Ms Christine Grahame MSP  
Convenor of the Health & Sport Committee  
T3.60  
The Scottish Parliament  
Edinburgh  
EH99 1SP  

30 April 2009  

Dear Convenor  

Health and Sport Committee Inquiry into Child and Adolescent Mental Health Services  

The Royal College of Nursing (RCN) Scotland would like to thank you and colleagues on the Health and Sport Committee for providing us with the recent opportunity to contribute a nursing perspective on child and adolescent mental health services (CAMHS) as part of your inquiry.  

I am now writing to reiterate a number of the recommendations made by our representative, Fiona Bonnar, during the roundtable discussion that took place at the committee meeting on 22 April, particularly in light of the relationship between this inquiry and ongoing activity to reshape community nursing.  

Community Nursing: RCN Vision and CAMHS  

On 1 April this year, RCN Scotland launched *A Sustainable Future: the RCN Vision for Community Nursing in Scotland* (briefing attached). This document emphasises our belief that community health care and support must evolve into more holistic, multi-professional approaches, with local ‘community health teams’ able to provide a full range of physical and mental health services for children and young people. We believe that, whilst nursing job profiles and education require national currency, local services should be structured according to local health needs, with strong staff and user involvement in their design.  

*Early Identification and Intervention*  

Throughout the CAMHS inquiry there has been a considerable focus on the importance of the services currently provided by health visitors in early identification of and intervention in factors which may lead to mental ill health. We agree such interventions are extremely valuable and that capacity in this area needs to be enhanced. We also note however, that whilst early identification and intervention is ideal, issues can become apparent during the
school years. As such, nurses working with children and young people also have an important role in identification and intervention to prevent mental ill health. Yet, the demands on nursing services are increasing. Thirty percent of the community nursing workforce is due to retire within 10 years. As a result of this tension, we do need to challenge how future services are configured and job profiles are defined.

A fundamental part of our vision is retaining the distinction between community nursing services focused on children, young people and families, from pre-conception through to transition to adult services, and those aimed at adults and older adults. We propose that distinct community health teams based around these population groupings, be established, including staff skilled in mental and physical health and wellbeing. Incorporating a range of community nursing roles and levels of nursing expertise within these teams would allow universal health services to continue to be provided from birth onwards, whilst providing clear pathways for children with additional or complex needs. This could be achieved through appropriate skill mix within community health teams, including but not limited to registered nursing expertise, the application of ‘stepped care’ approaches, so that services are matched to level of need and strong linkages with primary care and specialist services – including the consultant team.

Finally, it is our expectation that community health teams would have a role in strengthening pathways for support for children, young people, and families in the community before and after any intensive specialist programme from CAMH services.

*Training in Child and Adolescent Mental Health Issues*

We believe that the benefits of community health teams can only be realised if all team members have an awareness of child and adolescent mental health issues, particularly in terms of social, emotional, and psychological development in young people, risk and protective factors for mental health, identification, and sources of support is crucial. The Royal College of Nursing has previously called for enhancements to nursing education programmes at pre-registration and post-registration levels to facilitate this amongst nurses\(^1\). We support calls by other professional groups, such as teachers, for enhanced training in mental health for all those working with children and young people.

*Clinical Supervision and Professional Leadership for CAMHS Nursing*

RCN Scotland would also like to reinforce Fiona Bonnar’s recommendations regarding the need for clinical supervision to be endorsed and available in all aspects of nursing. There is evidence that clinical supervision can improve patient and client care, and enable nurses to develop creative, efficient and

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\(^1\) *Children and Young People’s Mental Health – Every Nurse’s Business.* (Royal College of Nursing, 2004); *Mental Health in Children and Young People: A toolkit for nurses who are not mental health specialists* (Royal College of Nursing, 2009).
evidence based solutions to patient problems\textsuperscript{2}. Clinical supervision also appears to help reduce stress, burnout and sickness\textsuperscript{3}. In terms of CAMHS, it is important that clinical supervision is not viewed as a luxury or an optional extra, but as a central part of attracting and retaining skilled staff, whatever their area of practice.

RCN Scotland is committed to research-based practice and agrees with the round-table discussion supporting further Scottish research into child and adolescent mental health. Nurses at senior levels need to be supported to develop as professional leaders. This is important for ensuring that nurses working in the area of child and mental health are able to evaluate existing and innovative interventions, and share and apply best practice for the benefit of children, young people, and their families.

Yours sincerely

Theresa Fyffe
Director

cc. Douglas Thornton, Health and Sport Committee


A SUSTAINABLE FUTURE FOR COMMUNITY NURSING IN SCOTLAND

Background

Community nursing in Scotland is at a crossroads. The community nursing workforce is ageing rapidly, with 30% of our nurses reaching retirement age within ten years [Buchan, J., O’May, F., & McCann, D. Older...but wiser? (2008)]. The profession is uncertain of its future, yet demand for community health services is expected to increase.

With the drive to shift the balance of care from hospitals to the community and the publication of many new health policies from the Scottish Government, it is clear that community health and healthcare services need to change.

The Review of Nursing in the Community (RONC) in 2006 proposed the development of a new community nursing role replacing the more specialist roles of school nurses, district nurses and health visitors. This model is being piloted within some health board areas and these pilots are not now due to be evaluated until mid 2010.

At the same time, some other health boards are developing different models and making changes to how nursing care is delivered in communities, in response to local needs. In addition, other parts of the community workforce, such as mental health nursing, are facing separate reforms.

All of these different approaches have led to a fragmentation of services and nursing roles which, in addition to the implications for patients, has implications for the future of professional registration, education and workforce mobility.

RCN Scotland’s response to the changes

RCN Scotland has taken a solution-focused approach to the future of community nursing and published A Sustainable Future: The RCN Vision for Community Nursing in Scotland in April 2009. This is a result of extensive consultation with around 700 nurses, other healthcare professionals and patients in addition to an in-depth analysis of Government policies and is the culmination of work that has been taking place for more than a year.

We want our vision to support a new way forward for nurses and patients in all of Scotland’s communities.

A sustainable future – the RCN Scotland vision for community nursing

A sustainable and vibrant nursing profession working with communities is key to the future of Scottish healthcare delivery.

- Community nursing services must allow local flexibility to meet local need, within a clear and straightforward National Framework for Community Nursing in Scotland. We are not proposing a single model of community nursing service delivery across the whole of Scotland. Our proposed National Framework would simply ensure that the core values and job profiles of community nursing retain national currency, allowing services to be configured to deliver locally, from Glasgow to Shetland.

- Within the National Framework, community nursing would evolve in two fields:
  - one working with children, young people, and families, from pre-conception through to transfer to adult services; and
  - the other focusing on the needs of adults and older adults.

This is in contrast to the Government’s current approach in developing a generic Community Health Nurse from existing specialist roles to cross the full age spectrum from 0-100. RCN believes it remains important to take account of the particular skills needed to work with distinct age groups, thus enabling patients to receive the most appropriate community nursing care.

- Nurses should be part of multi-disciplinary community health teams designed to meet the different needs of children and adults. The specific make up teams will be determined by local health needs but should cover the full health spectrum, from health promotion to end of life care.

- Each team must have within it the necessary physical and mental health care abilities needed to deliver holistic care. The Government’s current RONC review is limited to three existing nursing roles, not including mental health or learning disability nurses. This is not sufficient to ensure joined-up and patient-centred services are delivered locally.

For more information: www.rcn.org.uk/scotland
Community nursing must be reinvigorated as an exciting career by providing flexible postgraduate education programmes. Our proposals do not focus on a single level of nursing, as RONC has tended to do, but sets out a vision for the whole community profession from health care support workers to nurse consultants. The worrying decline in postgraduate trainees in community nursing could be reversed if nurses were inspired by the new possibilities of a community career and places were adequately funded and supported.

Building on our consultation, RCN believes there is merit in exploring the possibility of a new generic staff nurse within a modernised community nursing career pathway. This could provide a valuable source of flexible nursing capacity and capability within teams, improve integration and expose new staff nurses to wider experiences as they decide their future career. Whilst such an opportunity may be appropriate at staff nurse level, we do not support such a role replacing senior and specialist nursing roles as is proposed in the RONC project.

Strong nursing leadership is needed to plan change and take forward a new vision for community nursing. However, too often past reforms have stripped out nurse leadership positions or given too little attention to the development of nurse leader roles. The RONC project, with its focus on Level 6 nurses, has also given insufficient attention to the place of more senior nursing staff. Nursing leadership must be expanded and re-invigorated at an early stage if change is to be successfully led and managed.

Health services must be planned and delivered with the needs of users, rather than providers, at their heart. Whilst the ethos, core job profiles and educational provision for nursing must retain a national focus, local needs must be met by ensuring health boards and CHPs are empowered to configure the skill mix and location of teams, with the engagement of staff, patients and the public.

Nurses and the wider health team must be provided with resources, administrative support and appropriate IT in order for them to care effectively. All reforms must realistically reflect the staff, financial and other resources needed for success.

Developing and delivering this vision for the future of community nursing is a complex task - it is not a quick fix that can be summarised in a simple diagram and implemented overnight.

Next steps

RCN Scotland is asking the Scottish Government to develop our vision and ensure that there is a sustainable future for community nursing that meets growing health needs. A refreshed approach is needed. We are calling on the Scottish Government to work in partnership to:

- Develop a National Framework for Community Nursing in Scotland;
- Design integrated community nursing structures based on local health needs;
- Ensure shared ownership of community nursing;
- Build a modernised community nursing career pathway, supported by flexible education options;
- Invest in community nursing leadership; and
- Provide resources and infrastructure that reflect future demands on community nursing.

The full report, A Sustainable Future: The RCN Vision for Community Nursing in Scotland, together with an analysis of our consultation responses, contained in Voices on the Vision for Community Nursing in Scotland, can be found at www.rcn.org.uk/community_nursing_scotland

For more information or to arrange a meeting please contact Elinor Jayne, Parliamentary and Media Officer on 0131 662 6172 or elinor.jayne@rcn.org.uk

For more information: www.rcn.org.uk/scotland