will be involved fully in the research, analysis and planning of our service.
REFERENCES

1. Caplan, G. 'Principles of Preventive Psychiatry' 1964


5. Carr and Butterworth (Hodges 1980) 'Community Psychiatric Nursing'.


9. Read, John and Lomas 'Psychiatric Services in the Community' Published Croom/Helm.


PARTICIPANTS NAMES

St Brendan's Hospital Catchment Area
Breda Lawless, Community Psychiatric Nurse
Caroline Feehan, Community Psychiatric Nurse
Ned Cusack, Community Psychiatric Nurse
Donal Hegarty, Community Psychiatric Nurse,
Mary McMahon, Community Psychiatric Nurse,
Tom Clare, Community Psychiatric Nurse,

St Loman's Hospital Dublin 20 Catchment Area:
Dermot Gallaher, Community Psychiatric Nurse,
Breda Duffy, Community Psychiatric Nurse,
Margaret Coady, Community Psychiatric Nurse,
Ita Kelleher, Community Psychiatric Nurse,

St Ita's Hospital, Portrane Catchment Area:
Maria McCarron, Community Psychiatric Nurse,
Breda Kearns, Community Psychiatric Nurse,

St Patrick's Hospital Dublin 8 Catchment Area:
Philomena Dalton, Community Psychiatric Nurse.
# PSYCHIATRIC CLIENT ASSESSMENT

Clinic: ........................................... Date: ............................... Referral: ...............................  
Name: .......................................................... Tel No.: ...............................  
Address: ..................................................................................................................  
Sex: .......................................................... Date of Birth: ...............................  
Marital Status: ......................................... Occupation: ...............................  
Dependants/Children: ....................................................................................................  
GP .......................................................... Religion: ...............................  
**Presenting problem:** List psychiatric, physical, social, legal etc. ...............................  
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History of present illness: ...............................  
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Present medication: .................................................................  
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Personal history (include personality prior to illness, ‘milestones’, social job skills, etc.)  
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Physical and psychiatric history: ...............................  
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Family history: .................................................................  
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Appearance/Personal Hygiene/Diet:

Social history (hobbies, interests, social life, habits):

Other agencies involved (voluntary bodies, other clinics, public health nurse, community welfare officer):

Source of weekly income:

Mental state (where appropriate state: No, Mild, Severe, Good, Poor, Excellent etc.)

Depressed .................. Thought Content ..................
Orientation .................. Elated ..................
Affect .................. Memory ..................
Hyperactive .................. Concentration ..................
Suicidal Ideation .................. Psychotic ..................
Delusions .................. Homicidal Ideation ..................
Anxiety .................. Somatic Complaints ..................
Insight .................. Confused ..................
Hallucinations .................. Sleep ..................
Obsessive phenomena .................. Hostility ..................
Senility .................. Flow of Speech ..................
Intelligence .................. Hysterical ..................
Addiction .................. Pananoia ..................

Summary: .................................................................

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Signed: ________________________________

Community Psychiatric Nurse