Dealing with panic

Wendy Mead describes how a continuing professional development article on post-traumatic stress disorder has confirmed her treatment strategies.

Post-traumatic stress disorder (PTSD) has only been in use as a diagnosis for the past 20 years. It is of particular interest to me because I work in a child and adolescent mental health service team and spend much of my time with youngsters aged between six and 18 who have been affected by trauma resulting in PTSD.

Working with young people is challenging. Using language to describe thoughts and feelings can be very difficult for them, so I use art, music, computers and exercise as therapy for young people with PTSD and other problems. Reading the article on PTSD confirmed that a young girl I am currently treating is experiencing the disorder.

As an 11 year old, the girl was involved in a severe car accident. She escaped major physical injury, but has since suffered cognitive disturbance, behavioural changes, physical problems and emotional upset.

Initially the girl had nocturnal enuresis, nightmares, difficulty attending school and social isolation, all of which has affected the family quite deeply.

Two years later she still has panic attacks when travelling in the car with her father (who was injured in the accident and who also has PTSD), sleep disturbance and reduction of some social activities.

The information in the article clarified the treatment options for my patient – exposure therapy and cognitive therapy.

However, the information did confirm that my current plan is firmly grounded in research.

The ten-week plan includes identifying anxieties, working on strategies for coping with panic attacks and using exposure techniques, by taking journeys in my car to begin with, gradually to journeys in her father's car.

In addition, I am working with the girl's parents so that they can discuss any worries they have about their daughter. We will also look at developing some strategies to use when they are planning any long family journeys.

The article was written in a clear and concise way, and reading it has reassured me that the methods of treatment I have been using are effective when working with people with PTSD.

Wendy Mead is a clinical nurse specialist in Rhyl.


Don’t reject asylum seekers

Skills shortages, demographic changes and the demands of a global economy should alter the government's immigration policy, says Susan D’Cruze.

There is a growing consensus that asylum seekers with professional nursing skills should be allowed to work here, but obstacles prevail. For example, attaining UK registration is not easy because of the difficulty of obtaining certificates and references from an asylum seeker's home country.

Furthermore, current immigration restrictions prevent asylum seekers from working for six months following submission of an asylum application. After this period an asylum seeker can apply to the Home Office for an endorsement, which permits them to work without restriction while their application is processed.

This 'concession' currently releases significant numbers of asylum-seeking nurses into the workforce. However, it will shortly disappear in line with Home Office proposals to 'fast-track' asylum applications, eliminating a sizeable, albeit temporary, source of nurses.

Given the unstable nature of such temporary employment, many employers seek permission under the work-permit scheme to employ asylum-seeking nurses on a recognised fixed-term basis.

But as there is no automatic right under the immigration rules to 'switch' from an asylum application to work permit holder status, these requests are decided on a discretionary basis.

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