Community psychiatric nursing: a survey of patients and problems

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SUMMARY. The work of a community psychiatric nursing service for acute psychiatric conditions was reviewed for the period 1980–82. Five community psychiatric nurses operated in 10 health centres. General practitioners were the most frequent users of the service and a wide range of psychiatric problems were encountered. The age structure of all referrals was found to be significantly related to sex, with the proportion of females in all age groups at least twice that for males. The most frequent reason for referral was mood/affect disturbance; female patients referred for the first time were predominant. Over half of all problems resolved within three months of referral and a limited number of patients were sent for further psychiatric investigation.

Introduction

SHEPHERD and colleagues[1] indicated that psychiatric morbidity created the second highest consulting rate in general practice, exceeded only by respiratory illness. Although this study utilized the International Classification of Diseases (ICD),[2] it is common for patients to present with poorly defined conditions such as disturbances of mood or mild behavioural problems not readily equatable with this index. In addition, many psychiatric patients have the potential to make taxing and protracted demands on practitioners' time if searching investigations were to be made before treatment. It is against this type of background that the community psychiatric nursing service in West Lothian has developed.

Many descriptions of the role, development and professional aspirations of the community psychiatric nurse have been published.[3-5] Little information is available, however, to quantify community psychiatric nursing activity and give an overall impression of the effectiveness of employing nurses in this manner.

The West Lothian Community Psychiatric Nursing Service was established in 1974 in the new town of Livingston as part of a multi-disciplinary treatment service comprising a psychiatrist, clinical psychologist, social worker and community psychiatric nurse. The psychiatric team was accommodated in a health centre in the town and acted as a resource to which general practitioners could refer patients presenting with suspected or ill-defined psychiatric problems. Ryce and Corser[6,7] have described the early philosophy, practice and development of the team approach to community psychiatry in West Lothian.

During the period 1980–82 five community psychiatric nurses worked in a total of 10 health centres, three of which were in Livingston New Town and the remainder in other townships within the district. This represented a total practice population of 88,000 patients (23,000 for Livingston and 65,000 for the townships). The aim of the present paper is to survey the activity of this community psychiatric nursing service, placing an emphasis on the quantitive data lacking in previous research in this area.

Method

A problem recording system as illustrated by Ryce and Corser[7] was devised using the principles of problem-oriented methods.[8] Ryce and Corser[7] noted that a formal ICD approach to problem classification was extremely difficult to use with patients referred directly by general practitioners to an 'on site' psychiatrist or community psychiatric nurse. They utilized a standard problem checklist which included the following:

1. Problems of mood and affect — depressed mood, looking sad and unhappy, crying a lot, feeling excessively tired, feelings of guilt, feelings of worthlessness, feelings of hopelessness, feelings of anxiety, feelings of fear, inability to cope, feelings of unreality.
2. Problems of thinking — confusion, clouding of consciousness, memory difficulty, obsessive thoughts, impaired judgement and insight, thought disorder, delusions, hallucinations, passivity feelings or impulses, paranoid ideas.

3. Social environment — employment problems, marital problems, financial problems, recent loss or separation, problems with child carrying, other family problems.
4. Behavioural problems — alcohol abuse, drug abuse, antisocial behaviour, manifest anxiety, compulsive behaviour, danger to self, emotional immaturity, hostile behaviour, poor impulse control, phobic behaviour, poor personal habits, sexual problems, social withdrawal, interpersonal relationship problems.
5. Physical symptoms — appetite problems, sleeping problems, other (specified).

Using the standard checklist, patients' problems were recorded after initial contact with the community psychiatric nurse. Allocation to problem categories was based on both the patient's and the general practitioner's verbal description of the presenting complaint. Demographic data including age, sex, type of employment, marital status and area of residence were also obtained. Where any demographic data was missing, that individual was omitted from further analyses. Because of this the number of cases in any of the following comparisons varies slightly.

Results

A total of 556 referrals were made to the community psychiatric nursing service during the period under review. The majority of these (82 per cent, 441 patients) were direct referrals from general practitioners (Table 1).

Table 2 shows that most of the referred patients came from the three practices in Livingston New Town and contained a large number referred to the psychiatric services for the first time. The referrals from the remaining practices had a higher percentage of patients with previous psychiatric contact. Almost one half the total number of patients had no previous contact with the district psychiatric service.

Married females comprised the largest group (Table 3) and, in total, over twice as many females as males were referred. Referrals were usually twice as frequent among females as males and four times as frequent in the age group 25 to 34 years (Table 4). Over half (53 per cent) of all patients were aged between 25 and 44 years.

Since many patients' difficulties were multifaceted, a total of 804 problems were generated from all of the referred patients (Table 5). All problem groups were represented; 38 per cent of problems were related to mood/affect and these represented the most numerous and consistent type of referral to the psychiatric nurse, followed by behavioural problems (23 per cent) and social problems (19 per cent). Analysis of the data revealed that 56 per cent of the behavioural problems were associated with alcohol abuse and 4 per cent of the thinking problems were related to schizophrenia.

The outcome of the 556 referrals was as follows: 451 patients (81 per cent) were discharged back to the care of their general practitioner; 72 patients (13 per cent) required further psychiatric investigation and treatment;

Table 1. Total number of referrals by source.

Referral source	Number of patients
General practitioner	441
Consultant psychiatrist	74
Hospital staff (for example SHO, social worker)	11
Community worker (for example district nurse, health visitor)	12
Other (for example self, police, relative)	18
Total	556

Table 2. Total number of referrals by residence and previous psychiatric contact ($n = 556$ referrals).

	Livingston	Other practices in West Lothian
New contact	207	68
Old contact	131	150

$\chi^2 = 4.78$; $P > 0.05$.

Table 3. Referrals by marital status and sex.

	Single	Married	Widowed	Other[a]	Total
Males	36	78	9	35	158
Females	49	255	34	60	398
Total	85	333	43	95	556

[a] Other = divorced, separated, co-habiting.

Table 4. Age and sex distribution for referrals ($n = 539$ patients).

	Age (years)				
	15–24	25–34	35–44	45–54	55+
Male	25	34	38	37	25
Female	57	130	96	54	43

$\chi^2 = 13.3$; $P > 0.01$.

Table 5. Number of problems elicited and duration of community psychiatric nurse contact.

Type of problem	Up to 3 months	3–6 months	6–12 months	Over 12 months	Total
Thinking	33	17	11	8	69
Mood/affect	193	59	36	19	307
Social	106	31	15	7	159
Behavioural	128	30	24	10	192
Physical	47	16	9	5	77

44 patients were admitted to hospital; and the remaining 33 patients either moved away from the area or died. The 44 admissions to hospital received treatment for schizophrenia, depressive illness and alcoholism.

Mood/affect problems, the most frequent type of complaint, were five times more prominent in females referred for the first time. Sixty-two per cent of the patients in this group were in contact with the psychiatric nursing service for only three months. Similarly, 62 per cent (507/804) of the total number of problems elicited appeared to resolve within a period of three months, demonstrating the possible benefit to the patient of avoiding referral to a psychiatric hospital.

In the male patients studied, the most frequent problems encountered were in the mood/affect and alcohol abuse groups. In contrast, female patients presented with more problems of a social and behavioural nature than did males; psychotic problems also tended to be more common in women, but they had fewer problems of alcohol abuse.

Thirty-seven of the problems elicited from the patient sample were due to psychosis. Eighteen per cent of the referred patients (103) were unemployed and within this proportion behavioural problems — alcohol abuse and difficulties with interpersonal relationships — were the most frequent type. During the period under review no upward trend in the referral rate for the unemployed was discernible.

Discussion

General practitioners were found to be the most frequent users of the community psychiatric nursing service. Half of the referrals brought patients into contact with the service for the first time. The direct access to the service possibly helped patients to avoid some of the anxiety and stigma frequently associated with more traditional hospital-based psychiatric facilities. Throughout the district the patients most frequently referred were women with no known previous psychiatric history. Between the ages of 25–34 years women were four times more likely than men to be seen by psychiatric nurses.

Predicting referral rate by reference to practice population alone was shown to be a crude and inaccurate measure, in that 61 per cent of all referrals came from the three practices in Livingston. Personnel changes within the Livingston practices prevented accurate comparison of referral rates for individual practices.

The frequency with which general practitioners referred patients might imply that they considered that community psychiatric nurses had attributes not otherwise available from other staff or alternatively that the psychiatric nurses were able to assess and treat patients in more advantageous circumstances. With regard to the latter, the community psychiatric nursing service was able to provide immediate appointments for assessment of patients, and continued regular support within patients' homes when necessary. A facility which enables patients to air their problems within their home environment could be crucial to success: close proximity allows for good definition of the social and family factors which often lie behind initial presentations of vague somatic complaints, alcoholic excess or changed behaviour.

We do not claim that community psychiatric nurses have greater skills than other counsellors or professional groups. However, the results of our study do indicate that contact with the psychiatric nurse effected a reduction in the number of problems experienced by patients, often within a relatively short period of time. It is recognized that spontaneous remission and other beneficial changes in personal circumstances could account for the rapid resolution of the problems of a proportion of patients. However, the data lend tentative support to the findings of Marks and colleagues,[9] who, in advocating the concept of the psychiatric nurse as therapist, noted that 'treatment in the acute phase might halt the development of more severe chronic symptoms which cripple families and drain psychiatric resources'. The finding that relatively few patients in the present sample required further psychiatric investigation agrees with Sainsbury,[10] who claimed that psychiatrists saw only one in 20 of the patients recognized by general practitioners as being psychiatrically ill.

The paper shows that an effective community psychiatric nursing service deals with a wide range of psychiatric problems and provides prompt intervention and treatment, often of a short duration. Thus given the scarce psychiatric resources within the National Health Service, it is possible that an integrated community psychiatric nursing service can make a significant contribution to the management of psychiatric problems of patients in a primary care setting.

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