



working with difficult parents, managing school teachers' anxieties). The school nurses can also phone to discuss issues and seek advice and support between the sessions.

## Comments

From the questionnaires used after 6 months' consultation, it was clear that knowledge had been acquired about the functioning of CAMHS and some confidence had been gained by nurses in managing young people who take overdoses and suffer from mental health problems. In general, these were felt to be more within the nurses' capability. Nurses felt less threatened by parents. There was a decreasing feeling of being valued by the employing trust and of being paid appropriately for the job. The questionnaires revealed that, after 42 months, these changes had been consolidated.

Clearly, not all changes in school nursing practice and beliefs can be put down to monthly consultation sessions. However, understanding the school nurses' preoccupations helped focus the consultation. There appears to have been an improvement in school nurses' understanding of the functioning of CAMHS and with certain nurses of how CAMHS work with schools. Confidence in managing young people after they have taken overdoses and those suffering from other mental health problems has been consolidated.

The conclusions of any evaluation with small numbers must be regarded as impressionistic. However,

this work has demonstrated that consultation can be evaluated using analogue questionnaires based on information given by consultees on their work. Such a method has the advantage of working with an agenda that is developed by the consultees who feel involved in the process. Consultation time can be devoted to areas where change would be most desirable. An incidental by-product is that we now accept referrals from school nurses who are very good at discussion regarding appropriateness prior to referral.

## Acknowledgements

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## References

- AUDIT COMMISSION (1999) *Children in Mind*. London: Audit Commission Publications.
- KOLVIN, I., GARSIDE, R. F., NICOL, A. R., et al (1981) *Help Starts Here – The Maladjusted Child in the Ordinary School*. London: Tavistock Publications.
- NHS HEALTH ADVISORY SERVICE (1995) *Together We Stand: The Commissioning, Role and Functioning of Child and Adolescent Mental Health Services*. London: HMSO.
- STEINBERG, D. (1993) Consultative work in child and adolescent psychiatry. In *Managing Children with Psychiatric Problems* (ed. M. E. Garralda), pp. 115–125. London: British Medical Journal Publishing Group.

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## Cubiculum squalidum (ICD–10: F91.9)

All adolescent psychiatrists will know untidy bedrooms to be part of the day-to-day currency of parent–child frustration. Is it too universal to achieve caseness and a place in ICD–11? Nowadays, when an adolescent is described as having a tidy bedroom, my mind starts reviewing their other symptoms to check for a developmental disorder. Universality has not, however, generated many helpful therapy strategies in psychiatric textbooks.

Very reasonably, behaviourists see this as a statement of individuality, and separation of the adolescent's will from that of his or her family. Family therapists would perhaps insist the process was more dynamic and involved active protest motivated by a need for autonomy. Developmentalists would propose this as another phase in identity differentiation and formation. Psychotherapists might interpret the untidiness as emotional chaos unleashed by the struggle with separation from the parent. The jobbing child and adolescent psychiatrist simply wants a strategy to take the heat out of family conflict.

Some years ago I was working with a barrister's family where the problem was "the hostile attitude of

our daughter". I struggled to engage this barrister, he clearly perceived me as hopelessly vague and pragmatic. Had he not presented his case with irrefutable evidence? Was the case not proven? Meanwhile his daughter was conveying her exasperation by every non-verbal means available; the mother trying to mediate (as was her habitual role). A judicial ruling was clearly being sought.

The 'contract' that follows was in lieu of that ruling. I have used this contract often as a means to get families debating the real issues behind the complaint of untidy bedrooms. I am sure the problem has been exacerbated by the great efforts some parents make to furnish children's bedrooms nowadays, and the cost of the clothes and CDs that cover the floor. Only the original barrister attempted to get the contract signed, most parents simply have fun with their teenagers trying to fit their complaints into the framework provided. Hopefully disequilibrium generates an opening for change.

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special articles

## Bedroom Contract

I, ..... have this day .....  
duly drawn up the following Agreement with .....  
my parent.

The principles of our Agreement are as follows:-

**F**irst: That my bedroom is my personal territory to which I have agreed rights.

- (a) The right to privacy appropriate to my age.
- (b) That members of the family have right of access only with my permission or on the basis of my parents overruling rights as described below.
- (c) That I have liberty to determine the tidiness or untidiness of my room and its organisation.
- (d) That the contents of my room are not removed or interfered with without my prior permission.

**S**econd: That my room forms part of our family house over which my parent has overall responsibility. I, therefore, concede certain rights to my parent, namely:-

- (a) The right to examine my room to exclude there being
  - (i) A fire risk
  - (ii) A health hazard
  - (iii) The presence of illegal substances
  - (iv) The practising of illegal activities
  - (v) In my presence: possessions belonging to others obtained without their consent.
- (b) To ascertain that the house, including my room, is in structural order.
- (c) That decoration liable to effect the wall surfaces and fixtures is only undertaken after prior negotiated agreement.
- (d) That furniture and fittings within the room belonging to, or purchased by parents, cannot be modified without prior negotiated agreement.
- (e) That a minimum standard of cleaning is undertaken of my room. This being specifically that  
.....  
.....  
.....  
This is to take place on .....  
each .....
- (f) That I agree to deposit dirty laundry as negotiated in .....
- (g) That I agree to the safe storage of such clothing as my parent has purchased, but the organisation of this storage is up to me.

**T**hird: That I undertake to respect the privacy of bedrooms belonging to other family members in return for their respecting my privacy. (If very young children are involved, parents should undertake to set appropriate boundaries.)

Signed ..... Child of .....

Signed ..... Parent .....

Date .....