

Nothing to fear with mental health: Children's nurses are well equipped to help emotionally fragile young people but lack confidence, says Laurence Baldwin

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Opinion – Children and Young People’s Nursing

A while ago I was involved in setting up a dedicated liaison team to work across CAMHS and our local paediatric ward, which received all the young people who had self harmed or attempted suicide. It wasn’t their main job, of course, it is a busy paediatric ward in a large general hospital, so it deals with a lot of very sick babies, children and young people. But the NICE guidelines on self harm rightly suggest that after being seen in the Emergency Department young people are admitted to a ward and reviewed by a mental health professional. For a range of reasons, not least that it is better for the children and young people, we moved from having a CAMHS wide rota to having a small group of dedicated staff who did this all the time, and provided some follow up. As the Nurse Consultant I spent a couple of days each week with the team whilst we got everything running smoothly and built better inter-personal relationships with the staff on the ward, with the ED staff and with the hospital’s safeguarding team.

One of the things I noticed, at the beginning, was that the ward staff often referred to ‘our patients’ or ‘CAMHS patients’ as separate to their own. Often they were regarded as a bit of a nuisance, and I could understand that when the ward was busy, as it often is, but the attitude seemed to stick at other times too. Occasionally I would go on the ward and be asked if ‘our patients’ were ready to go before I’d even had a chance to see them, and a quick glance at the bed state board showed that there were several empty beds available. I started challenging these attitudes, pointing out they were all sick or distressed children, and therefore all ‘our’ patients together. Working particularly with the hospital Named Nurse for Safeguarding helped to start to change the way these young people were perceived, and we put in a bit of training for staff to help them with some of the challenging behaviours that occur, so things have changed. Currently the hold ups we often get whilst waiting for an in-patient bed to come free somewhere in the country for specialist CAMHS is building pressure again, but hopefully the newly announced funding for CAMHS will help.

Recently though I was asked to represent the RCN on Norman Lamb’s Ministerial Taskforce on CAMHS. Amongst the recommendations of that taskforce are lots on early intervention, and it struck me again that we are asking people who may lack confidence in dealing with emotional wellbeing and mental health to do a lot more. School nurses will be on the front line for this, supporting schools in developing resilience and promoting better coping skills amongst youngsters. Other nurses will also see expectations of them changing as health and social care starts to integrate more, and adult mental health nurses already have a ‘Think Family’ approach which encourages them to be aware of the needs of young people in the families they are working with. All this on top of everything else we are supposed to know. But my experience in teaching and supporting children and young people’s nurses who deal with emotionally fragile young people is that usually they already have the skills and most of the knowledge. What they lack is the confidence to apply their skills and experience to what they see in front of them. There is a lot of fear of opening the proverbial ‘can of worms’, and then being faced with things they really can’t cope with. But nursing is surely about using a caring relationship to provide the conditions to allow healing. There’s a lot of technical stuff to know too in any specialist area, but if a young person wants to talk to you there’s probably a reason for that. They’ve seen something in you that makes them feel that you are the right person to open up to. You don’t have to have all the right answers, or all the right knowledge, you simply need to listen and work out how to help that young person move on. Which is pretty much what nursing is about. Not that we do everything ourselves, but that we find a way to help the healing process. For some children and young people this will mean engaging with social care or sorting out safeguarding issues to stop them being hurt, for others it might mean getting specific

therapies for conditions, or finding out what help is available for whatever is troubling the young person in front of you. We're all busy, but surely this is part of what being a nurse really is?