Nurses' help in psychiatric out-patient clinics: saving time or saving value

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The paper by Meats & Ashton (pp. 677–679, this issue) describes how an 'E' grade mental health nurse was recruited to elicit and present clients' histories in an out-patient clinic, in order to enable the consultant psychiatrist to see more clients in a session. Some greater capacity was required to help overcome the twin problem of a shortage of psychiatrists attempting to assess an increasing volume of clientele. The paper emphasises that clinical responsibility remains with the psychiatrist, and further that clinical supervision is provided through medical, not nursing, channels. The nurse in this scenario appears to be acting as a 'physicians assistant', rather extending the nursing role such as has been demonstrated in some mental health 'nurse-led' models of care, for example, behavioural nurse therapy (Marks, 1985), family psychosocial intervention in schizophrenia (Brooker *et al*, 1994) or deliberate self-harm (Catalan *et al*, 1980).

Indeed, the role of the mental health nurse, as outlined by Meats & Ashton, would seem to have more in common with the work of pre-operative assessment nurses in acute care (Read & Graves, 1994). Many such posts have been developed in response to the reduction in the availability of junior doctors, but they have resulted not just in a saving of medical time, but have also improved the patient's continuity of care and reduced cancelled operations (Rudkin *et al*, 1993).

The development of nurses as 'physicians assistants', rather than expanding nursing practice *per se*, may have dangers and difficulties. There have been reports that such roles can cause ambiguity and confusion, particularly in relation to accountability (Dowling, 1996), and if the post is full-time, the nurse may become detached from his or her nursing colleagues and end up in a professional 'blind-alley'.

Two Department of Health funded projects based at the School of Health and Related Research and the School of Nursing at the University of Sheffield, are currently exploring new roles in nursing and the professions allied to medicine (because the expansion of roles is not unique to nursing, see for example, Durrell (1996)) and investigating the educational preparation necessary for such roles. However, many nurses, doctors and therapists see the development of multi-professional clinical teams as the way forward rather than task-focused delegation of one aspect of the clinical process (Reilly *et al*, 1996).

In mental health, as well as other clinical fields, this will have huge implications for multi-disciplinary postgraduate education and training. Many National Health Service Trusts have begun to identify this type of educational model as the basis for the future of evidence-based community mental health care. Indeed, the West Midlands Regional Educational Development Group has already committed expenditure to a multi-disciplinary Masters programme to be based at the University of Birmingham. A similar course has existed at the University of Sheffield for two years.

The paper by Meats & Ashton is none the less a fascinating one. Perhaps it would be useful to seek funding for a more ambitious study that prospectively evaluated the model in a number of centres examining both cost and a range of client outcomes. A study like this could identify the cost-effectiveness of the arrangement and whether or not nurses' perceptions of work as a 'physicians assistant' were positive.

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