# Workload implications of community psychiatric nurse employment by a general practice: a pilot study

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*SUMMARY*

*This study examines the impact of the employment of a community psychiatric nurse (CPN), dedicated to the care of patients with chronic mental illness, on general practice workload. Although the consultation rate with general practitioners for mental health reasons was significantly lower after CPN intervention, no differences were found in the total consultation rate.*

*Keywords: community psychiatric nurse; mental health; community mental health care team; workload.*

## Introduction

RE-ORIENTATION of mental health services has led to an increased number of patients with chronic mental illness living in the community, with a subsequent transfer of care from secondary to primary services. Recent guidelines state that general practitioners (GPs) should relinquish responsibility for this population to specialist or social services following assessment and identification of need.[1] However, many GPs have expressed a desire to remain involved in the care of such patients, although not as key worker.[2,3]

In response to a perceived increased workload resulting from the management of such patients, one fundholding general practice in Aberdeen city employed a community psychiatric nurse (CPN) for 15 hours each week, at a cost of £10 000 per annum, to provide dedicated care to patients resettled in housing projects following their discharge from long-term psychiatric care. The opportunity was taken to study changes in general practice mental health workload before and after the employment of the CPN (i.e. in 1993 and 1995 respectively), and to compare the workload with a general practice that did not employ a dedicated CPN. Both practices, with similar practice profiles, comprised six GPs and cared for up to 11 000 patients each. Comparison group patients were cared for by traditional methods, with a community mental health team (CMHT) rather than 'dedicated' CPN intervention. These patients were predominantly cared for by primary care and social service staff with no regular contact with nurses from the CMHT. Patients from both practices lived in similar housing projects with equivalent in-house support.

The aim of this study was to measure changes in primary care team contacts by patients with chronic mental illness before and after the employment of the CPN in 1993 and 1995 respectively.

## Method

Patients with a chronic mental illness who had been discharged from long-stay wards in the Grampian region between 1990 and 1993 were eligible for inclusion. To account for multiple admissions, chronic mental illness was defined as admission for a period of 365 days in a psychiatric hospital, in one episode or more, in any three-year period. The study group consisted of 16 patients registered with the study general practice one year before and one year after the employment of a dedicated CPN. To account for secular trends, 11 patients cared for by traditional methods were identified in a second practice as a comparison group during the same period.

Service use by both groups was recorded from retrospective examination of case notes for 1993 and 1995 using a range of indicators: consultations with GP for mental health, physical health, and other reasons; emergency GP call-outs; total GP consultations; and total practice nurse consultations.

## Results

Patient groups were well matched with respect to age, sex, diagnosis, and the proportion on depot medication. The median age of the study and comparison group was 55 and 52 years respectively, with males comprising 61% and 68% of the groups respectively. The most common diagnosis was schizophrenia (study group 65%, comparison group 68%), followed by affective psychosis (study group 22%, comparison group 19%).

There were no differences in baseline consultation rates between groups (Table 1). Following the employment of a dedicated CPN, the GP consultation rate for mental health reasons was significantly lower in the study group compared with 1993 ($P<0.05$, Wilcoxon matched pairs test) and significantly lower compared with the comparison group in 1995 ($P<0.01$, Mann-Whitney *U*-test). There was a non-significant reduction in total GP consultations in the study group after CPN employment. An increase in nurse consultations in the comparison group arose from changes to depot medication ($P<0.01$). Otherwise, no differences were found between or within groups for other parameters studied.

## Discussion

Although CPNs are increasingly involved with the management of non-psychotic patients in primary care, recent studies suggest that they should refocus their attention on those with severe mental illness.[4,5] This study examined the impact on GP workload of a CPN whose duties were confined to the care of resettled chronic mentally ill patients. As only one general practice had adopted

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**Table 1.** Primary care consultation rate before and after CPN employment.

| Consultation rate (Consults/patients) | Study group 1993 | Study group 1995 | Comparison group 1993 | Comparison group 1995 |
|---|---|---|---|---|
| GP mental health reasons | 1.6[a] | 0.4[a,b] | 3.3 | 2.3[b] |
| GP physical health reasons | 3.0 | 3.8 | 3.2 | 3.6 |
| GP other reasons | 3.6 | 2.8 | 1.8 | 1.5 |
| GP emergency visits | 0.2 | 0 | 0.1 | 0.3 |
| Total practice nurse consultations | 14.8 | 18.4 | 8.1[c] | 13.6[c] |
| Total GP consultations | 8.43 | 6.93 | 8.36 | 7.73 |

[a]P<0.05, Wilcoxon matched pairs test. [b]P<0.01, Mann Whitney U-test. [c]P<0.01, Wilcoxon matched pairs test.

this model of care, this study was undertaken opportunistically. Further studies are needed to assess the impact of care transfer and to determine optimal models of management of the chronic mentally ill within the community. This study could be regarded as a pilot exercise, giving an indication of the potential value of a formal randomized controlled trial comparing different models of service provision.

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