



Letter to the Editor

Evaluating the state of child and adolescent psychiatric nursing in the context of clinical practice and regulation in Turkey

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Child and adolescent psychiatry (CAP) nurses provide care that reduces unpleasant experiences encountered by children and adolescents and enables them to unveil their potential.^[1] CAP nurses also try to optimize the mental health status of children and adolescents by providing mental health care coordination to both children and their families. The role of CAP nurses is to preserve and improve the mental health of children/adolescents and their families, predetermine the risks threatening mental health, administer relevant care and rehabilitation, and provide a therapeutic environment in the clinic. They work in various institutes such as hospitals, pediatric health and community health centers, and schools as specialist nurses, counselors, or nonmedical prescribers across the world.^[2-4]

The assignments, authorizations, and responsibilities of CAP nurses in Turkey were determined with the Regulation on Making Amendments in Nursing Regulation in 2011. According to this regulation, CAP nursing was determined as one of the professions of mental health and psychiatry nursing.^[5] Though much later than in other countries. CAP nursing strengthened the status of the profession because it laid the foundation for practices and provided a legal basis. Yet, the title of this profession, that is, "children and adolescent psychiatry nurse" is a misnomer because it reflects the staff of a unit rather than the profession according to the authors of this article. It should rather be "child and adolescent psychiatric nursing."

CAP nursing has not shown any significant improvement. Also, the assignments, authorizations, and responsibilities described in the regulation did not reflect in the current structure because of the following: Turkey does not have any dedicated

mental health legislation, CAP nursing-related goals set in the National Mental Health Action Plan were not achieved, and the need for CAP nurses was not clearly determined.^[6] However, one of the issues of the Türkiye Klinikleri Journal of Psychiatric Nursing-Special Topics was published as "Child and Adolescent Mental Health and Psychiatric Nursing-Special Topics" in August 2015. This special issue included the conceptual basis of CAP nursing, its roles and responsibilities, and the knowledge and interventions that formed the basis of its practice and related studies conducted in Turkey. The articles included in the issue were novel in terms of addressing CAP nursing. They complemented each other and were written with the philosophy of bringing theory and practice together.^[7]

The status of CAP nursing in training should also be enhanced and improved in Turkey. It is still taught as a topic in the scope of "Psychiatric and Mental Health Nursing" in undergraduate programs and as a theoretical subject in a limited number of postgraduate programs. The clinical practice, which is the subject of the present study, was included in the scope of the "Psychiatric Nursing Philosophy and Practices I" of a Psychiatric Nursing Doctoral Program. In this program, the researchers performed intentional observations in all practices performed at the Child-Adolescent Psychiatric and Mental Health Polyclinic of a university hospital for four days. "Making critical analysis, synthesis and assessment of new and complex ideas" is a skill that needs to be acquired in a doctorate degree in the Basic Health Areas according to the National Qualifications Framework for Higher Education in Turkey.^[8] For this reason, in this clinical practice, a critical analysis, synthesizing and as-

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sessing the status of CAP nurses, and determining the relation between this status and available regulation were performed. The state of CAP nursing in Turkey was assessed in line with the Nursing Regulation Appendix 2, Appendix 3, and experiences acquired during the doctorate degree course.

Findings Related to the Functioning of the Polyclinic

The polyclinic where the practice was administered had no CAP nurses. The staff of the polyclinic included two associate physicians, seven research assistants, one psychologist, one social worker, one secretary, and one employee. The rooms in the polyclinic were arranged as follows: associates (two), polyclinic (six), psychologist, interview, therapy, test, library, mirrored, and archive. The polyclinic functioned based on an appointment system. First-consultation patients were accepted in the morning, and follow-up patients were accepted in the afternoon. Educational seminars for assistants were conducted on Wednesdays in the polyclinic, and mirrored room interviews were performed on Fridays. Nursing, psychology, and medical students practiced in the polyclinic. Students could not participate in judicial examinations and interviews according to the ethical standards.

Patients who applied to the polyclinic were received by their physicians in the waiting room at the time of their appointment and then guided to the polyclinic room. The examination lasted for approximately 45 min. The physician first interviewed the child together with his/her family and then interviewed them separately during the examination. The problem presently faced was first understood from the child's point of view and then from the family's point of view.

The child was admitted to the test room during the interview with the family, and subsidiary tests for diagnosis were completed. The child was asked to paint or complete a psychological test in the test room during the interview with the family. The interview with family members included subjects such as developmental characteristics of the child from birth to the present day, his/her complaints, practices about his/her complaints, or things they described as a problem to get to know the child. After completing this interview, the child and his/her family were taken to a room together and informed about the next appointment date, drug therapy, consultation request (if available), and tests to be conducted by the psychologist. They were also explained about the teacher information form that was given to them to know the child better. They were asked to bring it at the time of second appointment. After the examination, the physician accompanied the child and his/her family to the waiting room and from there to the exit of the polyclinic.

Findings Related to Documentation Review

The regulation used in this study determined the assignments, authorizations, and responsibilities of the nursing profession,

and also interventions administered while fulfilling these. It comprised 471 interventions, including "independent, with physician decision, and with physician and nurse decision," which can be administered by nurses. These interventions were then grouped under the following headings: collecting data, determining nursing diagnoses and common care problems, defining care goals, determining/planning common care interventions with the treatment and patient care team, and then administering these interventions.^[5] The researchers determined the interventions that corresponded to the CAP domains of "nursing care" and "education and counseling"; these interventions are presented in Table 1.

Comparison of the Current State of CAP Nursing and the Nursing Regulation

Psychiatric nurses are the most represented discipline in terms of number and provide continuous care for 24 h nonstop in the CAP team, which includes psychiatrists, psychiatric nurses, social services specialists, clinical psychologists, psychotherapists, and assistant staff. They are irreplaceable members of the treatment team.^[9] Nurses are the biggest professional group working in the field of child and adolescent mental health in Scotland.^[10] Nurses have been working with outpatients of child and adolescent mental health services for a long time in England.^[11] A study conducted in Turkey in 1996 to examine the staff and their distribution in CAP found that only 11 nurses worked in this field.^[12] No studies have ever examined the distribution of staff working in the field of CAP in Turkey. The National Mental Health Action Plan reported that 1.1% of nurses worked in the field of psychiatry.^[13] Although the number is small, some nurses also worked in the field of CAP. However, these nurses only had fundamental nursing education and did not specialize in this field. These findings indicated the quantitative rarity of CAP nurses in Turkey and the qualitative need for CAP nurses.

The assignment distribution in the field of CAP showed that nurses generally take up charges of providing care, mental support, and remedial environment.^[9] Although nurses work in the field of child and adolescent mental health in England, their contributions are not completely revealed. Moreover, nurses in these teams also provide behavioral and family therapies. However, these roles generally correspond to the roles of other team members. A study conducted on CAP nurses found that nurses considered themselves to be an important part of their team; however, their roles were determined inadequately.^[11] Although assignments, authorizations, and responsibilities of CAP nurses have been determined in the scope of the Nursing Regulation in Turkey, the fields to fulfill these assignments, authorizations, and responsibilities are quite limited. The total number of beds for CAP in Turkey is 207: 97 in Manisa, Elazığ, and Bakırköy Mental and Neurological Disease Hospitals;^[13] 34 in Child and Adolescent Mental Health Services of Uludağ and Dokuz Eylül University; 56 in child and adolescent substance addiction centers in Ankara,

Table 1. Assignments, authorizations, and responsibilities of child and adolescent psychiatric nurses in Turkey and relevant nursing intervention for these responsibilities

Areas of assignment, authorization, and responsibility	Areas of assignment, authorization, and responsibility (Appendix 2)	Nursing interventions (Appendix 3)
Nursing care	<p>(a) Assess the effects on health of life stressors, traumatic events, and situational crises within the complexity of the family cycle</p> <p>(b) Admit to service; introduce themselves, service, and rules; answer child's questions; provide orientation if the child's/adolescent's admission is determined, and inform the family about the clinic</p> <p>(c) Ensure that the personal belongings of the child/adolescent (pajamas, slipper, towel, and so forth) are provided by the family</p> <p>(ç) Determine care requirements of child/adolescent, prepare, administer care plan, assess, and record results</p> <p>(d) Cooperate with the inner circle of child/adolescent and ensure family participation in the treatment process</p> <p>(e) Monitor indicators and cues of risk that child/adolescent can harm others or himself/herself and administer preventive approaches for crisis and emergency situations</p>	<p>⇒ Reminiscence therapy (reminding/recalling past emotions, ideas, and events to adapt to the present time) (N)</p> <p>⇒ Admitting to the health system (N, P)</p> <p>⇒ Including individuals in social activities* (social therapy) (N)</p> <p>⇒ Facilitating self-care (N, P, N + P)</p> <p>⇒ Arranging the environment to provide convenience/comfort (N)</p> <p>⇒ Collecting data (patient admission, physical evaluation)</p> <p>⇒ Determining nursing diagnoses or common care problems</p> <p>⇒ Determining care goals</p> <p>⇒ Determining/Planning common care interventions with the treatment and patient care team</p> <p>⇒ Administering common care interventions (interventions related to physiological, behavioral, cognitive, safety, family, and health aspects)</p> <p>⇒ Family support (N)</p> <p>⇒ Family treatment (N + P)</p> <p>⇒ Increasing family participation (N)</p> <p>⇒ Supporting caregivers (N)</p> <p>⇒ Planning/Facilitating the visit (N)</p> <p>⇒ Improving/developing behavior* (N, P)</p> <p>⇒ Making a contract/agreement with the patient* (N, P)</p> <p>⇒ Setting limits* (N, P)</p> <p>⇒ Preventing self-harm* (N)</p> <p>⇒ Coping with anger (anger management) (N, P)</p> <p>⇒ Preventive education for substance abuse (N)</p> <p>⇒ Crisis management (N, P, N + P)</p>
Education and counseling	<p>(a) Determine education and counseling requirements of child/adolescent and family and ensure they are fulfilled</p>	<p>⇒ Parent education: Adolescent (N)</p> <p>⇒ Patient's rights protection initiatives (N)</p> <p>⇒ Guidance/directing in the health system (N)</p> <p>⇒ Interventions that enable benefiting from social services (N)</p> <p>⇒ Setting/establishing mutual goals with the patient* (N, P)</p> <p>⇒ Social skill education* (N)</p> <p>⇒ Helping to take responsibility* (N)</p> <p>⇒ Individual education (N)</p> <p>⇒ Education for families with children (N)</p> <p>⇒ Health education (N)</p> <p>⇒ Education about the duration of illness (N)</p> <p>⇒ Sexual health education (N)</p> <p>⇒ Genetic counseling (N, P, N + P)</p>

Table 1. Assignments, authorizations, and responsibilities of child and adolescent psychiatric nurses in Turkey and relevant nursing intervention for these responsibilities (continuation)

Areas of assignment, authorization, and responsibility	Areas of assignment, authorization, and responsibility (Appendix 2)	Nursing interventions (Appendix 3)
	(b) Provide education and guidance for the patient and family to cope with problems and solve them	⇒ Assertiveness training* (N) ⇒ Pet therapy* (N, P, N + P) ⇒ Helping to change oneself* (N) ⇒ Music, play, and art therapies* (N, P, N + P) ⇒ Establishing coping strategies (N, P, N+P) ⇒ Stress management education (N) ⇒ Increasing mental comfort (anxiety reduction, calming techniques, relaxing techniques, guided imagery, and distraction) (N, P, N + P)
	(c) Establish therapeutic communication and provide guidance for the inner circle of the child/adolescent to cope with anxiety, sadness, anger, guilt, and despair in a healthy way	⇒ Improving communication (N, P, N + P) ⇒ Establishing coping strategies (N, P, N + P)
	(ç) Plan, provide necessary education to the child/adolescent and family about the effects and side effects of drugs, and assess the effectiveness of the education	⇒ Drug use management (N) ⇒ Education about the recommended drug (N)
	(d) Plan and provide after-discharge education to the child/adolescent and family	⇒ Discharge (leaving hospital) plan (N and P)
	(e) Provide education and counseling to other clinical nurses and staff about the mental health of the child and adolescent and also psychiatric cases	⇒ Participating/Providing in-service training (N)

P: Applied with a physician decision; N: Applied with a nursing decision; N + P: Applied together with the physician.

*Education, which is accepted by the ministry, must be taken.

Reference: The Regulation on Making Amendments in the Nursing Regulation (19 April 2011). Official Journal of Turkey.

İzmir, and İstanbul; and 20 in the residential treatment center for abused adolescent girls.^[14] Although the bed capacity is limited, specialized CAP nurses should be appointed to work in their fields and fulfill their designated assignments, authorizations, and responsibilities.

Various interventions corresponding to the assignments, authorizations, and responsibilities of CAP nurses are provided in the Nursing Regulation. These interventions are listed in Table 1. These interventions were performed based on the nursing process including diagnosis, planning, administration, and assessment. The nursing process can be managed using the knowledge from relevant literature and the intervention list. The fulfillment of the assignments, authorizations, and responsibilities of CAP nurses; the status of designated assignments, authorizations, responsibilities, and interventions meeting the need; and aspects that need to be improved can be evaluated during the nursing training. However, child and adolescent psychiatric nursing still does not have a staffing pattern, and specialized training is not yet provided.^[7] Only 12 universities provide postgraduate education on mental health

and psychiatric nursing in Turkey.^[13] Some of these programs include 2 h of theory and 2–4 h of practical application in child and adolescent psychiatric nursing subjects. Nurses qualified in general nursing education are eligible to work in the field of mental health. However, staff sustainability cannot be maintained with some difficulties in the certification of the staff.^[6,13] Protection of individual rights should be an irreplaceable element in nursing care while supporting the development of the child and adolescent and approaching the problems. These rights reflect an understanding that ensures that the family and the child receive all the care. Professionals who provide this service should be educated and qualified at the highest level possible.^[7]

Conclusions and Recommendations

In conclusion, determining assignments, authorizations, and responsibilities of CAP nurses in the regulation is an important achievement for psychiatric nursing in Turkey. However, it does not reflect in clinical practice. The limited number of

nurses working in this field have no specialized education in CAP nursing. They are trained in mental health and psychiatric nursing only during their undergraduate education. Childhood and adolescence are vital for adult life. If the problems encountered during these periods are not solved, they will negatively affect their adult life. Therefore, individuals applying to the child and adolescent polyclinics should be assessed comprehensively. This can be achieved with holistic care. The involvement of CAP nurses in the polyclinics can increase the effectiveness of care and treatment process. The study recommendations are as follows:

- CAP nurses should be educated by providing exposure to more professional fields in postgraduate programs.
- The staffing pattern of CAP nursing should be determined, and they should be employed.
- CAP nurses should be employed in the specialist position in both clinics and polyclinics.
- Educated CAP nurses should assume the roles of supporter, caregiver, counselor, and educator in clinics.
- The involvement of CAP nurses in child and adolescent mental health and disease services should be increased.

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