Unit 1: Foundations of Mental Health:

Foundations of Psychiatric- Mental Health Nursing

Lecture outlines:

- Mental Health and Mental illness.
- Components of Mental health.
- History of Psychiatric Nursing Practice.
- Factors that influence mental health.
- Standards of Psychiatric-Mental Health Clinical Nursing Practice.
- Areas of Practice (basic level function).

Learning objectives:

At the end of this chapter, the student should be able to:

1. Define mental health and mental illness.
2. Describe the components of Mental health.
3. Identify important historical landmarks in psychiatric Nursing Practice.
5. Identify the Factors that influence mental health.
Mental Health and Mental illness

The World Health Organization (WHO) defines health as a state of complete physical, mental, and social wellness, not merely the absence of disease or infirmity. This definition emphasizes health as a positive state of well-being, not just absence of disease.

Mental health: is a state of emotional, psychological, and social wellness evidenced by satisfying interpersonal relationships, effective behavior and coping, positive self-concept, and emotional stability. (WHO)

Mental disorder: as “a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom”. (APA, 2000)

Mental health components of mental health

1. Autonomy and independence: The person can look within for guiding values and rules by which to live. He or she considers the opinions and wishes of others but does not allow them to dictate decisions and behavior. The person who is autonomous and independent can work interdependently or cooperatively with others without losing his or her autonomy.

2. Maximization of one’s potential: The person is oriented toward growth and self-actualization. He or she is not content with the status quo and continually strives to grow as a person.

3. Tolerance of life’s uncertainties: The person can face the challenges of day-to-day living with hope and a positive outlook despite not knowing what lies ahead.

4. Self-esteem: The person has a realistic awareness of his or her abilities and limitations.
5. **Mastery of the environment:** The person can deal with and influence the environment in a capable, competent, and creative manner.

6. **Reality orientation:** The person can distinguish the real world from a dream, fact from fantasy, and act accordingly.

7. **Stress management:** The person can tolerate life stresses, appropriately handle anxiety or grief, and experience failure without devastation. He or she uses support from family and friends to cope with crises, knowing that the stress will not last forever. (Mohr, 2003)

### History of Psychiatric Nursing Practice

- In 1873, Linda Richards graduated from the New England Hospital for Women and Children in Boston. She went on to improve nursing care in psychiatric hospitals and organized educational programs in state mental hospitals in Illinois. Richards is called the first American psychiatric nurse; she believed that “the mentally sick should be at least as well cared for as the physically sick” (Doona, 1984).
- The first training of nurses to work with persons with mental illness was in 1882 at McLean Hospital in Waverly, Mass. The care was primarily custodial and focused on nutrition, hygiene, and activity.
- Nurses adapted medical-surgical principles to the care of clients with psychiatric disorders and treated them with tolerance and kindness.
- The role of psychiatric nurses expanded as somatic therapies for the treatment of mental disorders were developed. Treatments such as insulin shock therapy (1935), psychosurgery (1936), and
electroconvulsive therapy (1937) required nurses to use their medical-surgical skills further.

- The first psychiatric nursing textbook, *Nursing Mental Diseases* by Harriet Bailey, was published in 1920. In 1913, Johns Hopkins was the first school of nursing to include a course in psychiatric nursing in its curriculum. It was not until 1950 that the National League for Nursing, which accredits nursing programs, required schools to include an experience in psychiatric nursing.

Two early nursing theorists shaped psychiatric nursing practice: Hildegard Peplau and June Mellow.

- **Peplau** published *Interpersonal Relations in Nursing* in 1952 and *Interpersonal Techniques: The Crux of Psychiatric Nursing* in 1962. She described the therapeutic nurse–client relationship with its phases and tasks and wrote extensively about anxiety. The interpersonal dimension that was crucial to her beliefs forms the foundations of practice today.

- **Mellow’s** 1968 work *Nursing Therapy* described her approach of focusing on the client’s psychosocial needs and strengths. Mellow contends that the nurse as therapist is particularly suited to working with those with severe mental illness in the context of daily activities, focusing on the here-and-now to meet each person’s psychosocial needs (1986).

- A two-part document, *Statement on Psychiatric-Mental Health Clinical Nursing Practice and Standards of Psychiatric-Mental Health Clinical Nursing Practice*, was jointly published in 1994 and revised in 2000 by the American Nurses Association, the American Psychiatric Nurses Association, the Association of
Child and Adolescent Nurses Association, and the Society for Education and Research in Psychiatric- Mental Health Nursing. This document outlines the areas of concern and standards of care for today’s psychiatric-mental health nurse. The phenomena of concern describe the 12 areas of concern that mental health nurses focus on when caring for clients.

- The standards of care incorporate the phases of the nursing process, including specific types of interventions, for nurses in psychiatric settings and outline standards for professional performance: quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization.

**Factors that influence mental health**

1. **Biological Domain**

   - The biologic domain consists of the biologic theories related to mental disorders and problems as well as all of the biologic activity related to other health problems.
   - There is evidence of neurobiological changes in most psychiatric disorders.
   - Within this domain, there are also theories and concepts used as a basis of interventions focusing on the patient’s physical functioning, such as exercise, sleep, and adequate nutrition.
   - In addition, the neurobiological theories also serve as a basis for understanding and administering pharmacologic agents.
2. Psychological Domain

- The psychological domain contains the theoretical basis of the psychological processes—thoughts, feelings, and behavior (intrapersonal dynamics) that influence one’s emotion, cognition, and behavior.

- The psychological and nursing sciences generate theories and research that are critical in understanding patients’ symptoms and responses to mental disorders.

- Although mental disorders have a biological component, they are often manifested in psychological symptoms and physical changes.

- Many psychiatric nursing interventions are based on knowledge generated within this domain. Cognitive approaches, behavior therapy, and patient education are all based on the use of theories from the psychological domain.

- Psychiatric–mental health interventions are also based on the use of interpersonal communication techniques, which require nurses to develop awareness of their own, as well as their patients’, internal feelings and behavior.

3. Social Domain

- The social domain includes theories that account for the influence of social forces encompassing the patient, family, and community within cultural settings.

- This knowledgebase is generated from social and nursing sciences and explains the connections within the family and communities that affect the mental health and treatment of people with mental disorders.
• Psychiatric disorders are not caused by social factors, but their manifestations and treatment can be significantly affected by the society in which the patient lives.

• Family support can actually improve treatment outcomes. Moreover, family factors, including origin, extended family, and other significant relationships, contribute to the total understanding and treatment of patients.

• Community forces, including cultural and ethnic groups within larger communities, shape patients’ manifestation of disorders, response to treatment, and overall view of mental illness.

Standards of Psychiatric Care

Standards of Care

Standard I. Assessment: The psychiatric-mental health nurse collects client health data.

Standard II. Diagnosis: The psychiatric-mental health nurse analyzes the data in determining diagnoses.

Standard III. Outcome Identification: The psychiatric-mental health nurse identifies expected outcomes individualized to the client.

Standard IV. Planning: The psychiatric-mental health nurse develops a plan of care that prescribes interventions to attain expected outcomes.
Standard V. Implementation: The psychiatric-mental health nurse implements the interventions identified in the plan of care.

Standard Va. Counseling: The psychiatric-mental health nurse uses counseling interventions to assist clients in improving or regaining their previous coping abilities, fostering mental health, and preventing mental illness and disability.

Standard Vb. Milieu Therapy: The psychiatric-mental health nurse provides, structures, and maintains a therapeutic environment in collaboration with the client and other health care providers.

Standard Vc. Self-Care Activities: The psychiatric-mental health nurse structures interventions around the client’s activities of daily living to foster self-care and mental and physical well-being.

Standard Vd. Psychobiologic Interventions: The psychiatric-mental health nurse uses knowledge of psychobiologic interventions and applies clinical skills to restore the client’s health and prevent further disability.

Standard Ve. Health Teaching: The psychiatric-mental health nurse, through health teaching, assists clients in achieving satisfying, productive, and healthy patterns of living.

Standard Vf. Case Management: The psychiatric-mental health nurse provides casemanagement to coordinate comprehensive health services and ensure continuity of care.
Standard Vg. Health Promotion and Maintenance  The psychiatric-mental health nurse employs strategies and interventions to promote and maintain mental health and prevent mental illness. (Interventions Vh-Vj are advanced practice interventions and may be performed only by the certified specialist in psychiatric-mental health nursing.)

Standard VI. Evaluation: The psychiatric-mental health nurse evaluates the client’s progress in attaining expected outcomes.

Areas of Practice (Basic-Level functions)

1. Counseling
   - Interventions and communication techniques.
   - Problem solving.
   - Crisis intervention.
   - Stress management.
   - Behavior modification.

2. Milieu therapy:
   - Maintain therapeutic environment.
   - Teach skills.
   - Encourage communication between clients and others.
   - Promote growth through role-modeling.

3. Self-care activities:
   - Encourage independence.
   - Increase self-esteem.
   - Improve function and health.

4. Psychobiologic interventions:
   - Administer medications.
   - Teaching.
   - Observations.
   - Health teaching.
   - Case management.
   - Health promotion and maintenance.