

NURSING CARE FOR MENTALLY ILL PATIENTS

DR. ARNEL BAÑAGA SALGADO

H/P No.: 056-88-27-333

URL: www.ifeet.org

Doctor of Psychology (Clinical Psychology)

FPM (PhD) Psychology

Doctor of Science (D.Sc.)

Doctor of Education (Ed.D.)

Master of Arts in Nursing (RP)

Master of Arts in Teaching - Psychology (PNU)

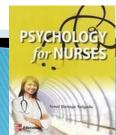
Author of

Registered Nurse (RP, Mal, UAE)

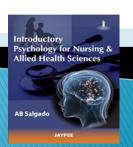
Licensed Teacher (RP)

Certificate in Teaching,

Bachelor of Science in Nursing (BSN)



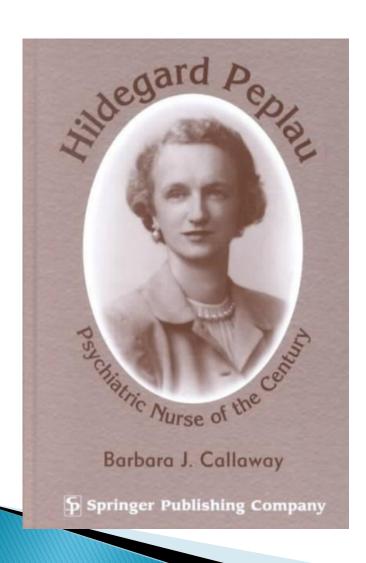








Hildegard Peplau



Interpersonal Relations in Nursing

A Conceptual Frame of Reference for Psychodynamic Nursing



Hildegard E. Peplau



- Hildegard Peplau's 50-year career in nursing left an indelible stamp on the profession of nursing, and on the lives of the mentally ill.
- She is the founder of modern psychiatric nursing, innovative educator, advocate for the mentally ill, proponent of advanced education for nurses,
- She raised her daughter as a single parent while pursuing an ambitious professional path.



Mental health nurses

Nurses play a fundamental role within mental health care teams

In Europe – number of mental health nurses per capita is six times higher than for every other region



Training of mental health nurses

- 4 years (BSN) study at nursing school or in university
- 12 months of field experience
- 3 years postgraduate study or (640 hrs) mental health nursing practice

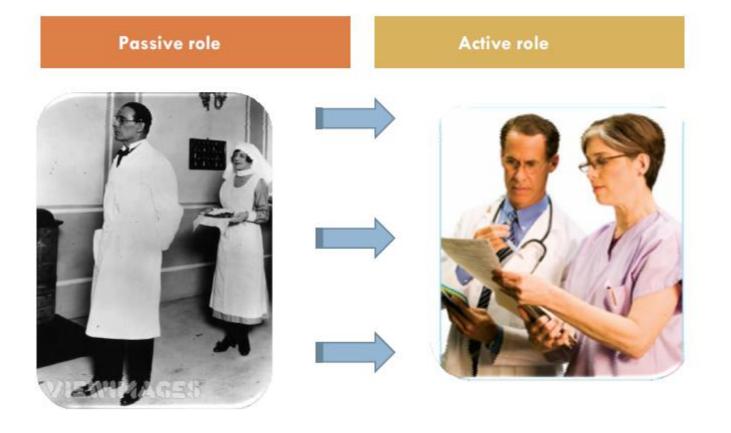
= Total 8 years



- Less than 30% of nurses working at mental health settings are specialized in psychiatric nursing.
- Lack of competencies at mental health nursing
- Good knowledge and skills at general nursing



Emerging Role of a Psychiatric Nurse





Peplau's Theory of Interpersonal Relationships

Factors influencing orientation phase

Nurse

Values
Culture race
Beliefs
Past experiences
Expectations
Preconceived ideas

Nurse-Patient Relationship

Patient

Values
Culture race
Beliefs
Past experiences
Expectations



Issues in Mental Health Nursing, 33:217–222, 2012 Copyright © 2011 Informa Healthcare USA, Inc.

ISSN: 0161-2840 print / 1096-4673 online DOI: 10.3109/01612840.2011.647253



The Evolution of the Advanced Practice Role in Psychiatric Mental Health in New Jersey: 1960–2010

Barbara A. Caldwell, PhD, APN-BC and Michael Sclafani, RN, MS, MEd

University of Medicine and Dentistry of New Jersey, School of Nursing, Newark, New Jersey, USA

Karen Piren, RN, MS, APN-C

New Jersey Division of Mental Health Services, Trenton, New Jersey, USA

Carolyn Torre, RN, MA, APN, PNP-BC

New Jersey State Nurses Association, Trenton, New Jersey, USA



1		
2		
3		
4		
5	Psychiatric Mental Health Nursing	
6	Scope & Standards	
7		
8		
9	Draft Revision 2006	
10		
11		
12		
13		
14	Contents	
15	Scope	2
16	Standards Of Practice	20
17	Glossary	45
18		
19 20		





LAWS OF MALAYSIA

Act 615

MENTAL HEALTH ACT 2001

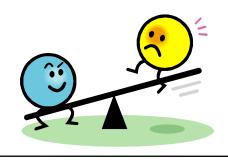






Mental Health Continuum

Adaptive



Maladaptive

Rational Anxiety
Logical Disorders
Realistic
Productive
Satisfying activity
Fulfilling R

Mood Disorders

Personality Disorders

Psychoses



Factors that Affect Mental Health

Biologic Influences

Prenatal, perinatal, and neonatal events

Physical health status

Nutrition

History of injuries

Neuroanatomy

Physiology

Psychological Influences

Interactions

Intelligence quotient

Self-concept

Skills

Creativity

Emotional developmental level

Sociocultural Influences

Family stability

Ethnicity

Housing

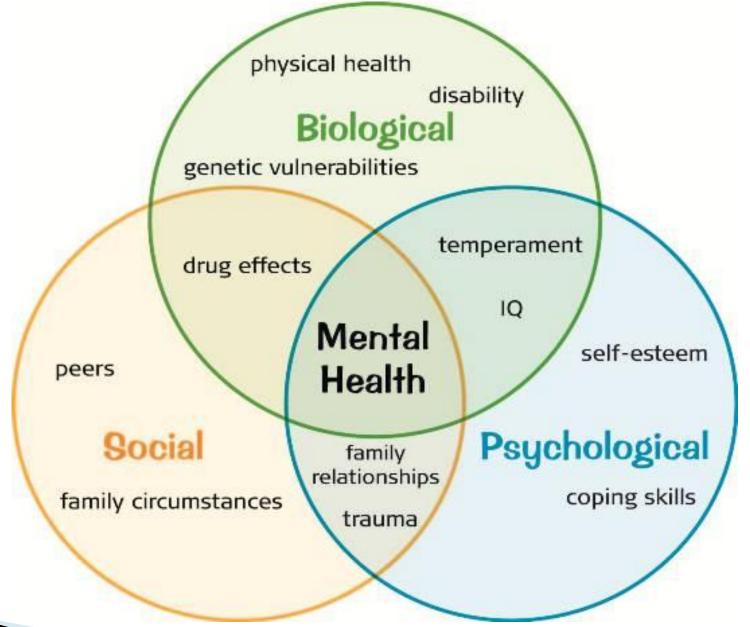
Child-rearing patterns

Economic level

Religion









Role of mental health nurses

- DEPENDENT ROLES (with other team members)
 (Addresses <u>Biological Factor</u>)
 Psychopharmacology Drug Administration
- 2. INDEPENDENT ROLES (Addresses *Social and Psychological Factors*)
 - Assesment
 - Nursing Care Planning
 - Advocacy
 - Case management
 - Community care
 - Psychoeducation
 - Psychotherapy***

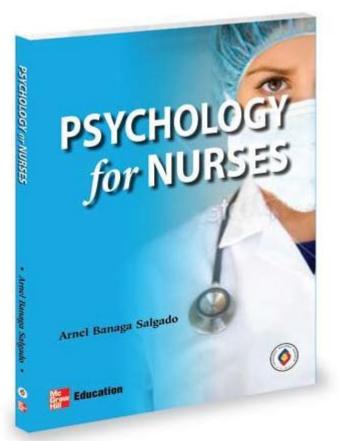


Client - The center of our activities

- Partnership x patronizing approach
- Liberal environment x restrictions
- Emphasis on patient rights
- Equal rights to get good quality care
- Holistic care approach



Psychological Interventions



- 1. Therapeutic Touch
- 2. Therapeutic Smile
- 3. Therapeutic Use of Self

(Salgado, 2009)



Psychotherapeutic Management

 Nurse-Patient Relationship – the main tool in treating clients

Psychopharmacology – biochemical imbalance

Milieu Management –









Milieu Management - Definition

- Use all therapeutic resources, including the environment, to facilitate patient care.
- It involves purposeful use of all *interpersonal* and *environmental* forces to enhance mental health.



Milieu Management - Goals

to develop an atmosphere that facilitates patients' growth, rehabilitation, & restoration of health.



Psychotherapy

The treatment of psychological problems by a professional using psychological means usually mediated by verbal techniques, i.e. talking.



Types of Psychotherapy

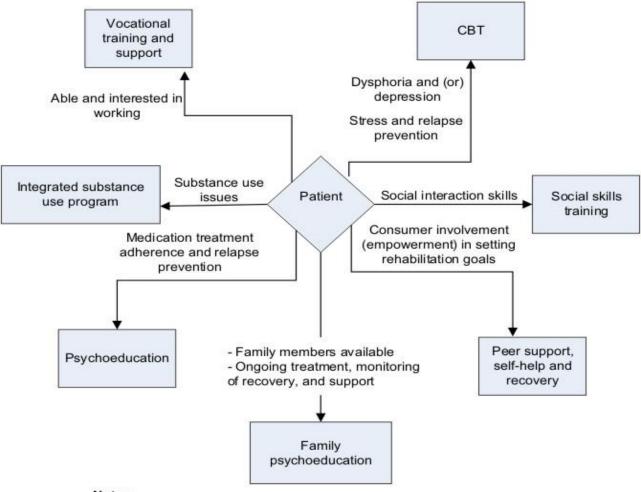
- Number of patients treated in one session
 - Individual/group psychotherapy
 - Family/marital therapy
- Underlying principles
 - Supportive/reconstructive/ re-educative/behaviour/cognitive behaviour therapy
- Level of probing into the unconscious mind
 - Superficial (short-term)/deep (long-term) therapy
 - Educative psychotherapy



Main Types of Psychotherapies

- 1. Psychodynamic Psychotherapy
- 2. Behaviour Therapy
- 3. Cognitive Behaviour Therapy
- 4. Interpersonal Therapy
- 5. Humanistic Therapy
- 6. Milieu Therapy
- 7. Group Therapy
- 8. Family and Marital Therapy





Notes:

Psychosocial interventions should be tailored to the carefully assessed goals, needs, abilities, and circumstances of individuals rather than assuming a "one size fits all" approach.



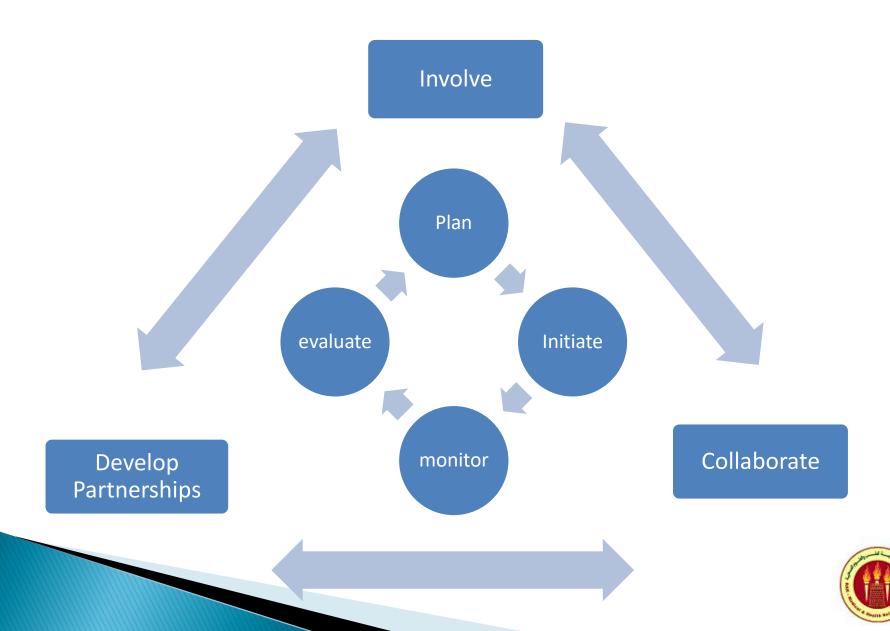
Continuum of Psychiatric Care

<u>Definition</u>: Levels of care through which an individual can move depending on his needs at a given point in time.

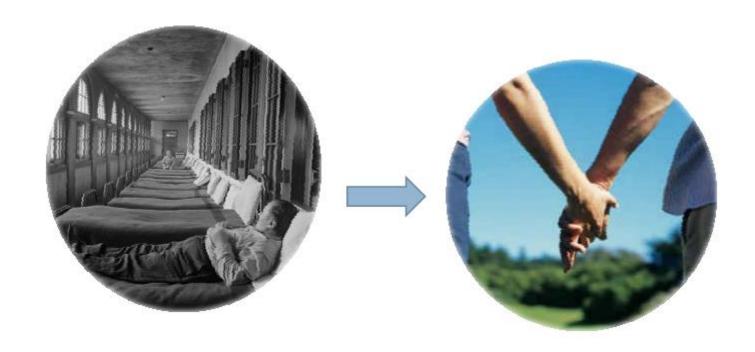
- Hospital-based care
- Community based care
- Case management



Nursing Care Delivery System



Change towards deinstitutionalization





Change towards deinstitutionalization

A new field for mental health nurses

- Reallocation of staff from hospital to community based services
- Development of new set of competencies is needed



"Shorter" Hospital Based Care

- Shorter stay deinstitutionalization
- Priority is on "safety", gravely disabled
- Minimal time for thorough evaluation and establishing diagnosis and treatment
- Major issues time for stabilization on medications; noncompliance; readmission (revolving door syndrome)



Variable conditions in mental health settings









Levels of Intervention

Public Safety Public Education

Capacity Building

Family, Self-Help Networks

Traditional Healing

SOCIETAL

COMMUNITY

Village

FAMILY

INDIVIDUAL

Public Policy Service Coordination

Training/Education

Family Education

Clinical Treatment

Types of Intervention



Essential Client Services in a Caring System (I)

Service Category	Description	Consumer Outcome
Treatment	Alleviating symptoms and distress	Symptom relief
Crisis intervention	Controlling and resolving critical or dangerous problems	



Essential Client Services in a Caring System (II)

Case management	Obtaining the services client needs & wants	Services accessed
Rehabilitation	Developing cl's skills & supports related to cl's goals	Role functioning
Enrichment	Engaging cls in fulfilling & satisfying activities	Self- development

Essential Client Services in a Caring System (III)

Rights protection	Advocating to uphold one's right	Equal opportunity
Basic support	Providing the people, places, & things cl. needs to survive ie shelter	Personal survival assured
Self-help	Exercising a voice & a choice in one's life	Empowerment





Conclusion

In order to give care
Build TRUST and become a true
agent of CARE



