BRIEF REPORT

Psychiatric Nursing Roles In A Community Mental Health Center

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ABSTRACT: We describe the addition of medication monitoring to the duties of nurses working as case managers in a day treatment program for the chronically mentally ill. The nurses used their medical and behavioral knowledge to form a more complete picture of the patient than either a visiting psychiatrist or a case-manager who was not a nurse could do. This improved the integration of medication and other patient management decisions. It also improved cooperation between psychiatrists and nurses, better using the time and skills of both.

The division of labor among psychiatrists, registered nurses, and other mental health professionals in community mental health centers has changed continuously over the years (Beigel, 1979; Thompson & Bass, 1984; Clark, 1987). Although there is great deference to the idea of teamwork, there is little discussion of how the members of the team relate to each other.

Nurses are trained in both medical and psychosocial aspects of care. In the best systems, they use both kinds of knowledge fully. However, many places reserve all but the simplest of medical tasks for physicians, thus misusing the skills of both groups. In this paper we describe a system that had used primarily the psychosocial skills of its nurses, but which added major responsibility for the routine monitoring of psychotropic medication to their job. This improved the integration of psychosocial knowledge into the medication review process.
This differs from the traditional pattern in hospitals, in which nurses shaped doctors’ perceptions of patients by controlling the information that doctors received (Goffman, 1961). Traditionally, the basis of the nurses’ influence was their de facto control of the ward itself, rather than recognition of their skill and knowledge. Physicians spent little time on the ward and saw an unrepresentative sample of patient behavior, yet maintained the fiction of full knowledge and authority. Nurses had both contextual knowledge of the patients and technical knowledge of what was needed, but had to disguise their recommendations so as not to challenge this authority directly (Stein, 1967). Nurses who maintained order were praised for their administrative toughness more than their clinical skill.

**THE SETTING**

The Support Network unit of the Mental Health Center of Dane County (Madison, Wis.) serves more than 200 adults with chronic mental illness in a group and vocationally oriented outpatient psychosocial rehabilitation program. About two-thirds have diagnoses of schizophrenia; the rest have affective disorders and severe personality disorders.

The staff consists of ten case managers with various disciplinary training, including three registered nurses. Under the old system, the nurses dispensed medication (about 10% of their time), but otherwise functioned like the other case managers. There were also three psychiatrists: a one-third-time medical director and two residents five hours per week on six month rotations (Stein, Factor & Diamond, 1987). Each psychiatrist monitored the medications of a set of patients, seeing them at intervals ranging from weekly to quarterly. They also attended staff meetings where cases were discussed in the larger context of the program and sometimes took part in other activities.

On July 1, 1985, the nurses took over routine medication monitoring as physician time was reduced. Doctors politely told patients who approached them directly to see their nurse first. Doctors now saw patients only with the nurse, whenever necessary but at least quarterly.

The nurses work differently than the doctors. After seeing the patient, the nurse writes a formal note evaluating recent history, mental status, and medication. She presents the reports to the other nurses and psychiatrists at twice weekly nursing rounds, where collective decisions about management are reached and prescriptions written. The medical director countersigns the report, sometimes amending it, thus producing a single integrated clinical record in contrast to the traditional parallel physician and nursing records.

One activity that has become more important in the new system is the Medication Group, in which patients discuss psychotropic medication and related issues (Wilson, Diamond & Factor, 1985). While some people had always come only to get prescriptions refilled, the focus had always been on group discussion of a wide range of issues. Under the new plan, a second medication group was added. Nurses were assigned to each, and patients were asked to attend the group co-led by their nurse. Some problems that