Essentials of
Mental Health Nursing
PHYGITAL

LOOKinside

Based on **INC Syllabus 2021-22**

V & VI Semesters
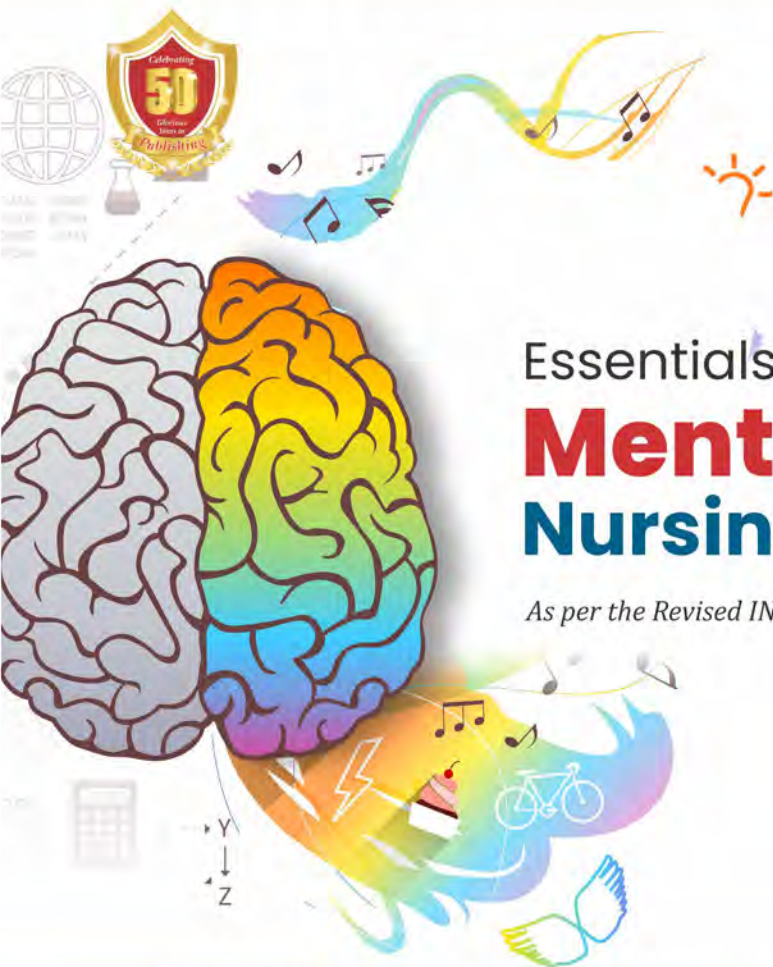
Essentials of
Mental Health
Nursing for BSc Nursing Students

As per the Revised INC Syllabus (2021-22) for BSc Nursing

SPECIAL FEATURES

- Written by Most Senior & Eminent Author in a very simple and reader-friendly manner
- A perfect amalgamation of Theoretical and Clinical Aspects
- Updated with **ICD-11** and **DSM-5** classifications
- Case Scenarios and Practical Examples covered extensively

- Mental Health Disorder Assessment formats covered exclusively
- **200+** Figures, Tables and Flowcharts covered
- **50+** Contributors & Reviewers PAN India

Foreword
Sandhya Ghai

CBSPD

CBS Publishers & Distributors Pvt. Ltd.

Deepika C Khakha

Introduction

LEARNING OBJECTIVES

After reading this unit, the learner will be able to:

- Explain the historical development and the current trends in mental health nursing.
- Discuss the scope of mental health nursing.
- Explain the concepts of normal and abnormal behavior.
- Describe perspectives on mental health and mental health nursing.
- Describe the mental health team.
- Explain the nature and scope of mental health nursing.
- Identify the role and functions of mental health nurses in various settings.

UNIT OUTLINE

- Perspectives on Mental Health
- Concept of Mental Illness
- Myths and Facts about Mental Illness
- Perspectives on Psychiatric Mental Health Nursing
- Evolution of Psychiatric Nursing Practices
- Current Trends in Mental Health Nursing
- Statistics of Mental Illness in India
- Evolution of Mental Health Services and Treatments in India
- Mental Health Team
- Nature and Scope of Mental Health Nursing
- Role and Functions of Mental Health Nurse in Various Settings
- Factors Affecting Level of Practice
- Concepts of Normal and Abnormal Behavior

KEYWORDS

Clinical psychologist: A person with Master's degree or PhD in Clinical psychology who is accountable for initial and continuous evaluation of the patient including psychometric assessment, administration of therapies and counseling.

Mental health: The ability of mind where the person adjusts himself to the external world.

Mental illness: It is the state of inability to adjust to himself and the external world.

Psychiatric nurse: A registered nurse who specializes in mental health nursing including Diploma, MSc, MPhil or PhD in psychiatric nursing. Assessment, formulating a nursing diagnosis, planning interventions and making periodic evaluations are the primary responsibilities.

Psychiatric social worker: A person who completes Master's degree or PhD in psychiatric social work and is responsible to work intensively to fulfill the psychosocial needs of the patient.

Psychiatrist: A registered medical practitioner with specialty training in psychiatry.

Occupational therapist: A person who plans with the mental health team regarding occupational and rehabilitative activities for the patient.

PERSPECTIVES ON MENTAL HEALTH

Mental health is a positive mental state in which a person can cope with usual tensions responsibly in a socially acceptable way with good self-esteem and satisfaction in their life. A mentally healthy person will utilize their inner capacity to love, work, enjoy and support each other while maintaining a state of well-being. They will set and gain their goals, by adequate self-awareness of both abilities and limitations.

Definitions

- Karl Menninger (1947) defines mental health as 'An adjustment of human beings to the world and to each other with a maximum effectiveness of happiness'.
- Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. **—(WHO)**

Factors Affecting Mental Health

- **Hereditary:** Genetic influences and defects, temperament, innate abilities and disabilities.
- **Childhood experiences:** Positive or negative nurturing, interaction with parents and siblings, family bonding and problems, parental rejection, sibling rivalry, unresolved childhood loss.
- **Life circumstances:** School environment, personal relationship, poverty, poor physical health, unemployment, physical and mental abuse, marital life, job environment and social life.

Characteristics of a Mentally Healthy Person

- Positive identity and self-worth
- Healthy self-concept and values
- Sense of harmony
- Altruistic attitude and optimistic nature
- Reasonable self-esteem and confidence
- Vitality and meaningfulness in life
- Balance between intimacy and separateness
- Healthy and adaptive social life
- Ability to enjoy
- Effective coping and problem solving
- Logical thinking and insightful reasoning

CONCEPT OF MENTAL ILLNESS

Mental illness is a state which occurs when a person is unsuccessful in coping with environmental stresses due to imbalances in personal, social, physical and chemical functioning.

Definitions

- The American Psychiatric Association defines mental illness as an illness or syndrome with psychological or behavioral manifestations and/or impairment that is in functioning due to social, psychological, genetic, physical, chemical, or biological disturbances. The disorder is not limited to relations between the person and society. The illness is characterized by symptoms/and/or impairment in functioning (1994).
- Mental and behavioral disorders are understood as clinically significant conditions characterized by alterations in thinking, mood or emotions associated with personal distress and/or impaired functioning.

—(WHO 2001)

Factors Affecting Mental Illness

- **Biological factors:** Heredity, disturbances in neurotransmitter levels, disorders of brain like infections, injury, intoxication, deficiency, degeneration, or malignancies.
- **Physiological factors:** Normal physiological changes like puberty, menstruation, pregnancy, delivery, puerperium, and related endocrine changes. Physical illnesses like thyroid dysfunctions, chronic physical illness, and handicapping illnesses.
- **Psychological factors:** Personality traits, stresses in home, education, or job places, loss of job, bereavement, faulty relationships, inadequate bonding, isolations, social and recreational deprivations, problems in sexual life, history of sexual abuse, and unhealed crisis.
- **Social factors:** Unhealthy living environment, migration, poverty, unemployment, broken homes, war, political or social crisis, problems related to religion or casts and prostitution.

Features of Mental Illness

Disturbed Somatic Functions

- Disturbed sleep, insomnia, early awakening, narcolepsy.
- Lack of appetite, obesity, binge eating, induced vomiting and weight loss.
- Bowel and bladder disturbances like diarrhea, constipation or bedwetting.
- Decreased interest in sex, lack of sexual satisfaction, premature ejaculation, problems in sexual desire, identity, preference and behavior.
- Frequent complaints of pain, illness and related doctor shopping, neglect of self-care and hygiene, body weakness, fatigue and involuntary movements.

Disturbed Mental Functions

- **Level of consciousness:** Altered sensorium, stupor, coma, and disorientation.
- **Thought:** False and odd beliefs, suicidal or pessimistic ideas, lack of insight.
- **Speech:** Muteness, pressure of speech, irrelevant, excessive irrational speech content.
- **Emotions:** Excessive happiness, sadness, anger or guiltiness, laughing or weeping to self, lack or reduced emotional state, indifferent and labile.

Table 1: Comparison between mental health and mental illness

Parameters	Mental health	Mental illness
Self-esteem	Accepts self and others	Poor self-concept
Stress	Adaptable toward stress	Unable to adapt toward stress
Coping	Exhibits adaptive behavior	Exhibits maladaptive behavior
Judgment	Intact	Not intact
Commitments	Accepts responsibility for action	Irresponsible for actions
Self-confidence	Optimistic	Pessimistic
Introspection	Recognizes limitations	Does not recognize limitations
Activities of daily living	Can function effectively and independently	Manifests dependency
Problem-solving skills	Can solve problems	Avoids problems and limited problem-solving skills
Ego	Delays gratification	Desires immediate gratification

- **Behavior:** Restlessness, overactivity, overfamiliarity, withdrawal, stupor posture, over or insensitive to external clues, violent and irritable toward others, self or others risk behaviors.
- **Perception:** Perceive without stimulus, misinterpretations of existing stimuli, depersonalization and derealization.
- Disturbed attention and concentration.
- **Memory:** Slight, partial or complete memory loss.
- **Intelligence and judgment:** Lack of reasoning and problem-solving abilities.

Disturbed Personal and Social Functions

Withdrawnness, isolation, oversociality, insecurity feeling, oversensitive to criticism, loss of job, less adaptability to work and family environment, fear of others, self-love, antisocial behaviors, manipulative nature, and lack of assertiveness.

Comparison between mental health and mental illness has been shown in Table 1.

MYTHS AND FACTS ABOUT MENTAL ILLNESS

It is a fact that superstitious beliefs, ignorance and lack of awareness still exist in this age of scientific development.

Some of the myths are:

Myth 1. Mental illness develops due to spirits and other supernatural powers.

Fact: Mental illness develops due to multifactorial causes like biological, psychological and social factors. Neurotransmitters have a profound effect on the development of mental illness.

Myth 2. Mentally ill people always exhibit violent behavior.

Fact: In reality, the majority of mentally ill people are not violent. Many of their symptoms are difficult to be identified.

Myth 3. Mental illness is incurable.

Fact: Mental illness can be treated well with early identification, diagnosis and prompt treatment.

Myth 4. Marriage can cure mental illness.

Fact: Marriage in no way is a treatment of choice to cure mental illness but paradoxically it can worsen the illness. The reason being that the person neither takes care of his life nor his spouse.

Myth 5. Mental illness cannot affect me.

Fact: It can affect anyone and everyone according to the circumstances.

Myth 6. Children misbehave or fail in school just to get attention.

Fact: Behavioral problems can be the cause of emotional, behavioral or learning disorders.

Myth 7. Mental illnesses are infectious.

Fact: It is not at all infectious. But the causes are multifactorial.

PERSPECTIVES ON PSYCHIATRIC MENTAL HEALTH NURSING

Psychiatric mental health nursing is an interpersonal process that promotes and maintains patient behavior which contributes to integrate functioning. The patient may be an individual, a family, a group, an organization, or a community.

The American Nurses Association defines psychiatric mental health nursing as, "a specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders.... (It) employs purposeful use of self as its art and a wide range of nursing, psychosocial, and neurobiological theories and research evidence as its science." (2007, p. 14). The Center for Mental Health Services officially recognizes psychiatric nursing as one of the five core mental health disciplines.

EVOLUTION OF PSYCHIATRIC NURSING PRACTICES

Table 2 shows important milestones in psychiatric nursing.

Table 2: Important milestones in psychiatric nursing

Years	Important milestones
1873	The first professional psychiatric nurse Ms. Linda Richards graduated from New England Hospital for women and children, USA who started training nurses through 12 specialty training schools.
1882	First nursing institution started specialty training in custodial nursing care of patients with mental illness.
1912	Indian Lunacy Act established.
1913	John Hopkins University developed a nursing curriculum with psychiatric nursing course.
1920	Registration of psychiatric nurses started in UK.
1935–1937	Somatic treatments like insulin shock therapy, ECT, Psychosurgery started which required the assistance of experienced psychiatric nurses.
1946	Health Survey and Development Committee recommended the training and development of nurses through specialty training.
1950	National league for nursing recommended the training and clinical posting for nursing students in psychiatric clinics.

Contd…

Years	Important milestones
1952	The first nursing systematic theoretical framework developed by Hildegard Peplau "Interpersonal theory" applicable to mental health nursing, where the nurses assume the role of a teacher, leader, counselor, resource person, therapist, surrogate caregiver and socializing agent.
1953	Maxwell Jones introduced the concept of "therapeutic community" where the nurse's role is to support and encourage the clients in their treatment and maintenance.
1954	An orientation course of 4–6 weeks was given for nurses in psychiatry at Nur Manzil Mental Health Center, Lucknow.
1956	One year program of DPN started at NIMHANS, Bangalore.
1962	Psychiatric nursing for male started.
1963	Journal of Psychiatric Nursing and Mental Health services started.
1964	Mudaliar Committee recommended the inclusion of Psychiatry in the nursing curriculum.
1965	ICN included psychiatric nursing in the basic nursing curriculum.
1966	Psychiatric nursing included in Diploma in general nursing and midwifery course.
1967	TNAI formed a separate committee for psychiatric nursing to prepare guidelines for nursing teachers to train students in psychiatric nursing.
1970	NIMHANS organized one-month orientation courses for nursing tutors sponsored by UNICEF and DGHS.
1973	Standards of psychiatric nursing practice was prepared by American Nurses Association to provide a quality care.
1975	MSc in Psychiatric Nursing started at RAK College of Nursing, New Delhi. Later in PGIMER in 1978, CMC Vellore and Ludhiana in 1987, NIMHANS in 1988.
1982	National Mental Health Program established by the Government of India.
1987	National Mental Health Act established by the Government of India.
1990	INC started 1 year program in forensic nursing.
1991	Indian Society of Psychiatric Nurses (ISPN) was formed by the Department of Nursing, NIMHANS.
1991	NIMHANS started permitting nurses to register for PhD in psychiatric nursing.
1994	Standards of psychiatric nursing revised.
2004	INC revised the syllabus of BSc nursing program with modern concepts of mental health.
2005	The national consortium for PhD in Nursing (2005) by INC—affiliated to Rajiv Gandhi University of Health Sciences sponsored by WHO started registering PhD students in psychiatric nursing.
2014	National Mental Health Policy established.
2017	The National Mental Health Care Act established.

CURRENT TRENDS IN MENTAL HEALTH NURSING

Current trends are closely in connection with recent challenges and the development of mental health specialty and its scope. Major trends are as follows:

- Mental health care starting from promotion and prevention.

- Increased community awareness about mental health care, and reduction in stigma.
- Family-oriented psychoeducation and therapies.
- Psychosocial component in the planning of care.
- Emerging super-specialty care in psychiatry; child psychiatry, adolescent psychiatry, adult psychiatry, geriatric psychiatry, perinatal psychiatry, de-addiction medicine.
- Need for disease-specific nursing care, i.e., in schizophrenia, depression, mania, anxiety disorders, etc.
- Holistic mental health and interdisciplinary care approach.
- Inclusion of cognitive-behavioral components in therapeutic nurse-patient relationship and nursing care.
- Integration of mental health component in general health care through liaison psychiatric nursing.
- Emergence of advanced roles like case management, psychiatric nurse practitioner, clinical nurse specialist, etc.
- Inclusion of concepts like disaster nursing, crisis intervention, etc. in mental health nursing practice.
- Adding forensic psychiatric nursing concepts in the mental health nursing curriculum.
- Focus on rehabilitation and community reintegration of persons with mental illness.
- Use of mass media technology, and virtual knowledge for quality care.
- Bedside research and practice of psychiatric nursing for improved clinical outcome.

STATISTICS OF MENTAL ILLNESS IN INDIA

According to the National Mental Health Survey of India (NMHS) 2015–2016, the prevalence of mental disorders is as follows:

- Common mental disorders such as depression, anxiety disorders and substance use disorders are as high as 10% in the total population.
- Almost 1 in 20 suffer from depression and it is reported to be higher in females in the age group of 40–49 years. High rates of depression are also reported in the elderly (3.5%).
- About 22.4% of the population above 18 years suffer from substance use disorder. The highest was contributed by tobacco and alcohol use disorder. Alcohol use was higher in males (9%) as against women (0.5%).
- Nearly 1% of the population reported high suicidal tendencies. The prevalence is more in the age group of 40–49, especially among females and those residing in the urban and metros areas.
- Nearly 1.9% of the population is affected by severe mental disorders that includes schizophrenia, other non-affective psychosis and bipolar affected disorders. These are detected more among males and those residing in urban and metro areas.
- While prevalence of mental illness is higher among males (13.9%) as compared to females (7.5%), certain specific mental illnesses like mood disorders (depression, neurotic disorders, phobic anxiety disorders, etc.) are more in females. Neurosis and stress-related illnesses are also found more in women.
- Prevalence in teenagers from the age group between 13 and 17 years is 7.3%. The most common prevalent problems are depression, agoraphobia (characterized by symptoms of anxiety in situations where the person perceives the environment to be unsafe with no easy way to get away), intellectual disability, autism spectrum disorder, phobic anxiety disorders, and psychotic disorder.

EVOLUTION OF MENTAL HEALTH SERVICES AND TREATMENTS IN INDIA

Historically, mentally ill patients were homebound or admitted in an asylum under chain in the absence of formal psychiatric settings worldwide (Table 3).

Table 3: Evolution of mental health services and treatments in India

Years	Important milestones
1773	The first mental hospital was built in the United States.
1793	Philippe Pinel stated that mental illness is often curable and shackled the chain of mentally ill admitted in a hospital outside Paris (Bicetre). This marked the beginning of first Psychiatric Revolution.
1912	The term "Schizophrenia" was coined by Eugen Bleuler; Insulin coma therapy was introduced for Schizophrenia.
1912	The Indian Lunacy Act was passed.
1938	Electroconvulsive therapy (ECT) was first used for Psychosis by Cerletti and Bini.
1946	Bhore Committee recommended five Psychiatric hospitals across India; in Amritsar (1947), Hyderabad (1953), Srinagar (1958), Jamnagar (1960), and Delhi (1966).
1949	Lithium was used as a drug of choice for mania for the first time.
1952	Chlorpromazine, a psychotherapeutic agent was introduced; which revolutionized mental health care.
1954	All India Institute of Mental Health, Bengaluru renamed as National Institute of Mental Health and Neurosciences (NIMHANS) which was a mental asylum since 1847.
1963	Community mental health service was started as part of the Comprehensive Rural Health Services Project (CRHSP), in Ballabgarh, by the All India Institute of Medical Sciences (AIIMS), New Delhi.
1980	The Government of India formulated a committee in the field of Psychiatry for the assessment of mental health needs and providing care.
1981	Primary mental health care approach was initiated in the community Psychiatry centers (Raipur Rani, Chandigarh, and Sakkalwara Bengaluru).
1982	National Mental Health Program (NMHP) was launched to ensure the availability and accessibility of minimum level of mental health care for all.
1987	The Indian Mental Health Act was established.
1996	The District Mental Health Program (DMHP) was started as an extension of NMHP on the success of Bellary model Karnataka.
1997	National Human Rights Commission recommended an action plan for improving the mental hospital's infrastructure.
2001	Advanced Center for Ayurveda in Mental Health and Neurosciences started at NIMHANS.
2002	National Survey of Mental Health initiated by Directorate General of Health Services, Ministry of Health and Family Welfare.
2008	World Health Organization's mental health action program was launched for mental, neurological and substance use disorder services (in low and middle income countries).
2013	Mental health action plan was launched by WHO to identify a significant role of mental health in achieving "Health for all".
2013	Under the 12th Five-Year Plan, the Government of India enhanced NMHP by integrating other community health programs like National Rural Health Mission (NRHM), School health and Reproductive and Child Health (RCH) to improve its community participation.
2013	Mental Health Care Bill was introduced in Rajya Sabha.
2017	Mental Health Care Act was passed on April 7, 2017
2018	Mental Health Care Act came into force on May 29, 2018. The major amendment of this act was decriminalization of attempted suicide which was earlier punishable under Indian Penal Code Section 309.

MENTAL HEALTH TEAM

Psychiatric treatments are different in their approach as they demand an integrated multidisciplinary approach for providing specific intervention which will ensure holistic care (Fig. 1).

Fig. 1: Mental health team

- **Psychiatrist:** A registered medical practitioner with specialty training in psychiatry. Main responsibilities include screening, diagnosis, treatment plans, and is usually considered the leader of interdisciplinary mental health team.
- **Psychiatric nurse:** A registered nurse with specialty training in taking care of persons with mental illness including Diploma, MSc, MPhil or PhD in psychiatric nursing. She/he is responsible for the direct care of patient from admission till discharge including initial assessment, continuous monitoring, participation in mental health team meeting, assist with treatments and therapies, administration of medication, maintenance of therapeutic nurse-patient relationship, counseling, psychoeducation and support to the family and record keeping.
- **Clinical psychologist:** A person with Master's degree or PhD in clinical psychology who is accountable for initial and continuous evaluation of the patient including psychometric assessment, administration of therapies and counseling.
- **Psychiatric social worker:** A person who completes Master's degree or PhD in psychiatric social work and is responsible to work intensively to fulfill psychosocial needs of the patient including family assessment, vocational assessment, training, and rehabilitation of patients, disability assessment, avail the disability welfare benefits and community reintegration of persons with mental illness.
- **Occupational therapist:** A person who plans with the mental health team regarding occupational and rehabilitative activities for the patient.
- **Rehabilitation instructors:** Experienced trainers who can implement the rehabilitation measures through activities like social skill training, daily living skills, gardening, cooking, tailoring, art, computer, craft making, etc.
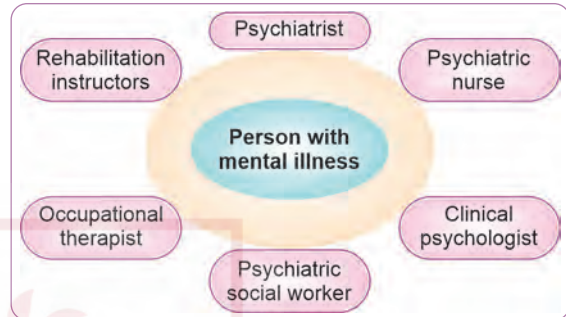
NATURE AND SCOPE OF MENTAL HEALTH NURSING

Psychiatric mental health nursing is an interpersonal process that promotes and maintains patient behavior that contributes to integrate functioning. The patient may be an individual, family, group, organization, or a community (Fig. 2).

Key Features

Scope of mental health nursing is beyond the bedside nursing care.

- Mental health nurse needs to be clinically competent, and sensitive to the social environment.
- Acts as an advocate and spreads awareness regarding legal and ethical dilemmas.
- Psychiatric mental health nursing involves the delivery of comprehensive primary mental health care in a variety of settings.
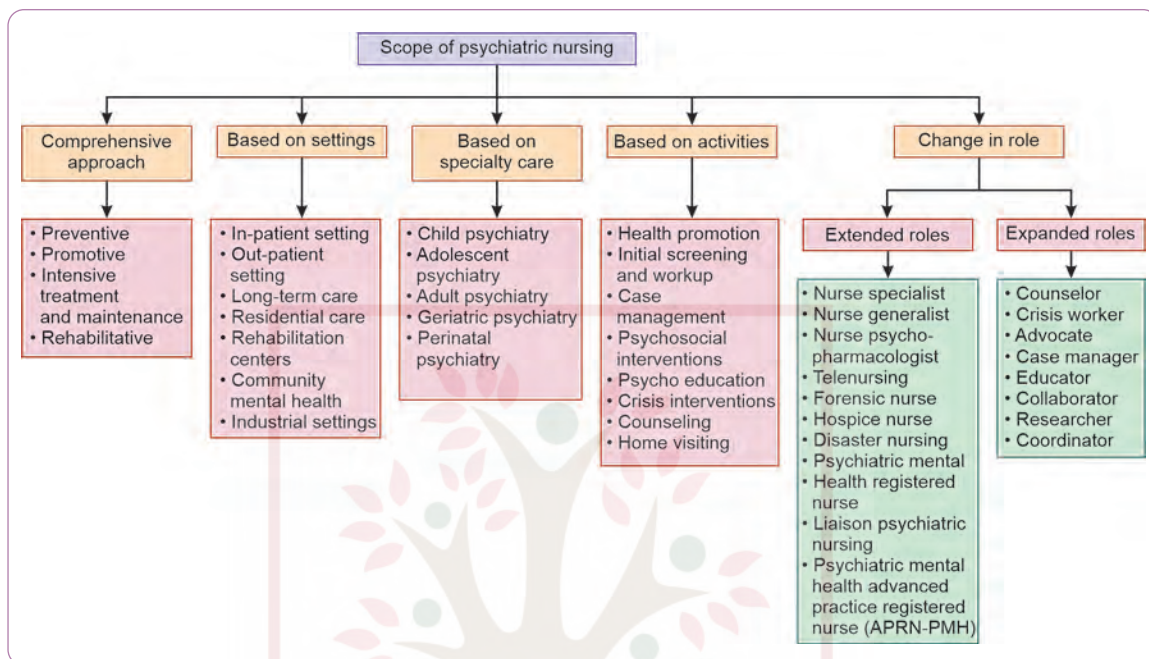
Fig. 2: Scope of psychiatric nursing

ROLE AND FUNCTIONS OF MENTAL HEALTH NURSE IN VARIOUS SETTINGS

Psychiatric Mental Health Registered Nurse

Psychiatric mental health registered nurse is the one who provides care at bedside. She demonstrates competence in caring for persons with mental health issues, mental health problems and psychiatric disorders attained through the nurse-client relationship and therapeutic intervention skills.

Area of Practice

Health promotion and health maintenance; intake screening, evaluation and triage; case management; provision of therapeutic and safe environments; promotion of self-care activities; administration of psychobiological treatment regimens and monitoring response and effects; crisis intervention and stabilization; and psychiatric rehabilitation.

Current knowledge of genetics and neuroscience and their impact on psychopharmacology and other evidence-based treatment modalities. Provides leadership in identifying mental health issues and problems and developing strategies, in partnership with consumers, patients, communities and other health professionals, to ameliorate or prevent them.

The Psychiatric Mental Health Advanced Practice Registered Nurse

The psychiatric mental health advanced practice registered nurse (APRN-PMH) is a licensed registered nurse who is educationally prepared at the master's or doctorate level in the specialty of psychiatric mental health nursing.

Area of Advanced Practice

Level practice of psychopharmacological interventions, complementary interventions, various forms of psychotherapy, community interventions, case management, consultation-liaison, clinical supervision, and expanded advocacy activities.

Nurse Psychopharmacologist

One of the latest roles is that of the nurse psychopharmacologist—the psychiatric clinical nurse specialist with prescriptive authority.

Area of Advanced Practice

- Prescribing psychopharmacologic agents
- Orders and interprets diagnostic and laboratory testing
- Provides psychobiological intervention
- Prescribing psychoactive medications

Nurse Generalist

The psychiatric mental health generalist nurse is a licensed registered nurse for delivering primary mental health care.

Area of Practice

- Physical and mental health care.
- Generalist exercises a holistic approach to practice and perform psychiatric nursing in prevention programs, community and day treatment centers.
- Provides psychiatric rehabilitation facilities, works in homeless shelters and many other settings.

Clinical Nurse Specialist

Psychiatric Clinical Nurse Specialist (CNS) holds a master's degree in psychiatric mental health nursing.

Area of Practice

- Often works in a semi-isolated situation.
- Medication prescription privileges (depending upon individual state laws).
- Manages the overall care of people with emotional and psychiatric problems.
- Consultative arrangement with a psychiatrist, for example, the advanced practice nurses including psychotherapists, consultants, milieu specialists, role models, teachers, administrators, crisis intervention specialists and coordinators.

Geropsychiatric Nurse

Geropsychiatric nursing is expanding the psychiatric nursing practice to aged people.

Area of Practice

Provides care for emotional and behavioral disorders such as dementia, chronic schizophrenia, delirium, etc.
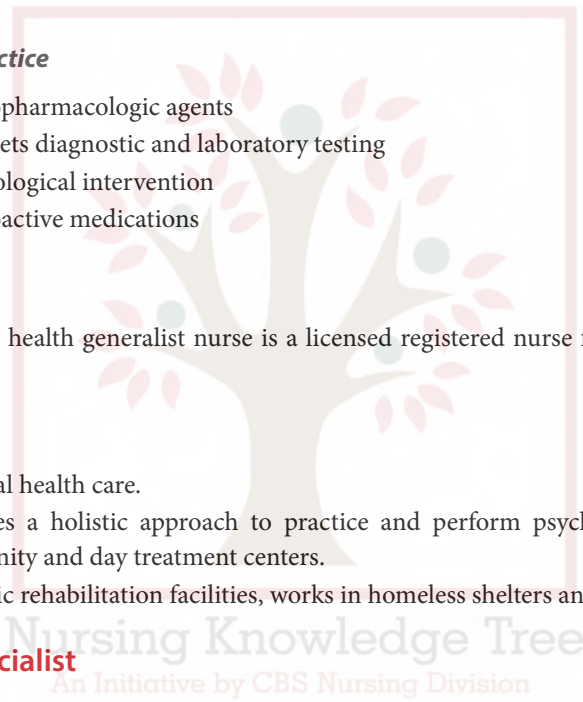
Parish Nurse

Parish nursing is a program that promotes health and wellness of body, mind and spirit. The parish nurse is a pastorally called, spiritually mature, licensed registered nurse with a desire to serve the members and friends of his or her congregation.

Area of Practice

Serves as the community link between health institution and home by providing physical and mental health screenings, outreach education and visits to the home, hospital or long-term care facility.

Nurse Researcher

Nurse researchers are scientists who seek to find answers to questions through methodical observations and experimentation. They are doctorally or post-doctorally prepared nurses.

Area of Practice

They design studies, conduct research and disseminate findings at professional meets and in peer-reviewed journals. They are doctorally or post-doctorally prepared persons who initiate or participate in all phases of the research process.

Psychiatric Home Care Nurse

Home health care is one aspect of community health nursing.

Area of Practice

- Provides holistic psychiatric nursing care on a visiting basis to people needing assistance.
- Provides comprehensive care, including psychiatric and physical assessment, direct nursing care, behavioral management, crisis intervention, psychoeducation, in-home detoxification, medication management, and case management.

Community Mental Health Nurse (CMHN)

Community mental health nursing is the application of knowledge of psychiatric nursing in the community.

Area of Practice

- Preventing mental illness, promoting and maintaining mental health of the people.
- Includes early diagnosis, appropriate referrals, care and rehabilitation of mentally ill people.

Psychiatric Nurse Educator

The psychiatric nurse educator works in educational institutions, staff development departments of health care agencies and patient education department.

Area of Practice

- Teaches the mentally ill patients and their families about the care to be provided at home.
- Planning and changing the curriculum planning according to the needs of the society and learner.

Psychiatric Case Manager

The nurse case manager acts as an advocate for the patient and his family.

Area of Practice

- Coordinate care and connect patients with doctors, other health care team members, resources and payers
- Case management can be done by an individual or a team.
- This includes both face-to-face and telephone contact with the patient, as well as contact with other service providers.

Psychiatric Consultation-Liaison Nurse (PCLN)

Consultation-liaison activities take place in general (non-psychiatric) health care arenas such as hospitals, extended care facilities, rehabilitation centers, schools, nursing homes and outpatient clinics.

Area of Practice

- Provide mental health specialist.
- Increased awareness of the importance of psychophysiological relationships and their impact on physical illness, recovery and well-being.
- Practice psychiatric and psychiatric health care in a medical/non-psychiatric setting to provide counseling and education to patients, families, health care teams and communities.
- Provide evaluation, referral, and supportive care to patients who are anxious, depressed, or suffering from other psychological problems or distress.

Telehealth/Telenurse

Nurses engaged in telenursing practice use advanced technologies.

Area of Practice

Work with internet, computers, telephones, digital assessment tools and telemonitoring equipment to deliver nursing care.

Disaster Psychiatric Mental Health Nursing

Disaster psychiatry and mental health services encompass a wide range of activities, including public health preparations in emergencies.

Area of Practice

Early psychological interventions, and psychiatric consultation to surgical units, relief units to facilitate appropriate triage, and psychotherapeutic interventions to alleviate stress in individuals, families and children. Disaster nurse may be actively engaged in the practical work of providing Psychological First Aid (Young, 2006) and community education networking to assist in building community resilience.

Forensic Psychiatric Nurse

Forensic nurse performs psychiatric assessments, prescribes and administers psychiatric medications, and educates correctional officers about mental health issues. Forensic nurse also provides therapeutic services to witnesses and victims of crime.
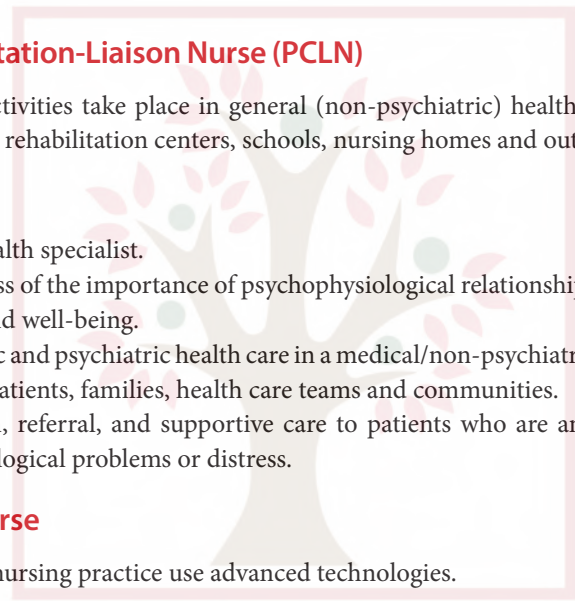
Forensic psychiatric nurses assist patients in self-care, administer medications, and monitor their effectiveness.

Area of Practice

- Promote coping skills.
- Senior nurses can diagnose and treat individuals with mental illness and may prescribe medication.
- Provide psychotherapy and act as a counselor.
- Forensic assessment for legal integrity.
- Assessing the potential for violence.
- Probation/Probation considerations.
- Assessment of racial/cultural factors during the crime.
- Screening and evaluation of sex offenders.
- Competency therapy.
- Formal written report to the court.
- Investigation of police reports.
- Consultation of local method enforcement agency.

Industrial Medical Center

- Implement or participate in an industry substance abuse program for employees.
- Crisis intervention in the event of an accident or acute onset of physical or mental illness (such as a heart attack).
- Teach stress management.
- Psychiatric nurses as co-members of the interdisciplinary team collaboration represent a commitment to a common goal with a common responsibility for results.
- It also means contributing to the mental health of patients, families and communities as part of a treatment team.
- Place of activity nurses bring their own expertise into the treatment process, thereby improving patient assessment, treatment needs, and progress information.
- The seven characteristics of effective collaboration are trust, respect, commitment, cooperation, coordination, communication and flexibility.

FACTORS AFFECTING LEVEL OF PRACTICE

- **Health care reforms and legislations:** Providing psychiatric nursing care as per the standard laid down by Indian Nursing Council and State Nursing Council and their amendments from time to time. Patient's illness and care demands are taken care of.
- **Human and consumer rights:** Mental Health Care Bill 2017 gave additional safety and protection to the patient rights.
  Consumer Protection Act provides human rights consideration in every step of care.
- **Professional practice standards:** Psychiatric nurses should be competent in delivering quality patient care at par with the regulatory standards.
- **Institutional policies and regulations:** Indian Nursing Council's and State Nursing Council's practice standards have to be followed in clinical practice. Apart from this, the respective institutional policies also have to be considered.

- **Qualification and area of practice:** American Nurses Association has two levels of Psychiatric Nurses, Basic level psychiatric nurses and advanced level Psychiatric Nurses. The basic level Psychiatric Nurses follows the doctor's order and provides comprehensive nursing care along with the administration of medications. Advanced level psychiatric nurses possess Master's degree in Psychiatric Nursing. They are independent practitioners who can make diagnosis, prescribe medications, provide counseling and psychotherapy and conduct research. In India, we have basic level Psychiatric Nurses in the clinical practice.
- **Quality and safety in health care:** The regulatory bodies such as (National Accreditation Board of Hospitals [NABH] and Health Care Providers) ensure quality patient care along with patient safety. Providing a safe therapeutic environment in the prevention of mental illness and promotion of mental health and well-being are essential prerequisites. This may include identifying high-risk groups, (like patients with suicidal ideations, risk for fall, rape victims, etc.) and providing abuse-free environment, routine ward rounds, and creating supportive care settings.
- **Proper documentation:** Timely documentation of the events and health care treatments provided are important to improve the quality of care according to the legislations concerned.

CONCEPTS OF NORMAL AND ABNORMAL BEHAVIOR

Normal Behavior

The word "normal" comes from the Latin word "norma", which means a rule, means following a rule, and means a pattern or standard. When a person functions properly, can carry out daily life efficiently, and is satisfied with daily life, this is called normal behavior.

Abnormal Behavior

The word "anomaly" with the prefix "ab" (away) means "away from normal". Abnormality is a negative concept, which means a deviation from a norm or standard or rule. Behavioral disorders appear in the cognitive domain (thinking, knowledge, memory), emotional domain (emotions and emotions), and emotional domain (psychomotor activity). Individuals express mental distress through thoughts, emotions and actions.

Case Vignette

A 28-year-old man had a recent failure in an examination. In response to that, he developed low self-esteem, lack of confidence, failure to cope with the stress. He had been socially withdrawn and felt himself as a failure. He could not take decision and responsibility of the event.

This is an example of abnormal behavior due to acute stress.

Normal and Abnormal Behaviors

Normal and abnormal behaviors are mainly distinguished based on diagnostic guidelines in psychiatry (Table 4). But the explanation for these normal and abnormalities depends on several explanatory models.

- **Medical model:** Abnormality in thought, perception, psychomotor activity, and verbal output due to organic pathology, mainly related to brain and genetics.
- **Psychological model:** Abnormal behavior is due to unhealed internal traumas and problems with ego defense mechanism.

Table 4: Characteristics of normal and abnormal behavior

Parameters	Normal behavior	Abnormal behavior
Self-esteem	Feels adequate	Feels inadequate
Reality orientation	Perception and relation with reality	Not in connection with reality
Respect to self and other	Accepts self and others	No respect will be given to others or self
Coping with stress	Ability to withstand anxiety and stress	Unable to cope
Judgment	Uses sound judgment to make decisions	Poor judgment
Mood	Happiness	Worried and anxious
Responsibility	Accepts responsibility for action	Irresponsible
Confidence	Optimistic	Pessimistic
Introspection	Recognizes limitations and strengths	Does not recognize
Memory, concentration and attention	Normal	May or may not impaired
Activities of daily living	Can function effectively and independently	Exhibits dependency
Work efficiency	Normal	Poor
Work, play and leisure	Adequate	Inadequate
Problem solving	Able to solve problems	Avoid or create problems rather than solving
Adaptability	Capacity to adapt oneself to current situation	Unable to adapt with situation
Ego mechanism	Can delay gratification	Desires or demands immediate gratification

- **Sociocultural model:** Environmental stressors and learned behavior which lead to abnormal behavior.
- **Statistical model:** Behavioral deviation in accordance with statistical evidences when rating against standardized parameters.

Normal-abnormal Behavior as a Continuum (Fig. 3)
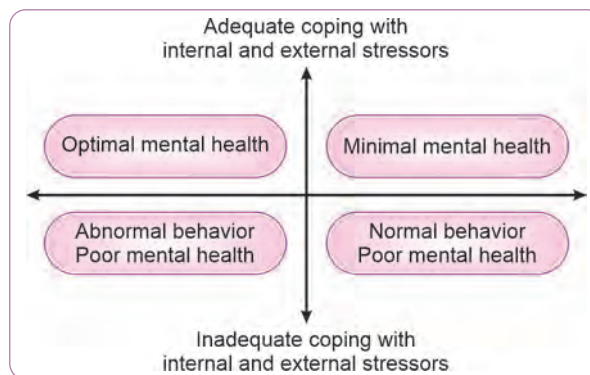
Fig. 3: Adequate and inadequate coping with internal and external stressors

SUMMARY

Psychiatric nursing has an enormous scope in clinical practice. Providing holistic development and understanding of the individual is essential. Mental health team provides quality patient care during mental illness. The historical developments reflect the realities of past which have contributed to the enlightenment of present, thus guiding us into the foreseeable future. Psychiatric nursing over the years has undergone tremendous transformation, now the future and scope of psychiatric nursing is ever increasing due to the rise of mental health disorders. As far as psychiatric nurses are concerned, knowledge regarding rights and laws is essential for patient care.

SUGGESTED READINGS

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4. Kathy Neeb "Fundamentals of Mental Health Nursing", 3rd edition, 2006, FA Davis company publication, p. 1-11
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ASSESS YOURSELF

Essay Type Questions

1. Describe the historic evolution of nursing.
2. Explain the nature and scope of mental health nursing.

Write Short Notes

1. Mental health team
2. Role and functions of mental health nurse
3. Concepts of normal and abnormal behavior

Multiple Choice Questions

1. **Indian Lunacy Act was passed in the year:**
   a. 1912
   b. 1920
   c. 1987
   d. 1946

2. **The concept of Supported admission was introduced in:**
   a. Indian Lunacy Act, 1912
   b. Mental Health Act, 1987
   c. Mental Health Care Bill, 2013
   d. Mental Health Policy, 2014

3. **Assessment and care of a prisoner with mental illness is usually done by:**
   a. Parish nurse
   b. Forensic psychiatric nurse
   c. Nurse Generalist
   d. Geropsychiatric nurse

4. **National Mental Health Program was started in the year:**
   a. 1987
   b. 1978
   c. 1982
   d. 1952

5. **Which of the following shows an abnormal behavior?**
   a. Self-acceptance
   b. Adaptability
   c. Problem solving
   d. Poor judgment

Answer Key

1. a.
2. c.
3. b.
4. c.
5. d.

Appendices

APPENDIX I: FORMAT FOR HISTORY COLLECTION IN SUBSTANCE USE

History Assessment begins with collection of:

- **Patient's socio-demographic profile:**

    For example, name, age, sex, marital status, qualification, occupation, type of family and place of residence. Ideally, a record should be maintained so that the paramedical functionary can access the patient at various stages of treatment.

- **Details of drug use:**

    This includes:

    - Age of initiation
    - Various drugs used

- Route of intake
- Frequency of drugs used
- The quantity of drug taken (usual dose)
- The time lag since the dose last
- Need to increase the quantity of drug consumed in order to produce the same effect (tolerance)
- The effect of the use of a particular drug and signs and symptoms of intoxication
- Presence/absence of physiological/psychological symptoms and signs when the particular drug is not taken/less than the usual amount of drug is being taken(withdrawals)
- Compelling need/urge to take the substance (craving)

- **Complications associated with drug uses should be inquired.**

  This can be in various spheres of patientslife and guides the treating team on areas to be focused during rehabilitation.

The areas probed are:

- **Physical:** Long-term health hazards associated with drug use.
- **Psychological:** Chronic mental effects of continuous use of drug.
- **Financial:** Losses suffered/debts incurred substance use disorders.
- **Occupational:** Frequent absenteeism at work, constant change of job, memo issued, periods of unemployment.
- **Familial–social:** Frequent fight with spouse/other family members, neglect of responsibility at home, social outcast.
- **Legal:** involvement in illegal activities to sustain drug use, arrests/charges on account of drug use, caught driving under intoxicated state, violence under the influence of the drug.
- **High risk behaviors: Presence of injection use with needle sharing and unsafe sexual practices**
- **Past abstinence attempts: Herein inquiry should be made regarding:**
  - Number of attempts made
  - Duration of each attempt
  - Reason for abstinence
  - Whether treatment sought
  - Nature of treatment sought: pharmacological, psychological or combined
  - Reason for relapse
- **Psychiatric illnesses such as a mood disorder, psychotic disorder and personality disorder/traits are common comorbid conditions accompanying substance use disorder.**

  This information is important to plan an effective intervention.

  Though the paramedical functionary cannot be expected to do a comprehensive mental status examination, he can be equipped to pick up symptoms of mental illness.

- **Presence of family history of drug abuse, psychiatric illness and the current living arrangements.**

  Extent of social support should be assessed.

- **Premorbid personality: Especially presence/absence of behaviours suggestive of an antisocial personality.**

  This information can be communicated to the treating physician and would be very helpful in deciding a treatment plan. This would also assist to plan measures to be taken to prevent relapses.

Glossary of Terms

Abuse: It refers to a pattern of substance use in which the client uses a substance in a harmful way or uses a substance for a prolonged time and, as a result, suffers from adverse consequences. Even after suffering from such consequences, the pattern remains the same, and there is moderate to severe socio-occupational dysfunction.

Affect flattening: There is a complete absence of outward expressions.

Agonist: A substance that exerts pharmacological action by stimulating the cell's receptor.

Agoraphobia: Phobias are characterized by—fear of leaving home, fear of entering shops, crowded or public places or traveling alone in train/bus/plane, exactly where there is a difficulty for an immediate escape to a safe place.

Alogia: The patient does not express himself verbally.

Anergia: Lack of energy.

Anhedonia:
- Inability to experience pleasure in previously pleasurable activities.
- The patient is unable to experience pleasure in previously pleasurable activities.

Anorexia nervosa: Intentional starvation followed by considerable weight loss because of intense fear of weight gain.

Antagonist: A substance that specifically blocks certain physiological action of other.

Antisocial personality: Pattern of social irresponsibility, poor adjustability in relationship, without any guilt.

Anxiety: Anxiety is a feeling of apprehension, uneasiness, dread or uncertainty resulting from a real threat or perceived threat, where the definite source is unknown or unrecognized.

Anxiolytics: A category of drugs that are used in the treatment of anxiety symptoms.

Anxious avoidant personality: Personality includes extreme sensitivity to criticism and rejection associated with social withdrawal.

Apathy: There is a dull emotional tone accompanied by the lack of attachment.

Attention deficit hyperactivity disorder (ADHD): ADHD is a persistent pattern of inattention and/or hyperactivity, more frequent and severe than is typical of children at a similar level of development.

Autistic disorder: This disorder is characterized by marked abnormal development in social interaction and communication and restricted repertoire of activities and interests.

Essentials of
Mental Health Nursing for BSc Nursing Students

Salient Features

- This compendium has been developed as per revised INC syllabus (2021-22) for BSc Nursing
- Authored, contributed and reviewed by the most senior nursing faculties PAN India
- Written in a very simple and reader-friendly manner
- Updated ICD-11 and DSM-5 classifications of Psychiatric disorders have been followed throughout the book
- Psychotropic drugs, various syndromes and formats for Assessment of Mental Health Disorders are exclusively covered
- Psychiatric Nursing Glossary is provided separately for in-depth knowledge of the terms
- Well-presented text starting with the Case Scenarios for better understanding of the clinical correlation of the respective topics
- Perfect blend of theoretical and clinical concepts altogether for better implementation in the clinical practices
- Supplemented with a number of line arts and illustrations for easy and better understanding of the concepts
- Includes a variety of questions under the Assess Yourself section at the end of each chapter for self-assessment
- Several pedagogical features designed to facilitate student's learning
- Keywords identify the important terminology used in the Unit. Each term is highlighted with bold letters and defined in the text
- Critical Thinking Questions stimulate student's thinking about current dilemmas and issues in mental health
- Key Points summarize Unit content to reinforce important concepts
- Chapter Study Guides provide workbook-style questions for students to test their knowledge and understanding in order to evaluate their progress in the area of psychiatry and mental health.

About the Author

Deepika C Khakha *PhD, MSc (N), MA (Psychology),* is presently working as a Nursing Advisor, Directorate General of Health Services, in the Ministry of Health and Family Welfare, New Delhi. She did her PhD from IGNOU, received her Master's degree in Nursing from Delhi University, and completed her MA (Psychology) from Annamalai University. She has graduated from Rajkumari Amrit Kaur College of Nursing, Delhi University. She has 33 years of experience at All India Institute of Medical Sciences (AIIMS), New Delhi in clinical care, counseling, teaching pre-service nursing students, postgraduate nurses and also in conducting research projects.

The author has been awarded Fogarty Fellowship at New York University in 2002 and Advanced AITRP Fellowship at University of California Los Angeles in 2007. She has been awarded best poster at Oxford University at Evidence Live '13, England in March 2013. She has been a proud recipient of AIIMSonian of America Award for Best Nurse in 1999 and for Best Research in 2006. Apart from this, she has been the Advisor to WHO for Drafting Curriculum for Nurses in HIV Care at Bangkok, Thailand. Dr Deepika has worked in the capacity of Inspector for Indian Nursing Council, Delhi Nursing Council and Counseling Supervisor for GFATM project, Delhi University.

She has contributed to the Expert Panel of the Clinton Foundation and worked as a Master trainer for GFATM and Helpage India. She has more than 50 publications to her credit in national and international journals. She has authored several chapters in ICU Manual and Facilitators Guide for ART training of nurses, diploma courses of IGNOU. She has more than 513 citations in national and international and high indexed journals to her credit. She has been an expert for teleconferencing at national and international levels. She is a PhD guide and adjudicator of MSc and PhD thesis for several universities including Indian Nursing Council.

She is on the editorial board of several journals and has reviewed 18 National and International journals. She is the Former Secretary (North Zone) of Nursing Research Society of India. She has been the examiner for 14 universities. The author has been guide of 52 postgraduate nursing students, 7 PhD and one MD thesis students. She has presented 10 research papers Internationally and 7 of them are awarded. She was a co-organizer in several national and international conferences and has also organized 16 specialized nursing updates. She has been the expert for teleconferencing at national and international levels. Last but not least, she has presented and contributed as speaker and chairperson to more than 150 conferences, workshops, symposium and panel discussions.