**Case Study: Community Psychiatric Nurse - Peter**

**What do you do?**

I work as a community psychiatric nurse (CPN) within a community mental health team. I carry a caseload of approximately 30 people, all of whom experience serious mental health problems such as schizophrenia or bipolar disorder.

I work with people at home, as well as in the office. I assess their health and social care needs, I plan and deliver care and evaluate its effectiveness, and I attempt to promote recovery and social inclusion as best I can through a variety of interventions.

**What is your background?**

After completing my A levels, I did a bit of voluntary work working with homeless people, before going to university to study for a degree in neuroscience.

Whilst at university, I was particularly interested in aspects of abnormal and clinical psychology, so, on graduating, the first job that I applied for was working with people with long-term mental health problems.

I found it a fascinating, stimulating experience and after doing that for three years, I decided to study for a professional qualification, and, at the time, mental health nursing seemed to be the most appropriate.

I trained for three years and qualified as a mental health nurse, then worked in a number of settings, including a day hospital and acute inpatient ward for a number of years, before becoming a CPN.

**What characteristics do you need to be successful in your job?**

The main aspect of my work is working with people who can at times be very distressed by their mental health difficulties, so the main characteristics that I think are important in the job are those highly developed people skills.

So, I need to be patient, I need to be understanding. At times, I need to be very diplomatic and assertive.

I have to have a reasonable level of self-awareness or personal insight because the job can be very stressful. So, I need to understand what stresses me out and how I manage that.

And, I think, above all, a sense of optimism is particularly important. When you’re working with people whose lives are very difficult or very challenged, maintaining hope is very important.

**What other jobs could you do using the skills from this job?**

I think that you could do any job that requires those skills associated with working with people in difficulty. So, I think working in the probation services, the housing sector or social care are the types of jobs that you could do without further training.

Working in any other of the healthcare sectors would be very appropriate if you were prepared to go back to studying. So, working as a general nurse, occupational therapist or social worker would all be realistic career moves.

**What changes will there be in the future?**

The government constantly dictates to mental health trusts the way in which services should be delivered. Over the last few years, community care really has changed with the development of new teams that, evidence would suggest, are going to best meet the needs of people with mental health problems.

So, we have mental health service delivery in primary care, we have specialist home treatment teams, we have teams that assertively engage with clients with the most profound difficulties.
That means the generic nature of the CPN is being eroded and the future is a little unclear, but suggestions are that CPNs working in community mental health teams will be focusing on people with more complex needs, and the skills that CPNs need to develop will be those that evidence suggests are most effective at working with complex mental health problems.

Examples might be delivering psychological therapies, working with families more or prescribing medicines.

**What are the biggest challenges in your job?**

I suppose one of the biggest challenges is working with people who don't want to have much involvement with mental health services, and trying to maintain relationships with people who don't recognise that there's anything wrong with them.

Working with challenging people can be very upsetting and can leave you feeling vulnerable at times.

There are some clients that I might have on my books for years. Maintaining relationships with those people within professional parameters can be difficult.

Often, these relationships are personable and friendly, but they always need to be underpinned by professional boundaries and that can be very difficult when your personal feelings come to the fore and need to be managed.

Less so working in the community, but occasionally on the wards, I've experienced violent altercations with people who have been really poorly. That can be very frightening and challenging.

Working within a large bureaucracy like the NHS can be difficult as well, where you're not always afforded the recognition for the work that you do or you're not always paid as well as you would like, or the computers systems don't always support you as well as you would like. So, there are pragmatic difficulties, as well as the personal difficulties.

**Are there many opportunities to enter this career?**

I believe that there are plenty of university courses that offer mental health nursing as an option.

Completing the course can be quite challenging. I understand from the students that we have placed in our team that it's more academically demanding these days and it's also quite demanding of your personal skills.

I don't think I know of anybody who's got a mental health nursing qualification and hasn't got a job. But working in the field that you want to, whether that's inpatient nursing or working in the community, well, that's a different kettle of fish and often you might find yourself having to work in a setting for a couple of years before you get the relevant experience and post-qualification skills to apply for the job that you want.

It took me a few years and a few more qualifications before I got the job that I really wanted.

**What do you like about your job?**

It's a job that's all about working with people and I love the challenges that that represents. Every day, you're faced with meeting new people, navigating your way to a point where they can talk to you about those things that are most meaningful to them.

This requires a lot of skill and diplomacy and I love the challenge. It can be very satisfying, once you've successfully engaged with somebody and figured out a care plan, to be able to employ a number of different therapeutic skills.

And, I love the breadth of the job. It provides great chances to become skilled in a variety of interventions, so I can train in family work or cognitive behavioural therapy or I can sit down and have a cup of tea with somebody and just chat with them about the simplest of things.

And, there's the satisfaction in having worked with somebody through a difficult period in their lives and then discharging them when they've settled down and they're doing what they want to be doing again. If you like working with people, I think it's got everything.

**What do you dislike about your job?**

I think it's fair to say that it can be stressful and, at times, I can feel overloaded with work.
Managing a caseload can be very straightforward, but inevitably there are times when a number of people might all become unwell at the same time and that can increase your workload unexpectedly. It can also be upsetting and stressful; at times I have to think carefully about how I manage my stress.

It is also difficult working in a big bureaucracy that isn't always clear about the direction it's moving in and is always under financial pressures. The recent changes in mental health services, although exciting, make it difficult to predict what I'll be doing in three years' time.

What are your ambitions?

I think, in the intermediate term, I would like to be a team leader, not necessarily managing a team, but working as a senior clinical nurse and starting to influence or provide greater direction for practice.

In particular, I'd like to be working in or helping to develop an early intervention for psychosis team. I've got some good ideas and it would be great to have the opportunity to implement them.

In the longer term, I would consider going back to college and studying at a Masters level, but that's got to come second to family commitments at the moment.

What advice would you give to someone interested in your career?

I would find out as much about it as I could. I would ask people who you know already work as mental health nurses, I would ask anybody that you know who might have had contact as a service user with mental health nurses what their experience was like.

I would think that going to your local NHS Trust and asking questions there would be the sensible thing to do, read up about it, and probably the best thing that you could do would be to do some voluntary work somewhere, have a little bit of experience working with people and figure out whether you like it or not.

A day in the life

9:00 am - 9:30 am
Write up notes from the previous day.

9:30 am - 10:00 am
Meet with nursing colleagues. Allocate any new clients who have been referred to the team.

10:00 am - 11:30 am
Carry out joint assessment with a social worker of a new referral to the community mental health team.

11:30 am - 3:00 pm
Make three domestic visits to clients on my caseload. Therapeutic interventions vary from client to client. All suffer with severe or enduring mental illness. Interventions might involve giving injections, taking blood, performing mental state examinations, doing risk assessments or assisting with benefits or housing issues.

3:00 pm - 5:00 pm
Co-facilitate the delivery of an educational group for people diagnosed with bipolar disorder.