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Sukhbir Kaur

MENTAL HEALTH (PSYCHIATRIC) NURSING-I

MENTAL HEALTH LAWS AND MENTAL HEALTH NURSING

LONG ANSWER QUESTIONS

Q1. Define psychiatric nursing and elaborate the role of a psychiatric nurse. **(MGR, KUHS)**

Ans.

A specialized area of nursing known as "psychiatric nursing" is dedicated to the diagnosis, treatment, and management of mental illnesses and their aftereffects. It bases its scientific framework on theories of human behavior and calls for using one's own artistic or expressive personality in nursing practice.

Psychiatric nurses work in many settings; their responsibilities vary with the setting and with the level of expertise, experience, and training of the individual nurse. Also called **mental health nursing**, psychiatric nursing is defined as "a specialty nursing practice focusing on the identification of mental health issues, prevention of mental health problems, and the care and treatment of persons with psychiatric disorders." **—The American Psychiatric Nurses Association**

Psychiatric Nursing is a specialized field of nursing practice, employing the wide range of explanatory theories of human behavior as its science and purposeful use of self as its art.

—American Psychiatric Association, 2000

Mental health nursing is concerned with the prevention, treatment and **nursing care** of people of all ages who are suffering from **mental illness** and its effects. **—WHO**

The scope of psychiatric nurses may be in general psychiatry care and specialized areas like child-adolescent mental health nursing, geriatric-psychiatric nursing, forensics or substance-abuse.

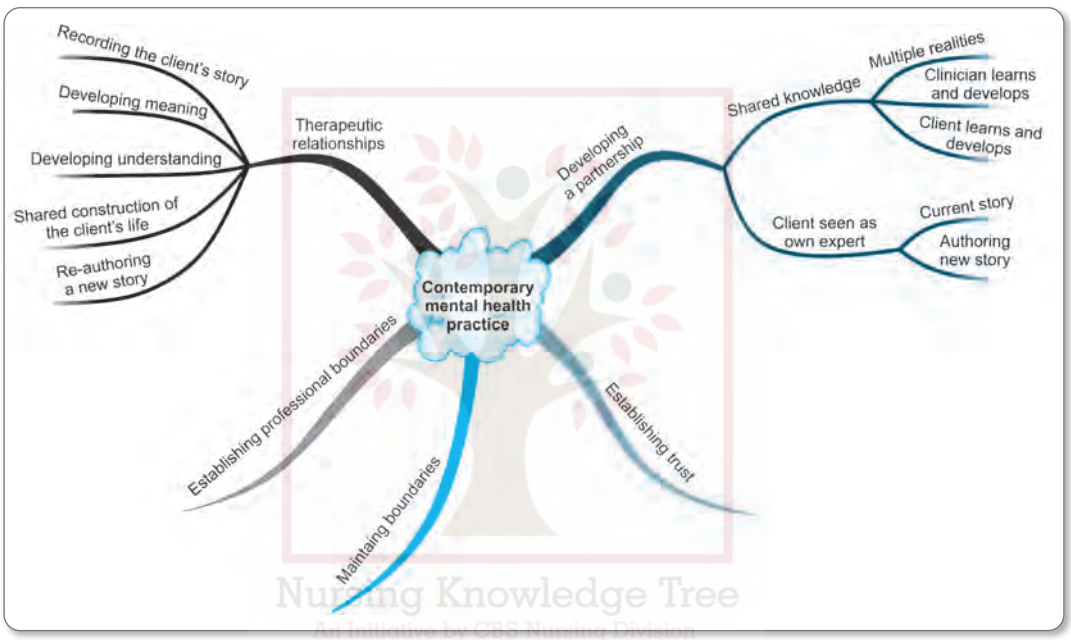
Psychiatric nursing, while vibrant and applicable once, is predicated on an approach to care and an understanding of mental illness that reflects an older time. Psychiatric nursing is in the precarious position of having an aging paradigm of practice, rooted in older knowledge and beliefs and recalcitrant to new knowledge and new realities of clinical practice.

Basic-level functions of psychiatric nursing	Advanced-level functions of psychiatric nursing
• Case management • Health promotion and maintenance • Interventions and communication techniques in counseling, crisis intervention and problem-solving • Stress control • Modification of behavior • Environment therapy • Maintaining a soothing environment • Enhancing teaching abilities • Encouraging clients and others to communicate with one another. Role modeling can help to promote growth. • Exercises for self-care • Encouraging self-sufficiency. Improving the self-esteem and enhancing function and health • Psychobiological treatments • Health education	• Psychotherapy • Prescriptive authority for medications (in several states) • Consultation and liaison • Evaluation • Program planning and management

Various Roles of a Psychiatric Nurse

- **Direct care activities:**
  - Provides direct care to the client to meet his needs, therapeutic purposes, etc.
  - Assesses the client's needs: plans and provides individualized nursing care.
  - Conducts mental status examination and assists in carrying out diagnostic tests.
  - Provides conductive, comfortable, and safe therapeutic environment to the client.
  - Assists multidisciplinary team members in diagnostic and therapeutic measures.
  - Meets psychological and physical needs of the patient.
  - Observes and documents client's behavior.
  - Assists the client to improve social skills, communicating skills and coping skills.
  - Educates the patient and his family to live and rehabilitate with the disabilities.
  - Provides facilities for the clients in taking care of themselves.
  - Teaches the clients to channelize their energy in constructive activities.
- **Communication activities:**
  - Establishes and maintains good interpersonal relationship with client, family and other healthcare professionals.
  - Communicates the patient behavior to the concerned personnel, e.g., escaping of the patient from the mental hospital is intimated to the police, unit consultants and family members.

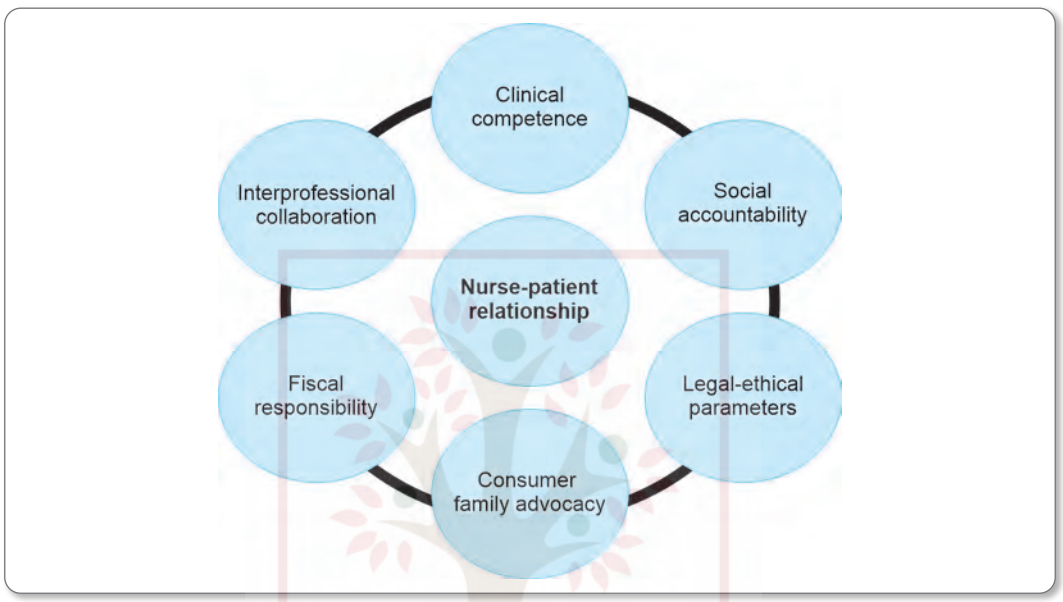
occurs in terms of what behaviors are acceptable and expected. The therapeutic relationship facilitates the development of meaning and understanding as the client's story is told and recorded. With the telling of the client's story, the naming of events (actions) within a certain context, meaning and understanding is further developed until a shared position of mutual understanding is developed between the client and the mental health clinician. Whilst it is recognized that the clinician brings a multitude of knowledge and experience to the relationship, he cannot know the client's personal perspective until his story is shared.



Discovering Constructivist Grounded Theory's fit and relevance to researching contemporary mental health nursing practice—scientific Figure on Research Gate. Available from: https://www.researchgate.net/figure/Contemporary-Mental-Health-Nursing-Practice_fig4_289702819 [accessed 22 May, 2023]

The interaction between the client and the clinician is central to the process of developing this shared construction of the client's life and multiple realities. Through the process of telling and retelling client's story a new shared construction is developed. In this way contemporary mental health nursing practice and Constructivist Grounded Theory share some assumptions with the postmodern position. For example, the client is seen as the expert of his condition, where his thoughts and behaviors are interpreted within a social and cultural context, and where the client can reauthor or develop new understandings about his own life through the retelling of his story. Developing a partnership is not a new concept but does build on the notion of the therapeutic relationship, where knowledge is shared and multiple realities are acknowledged. In this space both the clinician and the client learn and develop through the process of the therapeutic relationship. Through this partnership the client is seen as the expert of his own condition and it is here where the client and the clinician work together to author a new story. The above-mentioned figure represents the philosophical assumptions that underpin contemporary mental health nursing practice within the postmodern paradigm.

- Contemporary practice related to nurse-patient relationship involves various aspects which are shown here:



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Q3. Discuss standards of psychiatric nursing and challenges that nurses face in implementing those standards. (DU, MGR, KUHS, RGUHS, BFUHS)

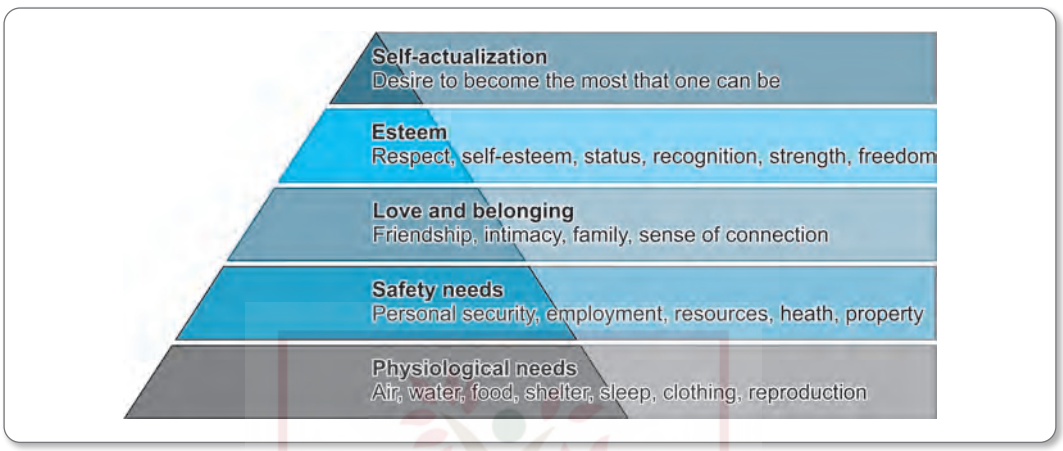
Ans.

Standards of nursing care in psychiatry can be broadly categorized into two categories, i.e., standards of nursing care and standards of nursing performance.

"Nursing Standards of Care" pertain to professional nursing activities that are demonstrated by the nurse through the nursing process. These involve assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The nursing process is the foundation of clinical decision making and encompasses all significant action taken by nurses in providing care to all consumers.

Standard I: Assessment

The assessment interview, which requires linguistically and culturally effective communication skills, interviewing, behavioral observation, database record review, and comprehensive holistic assessment of the consumer and relevant systems, enables the nurse to make sound clinical judgments and plan appropriate interventions with the consumer.



Maslow's hierarchy of needs

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Q6. Explain trends and issues in psychiatric nursing. (ABVMU, MGR, KUHS, RGUHS)

Ans.

Only a few of the numerous changes occurring in the field of psychiatric-mental health nursing which have led to an expanding literature, include the emergence of clinical nursing research, new and emerging roles for psychiatric-mental health nurses, and certification programs for graduate and experienced baccalaureate nurses.

Some of the issues in psychiatric nursing are as follows:

- A rise in mental health issues.
- Provision of thorough and high-quality services.
- Continuity of care.
- A multidisciplinary team approach, and different sites for treatment are all included.
- Urbanization, industrialization, economic issues, and a higher standard of living.
- **Changes in illness orientation:** From illness to prevention (change of style), from specialized to comprehensive, from quantity to quality of treatment.
- **Modifications to care delivery:** The provision of healthcare is changing from institutional to community-based services, from genetic to counseling services, and from nurse-patient relationships to nurse-patient partnerships.
- **Technology information:** Telemedicine, telehealth, electronic devices, informatics in nursing.

at Apollo medical clinics, Narayana Hrudayalaya and Hosmat medical clinic at Bengaluru, open positions are accessible for tele-attendants. Chaitanya Medical Foundation, Bengaluru, is giving telenursing training. IT organizations are selecting telehealth medical caretakers in Hyderabad, Bengaluru and Chennai. For instance: Infosys, Vivus, and so forth.

- **Nurse researcher:** Nurture specialists are researchers who try to track down replies to inquiries through deliberate perceptions and trial and error. They configuration studies, direct examination and scatter discoveries at proficient meets and in peer audited diaries. They are doctoral or postdoctoral prearranged people who start or partake in all periods of the exploration cycle. They work in an assortment of settings.
- **Psychiatric nurse educator:** The mental medical caretaker teacher works in instructive establishments, staff advancement branch of medical services offices and patient training division also (show the insane patients and their families about care to give at home). One more capacity of a medical caretaker teacher is arranging and changing the educational program as per the necessities of the general public and student.
- **Psychiatric nurse as collaborative member of the interdisciplinary team:** Coordinated effort infers a guarantee to shared objectives, with shared liability regarding the result of care. It additionally suggests working with the emotional wellness of the patient, family or local area inside the setting of the treatment group. Medical attendants carry their own specific information to the therapy cycle, in this way, improving data about the patients' evaluation, therapy needs and progress. Seven attributes of successful joint effort include: Trust, regard, responsibility, collaboration, coordination, correspondence and adaptability.
- **Nurse psychopharmacologist:** Probably the most recent job is that of the attendant psychopharmacologist—the mental clinical medical caretaker expert with prescriptive power.

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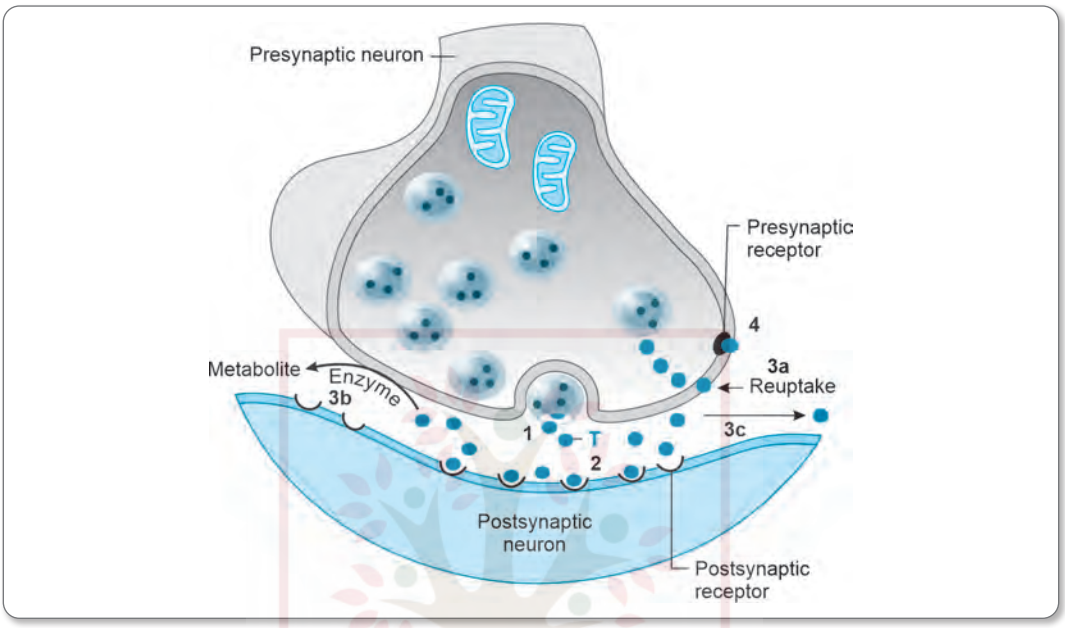
CONCEPTS OF PSYCHOBIOLOGY

LONG ANSWER QUESTIONS

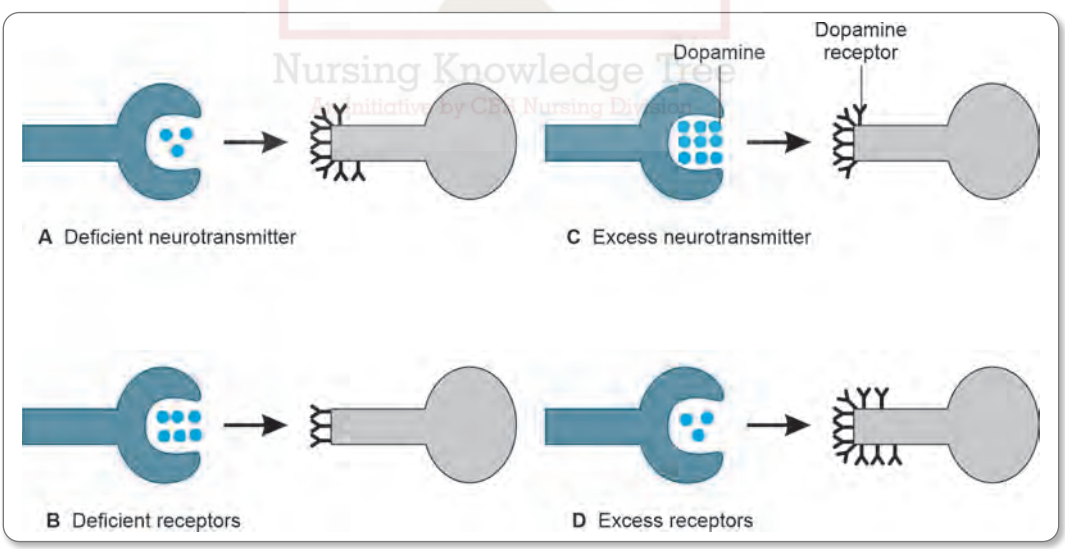
Q20. Explain the role of neurotransmitters in mental disorders. (MGR, KUHS, RGUHS)

Ans.

Approximately, 100 billion brain cells form networks of neurons or nerve cells. These neurons exchange information by delivering electrochemical messages from neuron to neuron, a process known as neurotransmission. These electrochemical messages travel from the dendrites (cell body projections) to the dendrites of the next neuron *via* the soma or cell body, the axon (long extended structures), and the synapses (gaps between cells). Electrochemical messages in the nervous system travel across synapses between neural cells *via* unique chemical messengers known as neurotransmitters.



Schematic illustration of (1) neurotransmitter (T) release; (2) Binding of transmitter to postsynaptic receptor; termination of transmitter action by (3a) Reuptake of transmitter into the presynaptic terminal, (3b) Enzymatic degradation, (3c) diffusion away from the synapse; and (4) Binding of transmitter to presynaptic receptors for feedback regulation of transmitter release



Abnormal neurotransmission causing some mental disorders because of excess transmission or excess responsiveness of receptors

Dopamine

Dopamine is a neurotransmitter largely found in the brainstem, has been linked to the regulation of emotional reactions, motivation, and complicated movement control. It is made from the

than to provide a direct. Drugs that increase GABA function, such as benzodiazepines, are used to treat anxiety and to induce sleep.

Neurotransmitters	Abbreviation	Behaviors or diseases related to these neurotransmitters
Acetylcholine	ACh	Learning and memory; Alzheimer's disease, muscle movement in the peripheral nervous system
Dopamine	DA	Reward circuits; motor circuits involved in Parkinson's disease; schizophrenia
Norepinephrine	NE	Arousal; Depression
Serotonin	5HT	Depression; aggression; schizophrenia
Glutamate	GLU	Learning; major excitatory neurotransmitter in the brain
GABA	GABA	Anxiety disorders; epilepsy; major inhibitory neurotransmitter in the brain
Endogenous opioids	Endorphins, Enkephalins	Pain; analgesia; reward

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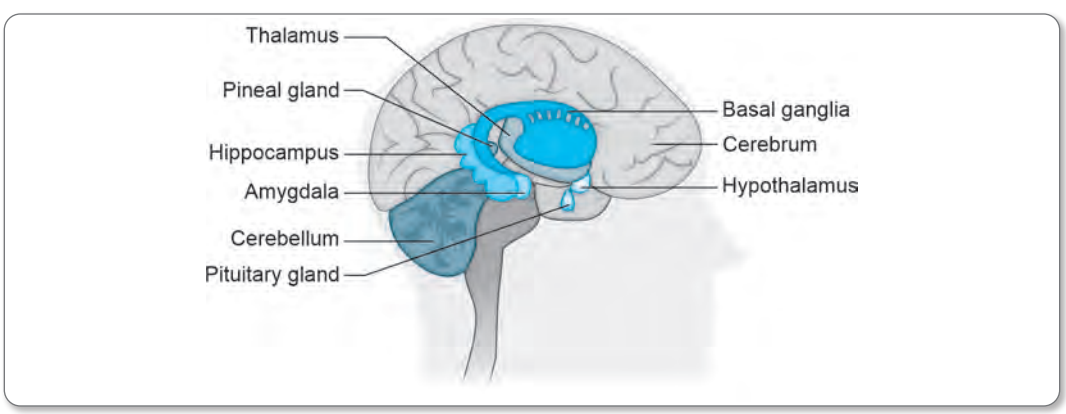
Q21. Discuss limbic system. **(GGIPU, MGR, KUHS, RGUHS)**

Ans.

The diencephalon and sections of the cerebrum form the limbic system, a region of the brain. The medially located cortical and subcortical structures, as well as the fiber lines linking them to the hypothalamus, are the main components. The olfactory tract, mammillary body, hypothalamus, cingulate gyrus, septum pellucidum, thalamus, hippocampus, and fornix comprise the system. This system, known as "the emotional brain", is linked to emotions like fear and anxiety, rage and aggressiveness, love and joy, sexuality, and hope.



References: *https://www.simplypsychology.org/limbic-system.html*

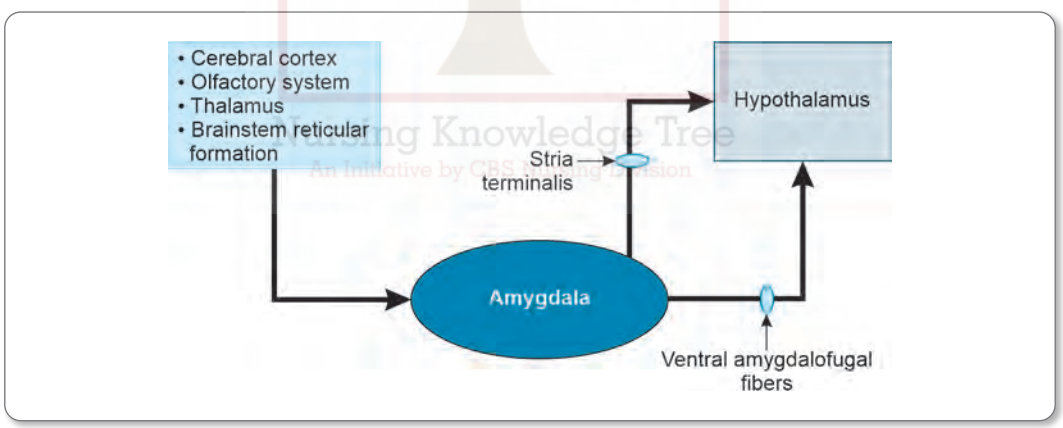
History of Limbic System

Famous personality, Paul Broca (1824–1880) in 1878 discovered "le grand lobe limbique" and refers to a ring of gray matter on the medial aspect of the cerebral hemispheres.

James Papez (1883–1958) in 1930's defined a limbic system that might underlie the relationship between emotion and memory (Papez' circuit).

Components of Limbic System

Area	Function
Cingulate gyrus	Autonomic functions regulating heart rate and blood pressure as well as cognitive, attentional and emotional processing
Parahippocampal gyrus	Spatial memory
Hippocampus	Long-term memory
Amygdala	Anxiety, aggression, fear conditioning; emotional memory and social cognition; emotional brain
Hypothalamus	Regulates the autonomic nervous system *via* hormone production and release. Secondarily, affects and regulates blood pressure, heart rate, hunger, thirst, sexual arousal and the circadian rhythm sleep/wake cycle
Mammillary body	Memory
Nucleus accumbens	Reward, addiction



Amygdala connections

Damage

Damage to the limbic system is dependent on which region is affected. Amygdala damage could affect a person's fear processing (especially in being unable to recognize fearful situations), which could result in more risk-taking behaviors and putting themselves in dangerous situations.

Damage to the hippocampus could lead to deficits in being able to learn anything new, as well as affecting memory. Hypothalamus damage can affect the production of certain hormones, including those which can affect mood and emotion.

Human endocrine function has a solid base in the central nervous system (CNS), where the pituitary gland is directly under the control of the hypothalamus. The anterior lobe, also known as the adenohypophysis, and the posterior lobe, sometimes known as the neurohypophysis, are the two main lobes of the pituitary gland. The pituitary gland is only little larger than a pea, yet due to the strong control it has over human endocrine functioning, it is sometimes referred to as the "master gland". Many of the hormones regulated by the hypothalamus and pituitary may have an impact on how people behave.

Pituitary Gland

Through efferent neuronal connections, the hypothalamus has direct control over the posterior pituitary. The posterior pituitary gland produces oxytocin and vasopressin, an antidiuretic hormone. The hypothalamus really creates them, while the posterior pituitary stores them. The hypothalamus's brain impulses control how they are released.

Hormone	Location and stimulation hormone of release	Target organ	Function	Possible behavioral correlation to altered secretion
Antidiuretic hormone	Posterior pituitary hormone (ADH) release is induced by thirst, discomfort, and stress	Kidney (causes increased reabsorption)	Body water conservation and blood pressure control	Polydipsia; altered pain response; modified sleep pattern
Oxytocin	End of pregnancy, stress, and sexual excitement all enhance posterior pituitary release	Uterus; breast	Contraction of the uterus in preparation for delivery; secretion of breast milk	ACTH activation may play a function in stress response
Growth hormone (GH)	Growth hormone-releasing hormone from the hypothalamus stimulates anterior pituitary release	Bones and tissues	Growth in children; protein synthesis in adults	Anorexia nervosa
Adrenocorticotropic hormone (ACTH)	Growth hormone-releasing hormone from the hypothalamus stimulates anterior pituitary release	Adrenal cortex	Stimulation of secretion of cortisol, which plays a role in response to stress	• Symptoms of elevated levels include mood disorders and psychosis. • Depression, apathy, and fatigue have all subsided

Contd...

Q28. Describe in tabular form the developmental stages of Freud, Sullivan and Erikson. (DU)

Ans.

Stage	Freud's Psychosexual Development Theory	Erikson's Psychosocial Theory of Personality Development	Sullivan's Interpersonal Theory
	Sigmund Freud (Austrian neurologist, founder of psychoanalysis)—based his study from observations of a mentally ill person.	Erik Erikson—stresses the importance of culture and society in the development of the personality. A person's social view of self is more important than instinctual drives in determining behavior, allows for more optimistic view of possibilities for human growth. It describes the 8 developmental stages covering the entire life span, affected by conflict.	Individual behavior and personality development are direct result of interpersonal relationship.
Infancy 1: 1 month–1 year	**Oral stage** • Child explores the world by using mouth, especially the tongue. • Infant sucks for enjoyment or relief from tension as well as for nourishment.	**Trust versus mistrust** • Learning confidence/learning to love. • Child learns to love and be loved. • (+) self-confidence, optimism and faith in the gratification of needs and desires and hope for the future. • (–) emotional dissatisfaction with self and others, suspiciousness and difficulty with interpersonal relationships. **Nursing implications:** • Provide a primary caregiver. • Provide experiences that adds security (soft and touch). • Provide visual stimulation for active child involvement.	**Birth: 18 months** Relief from anxiety through oral gratification of needs
Toddler 1–3 years	**Anal stage** • Learns to control urination and defecation. • Focus on the anal region as they begin toilet training.	**Autonomy versus shame and doubt** • Child learns to be independent and make decisions for self. • If with less autonomy, they can be disabled in their attempts to achieve independence and may lack confidence in their abilities to achieve well into adolescence and adulthood.	**Childhood: 18 months 6 years** Learning to experience a delay in personal gratification without undo anxiety.

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Fight or Flight Response of the Body to Stress

This "fight or flight" response served our forefathers well. Those Homo sapiens who had to deal with the huge grizzly bear or the saber-toothed tiger as part of their survival fight had to have utilized these adaptive resources to their advantage. The response was triggered in emergency situations, used to save lives, and then the compensating mechanisms were restored to their pre-emergent state (homeostasis).

Selye conducted his comprehensive research in a controlled environment using laboratory animals as subjects. He elicited physiological reactions by physical stressors such as heat or cold exposure, electric shock, hazardous substance injection, constraint, and surgical harm. Since the publication of his original research, it has become clear that the "fight or flight" syndrome of symptoms occurs in reaction to both psychological and emotional stimuli.

Because psychological or emotional stressors are not always alleviated as quickly as physical stressors, the body may be emptied of adaptation energy more quickly than physical stressors. The "fight or flight" response may be inappropriate, if not dangerous, for today's lifestyle, in which stress has been defined as a pervasive, persistent, and unrelenting psychological condition. This chronic reaction, which keeps the body stimulated for long periods of time, increases susceptibility to illnesses of adaptation.

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THERAPEUTIC COMMUNICATION AND INTERPERSONAL RELATIONSHIPS

LONG ANSWER QUESTIONS

Q37. What is therapeutic communication? Explain the techniques and barriers of therapeutic communication. (DU, MGR, KUHS, RGUHS, GGIPU, ABVMU)

Ans.

Techniques employed by carers that are focused on the needs of the care receiver and advance the causes of healing and transformation, both vocally and nonverbally. The therapeutic discourse promotes the exploration of emotions and the comprehension of behavioral motivation. It promotes trust, discourages defensiveness, and is uncritical.

Communication is the process that people use to exchange information. Messages are simultaneously sent and received on two levels: verbally through the use of words and nonverbally by behaviors that accompany the words.

PROMOTING SELF-ESTEEM, AND WOMEN & MENTAL HEALTH

LONG ANSWER QUESTIONS

Q49. Define self-concept and explain its components. Describe manifestation of low self-esteem. Discuss how as a mental health nurse you would help the patients to improve his/her self-concept. (ABVMU, BU, CU, DU, KUHS, RGUHS, GGIPU, HU, SMU, JU)

Ans.

The mental image of oneself is referred to as one's self-concept. A person's mental and physical health depend on having a healthy self-concept. Individuals who have a good self-concept are more capable of developing and maintaining interpersonal relationships, as well as resisting psychological and physical sickness.

Nurses are responsible for assessing clients for a poor self-concept and determining the likely cause in order to assist them in developing a more positive self-concept. Individuals with low self-esteem may show sentiments of worthlessness, disdain, or even hatred for themselves. They may be depressed or despairing, and they may claim they lack the energy to complete even the most basic duties.

Meaning of Self-Concept

Self-concept refers to all of the self-perceptions, such as looks, values, and beliefs, that drive behavior and are alluded to when the words I or me are used. Self-concept is a multifaceted notion that influences the following:

- How one thinks, talks, and acts.
- How one perceives and treats others.
- Choices one makes.
- Ability to give and receive love.
- Ability to act and alter things.

There are four dimensions of self-concept:

1. **Self-knowledge:** The knowledge that one has about one-self, including insights into one's ability, nature and limitations.
2. **Self-expectations:** What one expects of oneself; may be a realistic or unrealistic expectation.
3. **Social life:** How a person is perceived by others and society.
4. **Social evaluation:** The appraisal of oneself in relationship to others, events, or situations.

Components of Self-Concept

There are four components of self-concept: Personal identity, body image, role performance and self–esteem.

1. **Personal identity:** Personal identity is the conscious sense of individuality and uniqueness that is continually evolving throughout life. People often view their identity in terms of name, sex, age,

MENTAL HEALTH (PSYCHIATRIC) NURSING–II

PRINCIPLES AND PRACTICE OF PSYCHIATRIC NURSING: REVIEW

LONG ANSWER QUESTIONS

Q1. Discuss the history of psychiatry in global perspectives. **(DU, MGR, BHU, KUHS)**

Ans.

Till about 17th century all the abnormal behavior was believed to be act of the 'devil', i.e., Satanic act which was 'Against God', 'Mentally ill' people were considered evil and described as witches. Gradually over the passing time, mental illness was considered 'deviant behavior and mentally ill were considered socially unacceptable and put in jails along with other criminals. In the modern era, there was a shift from 'evil' to 'ill'. Mentally ill were called 'mad' or 'insane' and were placed in special places called 'asylums'. Then gradually these asylums became the place for human exploitation. Philippe Pinel was the first Psychiatrist to free these mentally ill from asylum. Clifford Beers work 'The Mind that Found Itself' brought in light the treatment meted out to these people in asylums, resulting in a strong reaction to the plights of mentally ill. In the 20th century, the work of Freud and 'B. F. Skinner and J. B. Watson' gave a scientific combination of biological and social theories to explain the etiology of mental illness.

The history of psychiatry had witnessed three major revolutions that have given its present status.

- First revolution occurred when it was believed that sin and witchcraft are responsible for mental illness and mentally ill were chained in jails and asylums. They were considered out castes.
- Second revolution was the advent of psychoanalysis; that explained the etiology of psychiatric disorders.
- Third revolution was the development of community psychiatry that resulted in the integration of mental healthcare in the community.

Pythagoras (580–510 BC)	Developed the concept that the brain is the seat of intellectual activity.
Hippocrates (460–370 BC)	Described mental illness as hysteria, mania and depression.
Plato (427–370 BC)	Identified the relationship between mind and body.
	Asclepiades, who is referred to as the Father of Psychiatry, made use of simple hygienic measures, diet bath, massage in place of mechanical restraints.
Aristotle (382–322 BC)	Aristotle, a Greek philosopher, emphasized the release of repressed emotions for the effective treatment of mental illness. He suggested catharsis and music therapy for the patient with melancholia.
Early Christian times (1–1000 AD)	Primitive beliefs and superstitions were strong. All diseases were again blamed on demons, and the mentally ill were viewed as possessed.
During the renaissance (1300–1600)	People with mental illness were distinguished from criminals.
1547	Hospital of St. Mary of Bethlehem was officially declared a hospital for the insane, the first of its kind.
1773	The first mental hospital in the US was built in Williamsburg, Virginia.
1793	Philippe Pinel removed the chains from mentally ill patients confined in Bicetre, a hospital outside Paris, i.e., the first revolution in psychiatry.
1812	The first American textbook in psychiatry was written by Benjamin Rush, who is referred to as the Father of American Psychiatry.
1912	Eugen Bleuler, a Swiss psychiatrist coined the term Schizophrenia. The Indian Lunacy Act passed.
1927	Insulin shock treatment was introduced for schizophrenia.
1936	Frontal lobotomy was advocated for the management of psychiatric disorders.
1938	Electroconvulsive therapy (ECT) was used for the treatment of psychoses.
1939	Development of psychoanalytical theory by Sigmund Freud led to new concepts in the treatment of mental illness.
1946	The Bhore Committee presented the situation with regard to mental health services. Based on the recommendations, five hospitals were set up at Amritsar, Hyderabad, Srinagar, Jamnagar and New Delhi.
1949	Lithium was first used for the treatment of mania.

Contd...

People who had formerly required long hospital stays were now able to leave the institutions and return to their communities. Once discharged, some went to group homes, and some returned home. Unfortunately, others faced homelessness. Deinstitutionalization was and still is a controversial issue, but it was a huge step in returning a sense of worth, ability, and independence to those who had been dependent on others for their care for so long.

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Gorman. M Linda Neebs. Fundamentals of Mental Health Nursing, Davis Plus Publishers, 5th edition. Pp 32.

Q2. Discuss history of psychiatric nursing globally and in Indian context. (MGR, KUHS)

Ans.

It is greatly influenced by the development and progress of nursing profession and the care and treatment of mentally ill. The first psychiatric nurse was Linda Richards, an American lady (1841–1930) at McLean's hospital. The first fully developed psychiatric course was started in America at John Hopkins Hospital.

Evolution of Psychiatric Nursing Practice

According to Peplau, the historical development of psychiatric nursing began in 1773. She identified five errors or phases in the establishment of psychiatric nursing.

1. **Phase I:** Emergence of Psychiatric Mental Health nursing (1773–1881).
2. **Phase II:** Development of the work role of nurse in Psychiatric Mental Health facilities (1882–1914).
3. **Phase III:** Development of undergraduate Psychiatric Mental Health nursing education (1915–1935).
4. **Phase IV:** Development of graduate Psychiatric Mental Health nursing education (1936–1945).
5. **Phase V:** Development of consultation and research in Psychiatric Mental Health nursing practice (1946–1956).

Psychiatric and Mental Health Nursing in India

In India, the progress in mental health remains very slow. Miles to go before the actual care of mentally ill benefits from psychiatric nursing care.

- **250 BC:** Edicts of Ashoka indicate institutional care of mentally ill existed way back in 250 BC.
- **1745:** First lunatic asylum in India was established followed by Calcutta in 1784.
- **1917–1950:** Psychiatric nursing was included in the syllabus.
- **1925:** Indian Mental Hospital was built at Ranchi.
- **1956:** One year post certificate course in psychiatric nursing was started at NIMHANS, Bangalore.
- **1960:** Postgraduate diploma in psychiatric nursing started in Ranchi.

sleeplessness and the other may have it because of hypoglycemia. Analysis and study of symptoms are necessary to reveal their meaning and their significance to the patient.

In a psychiatric ward, for example, two patients feel hostile toward the nurse and both express it verbally. One patient having spoken may get overwhelmed by feeling of guilt and panic. The other may show a rather satisfied relief having spoken. The first patient may need help in refraining from verbal expression and help him to channelize hostility in indirect way, until she can tolerate his frank expression of hostility. The other patient may be encouraged to explore verbally, and eventually hostility of both should be understood.

11. **Explain routines and procedures at patient's levels of understanding:** Every patient has a right to know what is being done and why it is being done to him, every procedure should be explained at his level of understanding depending on the limitation placed on him by his symptoms. Explaining procedures to the patient reduces anxiety. The character of explanation depends on the patient's span of attention level of anxiety, level of ability to decide, etc. But the explanation should never be withheld, thinking that psychiatric patients are not having contact with reality or have no ability to understand.
12. **Many procedures are modified but basic principles remain unaltered:** In psychiatric nursing field, many methods are adapted to the protective needs of the patients but the nursing principles and scientific principles remain the same.

    For example, giving enema, doing surgical dressing, catheterization and giving medication: The principles behind each remain the same, but the procedure of each treatment may be different.

References:
Prakash P. Textbook of Mental Health and Psychiatric Nursing. 1st edition. CBS Publishers and Distributors. 2022. Pp 50.
Khakha D.C. Essentials of Mental Health Nursing. 1st edition. CBS Publishers and Distributors. 2023. Pp 43.
Videback, Sheila L. Psychiatric Mental Health Nursing. 5th edition. Wolters Kluwer Health. Lippincott's Williams and Wilkins. 2011. Pp 156.

CRISIS INTERVENTION

LONG ANSWER QUESTIONS

Q4. Explain in detail about psychiatric emergencies and their management. (KUHS, RGUHS)

Ans.

A psychiatric emergency is a clinical application of psychiatry in emergency settings. Conditions requiring psychiatric interventions may include attempted suicide, substance abuse, depression, psychosis, violence or other rapid changes in behavior. Psychiatric emergency services are rendered by professionals in the fields of medicine, nursing, psychology and social work.

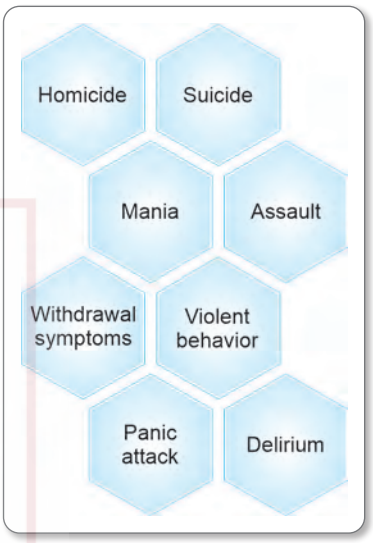
A psychiatric emergency is an acute disturbance of behavior, thought or mood of patient which if untreated may lead to harm, either to individual or to others in the environment.

Objectives of Psychiatric Emergency Management

- To safeguard the life of patient.
- To reduce anxiety.

- To promote emotional security of client and family members.
- To educate client and his family members the ways of dealing emergency situation by adaptive coping strategies, problem-solving methods.

Types of Psychiatric Emergencies



Suicide

Suicide is the act of killing oneself. Suicide burdens those left behind with many painful feelings and perplexed thoughts.

"Suicide is the act of deliberately killing oneself. Risk factors for suicide include mental disorder (such as depression, personality disorder, alcohol dependence, or schizophrenia), and some physical illnesses, such as neurological disorders, cancer, and HIV infection".

Etymology. Latin origins: (sui) self-(cide) death. Ergo, self-injurious behavior sans death-wish is not a suicide attempt. Eighth leading cause of death in men. (Higher than homicide.) Third leading cause of death in adolescents (15–24 years).

Substance use disorders fall in the middle, with primary mental disorders having the highest risk and organic disorders having the lowest. According to Indian studies, those who attempt suicide most frequently is between the ages of 15 and 30. It is expected that this number would rise in the years to come. Suicide is prevalent among single people (among married people, the chance of suicide rises in the first year after a spouse's death). Additionally, rates are greater among persons who are unemployed and have a coexisting medical condition. Although more women attempt suicide, more men actually succeed in doing so.

Causes of Suicide

Psychological causes	Social causes
• Isolated feeling • loneliness • Inability to solve problems • Severe frustration • Hopelessness and helplessness • Conflict • Stress, threat • Excessive anger • Guilt, shame • Unfulfilled need • Fear	• Physically abused • Economic failure • Lack of social support • Disturbed IPR • Lack of satisfaction • Social isolation • Low social status • Family problems

Management

- The most effective indicators of a potential suicidal attempt are self-destructive behaviors and prior attempts.
- Suicidal ideation must be raised with all psychiatric patients as part of normal assessment. It is important to understand that inquiring about a patient's previous attempts at suicide does not

Mobile Crisis Programs

Mobile crisis teams provide frontline interdisciplinary crisis intervention to the individual, families and communities. The nurse who is the member of mobile crisis team, should be able to provide onsite assessment, crises management treatment, referral and educational services to the patient Family and the community at a large. Nurses are thus able to ensure mental healthcare for even the most under-served populations efficiently and cost effectively.

Telephone Contacts

The nurse should have effective listening skills to provide crisis intervention to victims through phone.

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Townsend M.C. 2015. Psychiatric Mental Health Nursing: Concepts of Care in Evidence-based Practice. 8th edition. F.A. Davis Company Publishers. Pp 222.
Khakha D.C. Essentials of Mental Health Nursing. 1st edition. CBS Publishers and Distributors. 2023. Pp 356–360.

ANGER/AGGRESSION MANAGEMENT

LONG ANSWER QUESTIONS

Q11. Discuss the predisposing factors related to anger and aggression. (KUHS, RGUHS)

Ans.

Anger is an emotional state that varies in intensity from mild irritation to intense fury and rage. It is accompanied by physiological and biological changes, such as increase in heart rate, blood pressure, and levels of the hormones epinephrine and norepinephrine.

Anger, a normal human emotion, is a strong, uncomfortable, emotional response to a real or perceived provocation. Anger results when a person is frustrated, hurt, or afraid. Handled appropriately and expressed assertively, anger can be a positive force that helps a person to resolve conflicts, solve problems, and make decisions. Anger energizes the body physically for self-defense, when needed, by activating the "fight-or-flight" response mechanisms of the sympathetic nervous system.

Aggression is a behavior intended to threaten or injure the victim's security or self-esteem. It means "to go against", "to assault", or "to attack". It is a response that aims at inflicting pain or injury on objects or persons. Whether the damage is caused by words, fists, or weapons, the behavior is virtually always designed to punish. It is frequently accompanied by bitterness, meanness, and ridicule. An aggressive person is often vengeful.

Operant Conditioning

Operant conditioning occurs when a specific behavior is reinforced. A positive reinforcement is a response to the specific behavior that is pleasurable or offers a reward. A negative reinforcement is a response to the specific behavior that prevents an undesirable result from occurring. Anger responses

Causes: Anger is an entirely normal, healthy, and mature feeling. It can be caused by any number of reasons which could be rational or irrational. Sometimes, people also use anger to avoid dealing with some other emotions. The loss of a loved one can force some people to develop anger issues as they cannot or do not want to deal with the grief and pain of the loss. Besides that, anger can also be the result of other medical conditions, such as depression, bipolar disorder, ADHD, or substance abuse. It is more an innate response.	**Causes:** Aggressive behavior can be a result of certain genetic factors, for instance, if a person has a family history of anger issues. Hormones like testosterone, cortisol, serotonin, or dopamine can also lead to aggression if they are imbalanced. It is more a learned response.
Symptoms: When not expressed in a healthy manner, anger comes with its own dangers as well. If not controlled or channeled the right way, anger can turn detrimental, straining relationships and causing problems in a person's professional as well as personal life. Since anger is an intense emotion, it is often accompanied by intense physical symptoms as well. There are certain biological and physiological reactions in the body. You can experience a spike in heart rate along with raised blood pressure. These two alone are enough to make anyone feel agitated. However, different people experience and express their anger differently. For some people, they might also experience an increase in muscle tension, body temperature, and hormones like adrenaline or noradrenaline. Others might find themselves crying in anger or getting the sweat.	**Symptoms**: Different types of aggression can appear differently. There is physical aggression which appears as physical acts of violence done against someone. For example, a person hitting someone or breaking objects around them in anger will be identified as physical aggression. Similarly, there is verbal aggression which includes mocking someone, swearing at them or simply yelling at them. Relational aggression is when a person is trying to harm someone's relationship by spreading false rumors about the couple. Moreover, there is passive aggression as well which is when a person is trying to hurt someone in a more subtle manner, such as by giving them the silent treatment.
common expressions of anger: • Frowning or scowling • Clenching fists • Clenching jaw • Shouting • Arguing • Cursing • Sarcasm	**Common expressions of aggression:** • Hitting, kicking, or beating someone • Stabbing or shooting someone • Hitting or damaging objects • Shouting or cursing at someone or something • Gossiping or spreading lies about someone • Lying or stealing • Standing by and allowing someone to be harmed

References:

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Q18. Write a short note on suicide prevention strategies. (DU, KUHS, RGUMS, BFUHS)

Suicide Contracts

The suicide prevention contract, or "no-harm contract", is commonly used in clinical practice but should not be considered a substitute for a careful clinical assessment. A patient's willingness (or reluctance) to enter into an oral or a written suicide prevention contract should not be viewed as an absolute indicator of suitability for discharge (or hospitalization). In addition, such contracts are not recommended for use with patients who are agitated, psychotic, impulsive, or under the influence of an intoxicating substance. Furthermore, since suicide prevention contracts are dependent on an established physician-patient relationship, they are not recommended for use in emergency settings or with newly admitted or unknown inpatients.

Tell the Client to Stop

This may be sufficient to help the client control his own actions if exhibiting hostile actions. The client may be often afraid of his own actions and wants staff to set limits. Calmly and assertively telling the client to stop can communicate that his behavior is not acceptable. Additionally, verbal interventions can be effective when used in conjunction with other techniques, such as de-escalation strategies, active listening, and empathetic communication.

Listen

Let your friends or loved ones vent and unload their feelings. No matter how negative the conversation seems, the fact that it is taking place is a positive sign.

Environmental Modifications

Reference: *https://images.app.goo.gl/p4NNP4ceu5Uj8nW78*

Q20. Describe management and illustrate signs and symptoms of ADHD. (DU, ABVMU)

Ans.

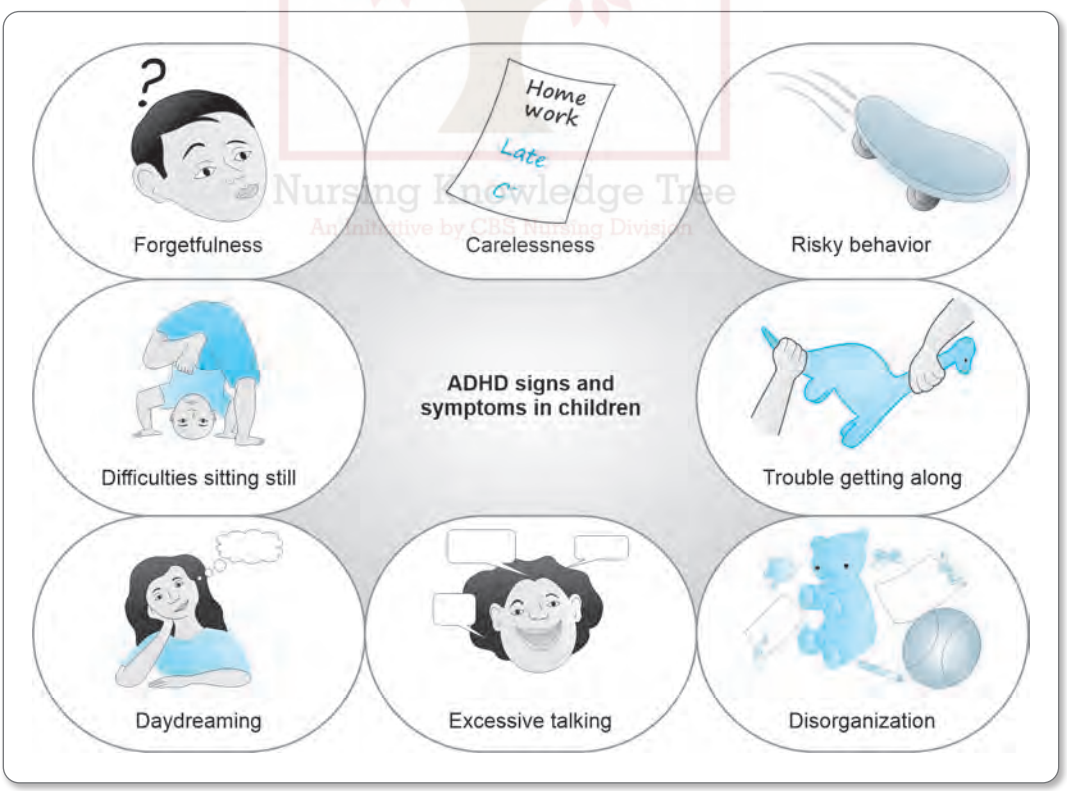
Attention-Deficit/Hyperactivity Disorder

Attention-deficit/hyperactivity disorder (ADHD) is a neuropsychiatric condition affecting preschoolers, children, adolescents, and adults around the world, characterized by a pattern of diminished sustained attention, and increased impulsivity or hyperactivity.

Clinical Findings, Epidemiology, and Course

A kid diagnosed with attention-deficit/hyperactivity disorder (ADHD) typically exhibits impulsivity, hyperactivity, and/or inattention. These kids cannot control how they react to stimuli and are very distractible. Movements are spontaneous and haphazard, and there is an excess of motor activity. Since the distinctive behavior of younger children is much more diverse than that of older children, it might be challenging to diagnose the disorder in children under the age of four. The condition is often not identified until the child starts school. It affects almost three times as many boys as girls and can affect up to nine percent of school-age children.

Signs and Symptoms of ADHD



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Videback, Sheila L. Psychiatric Mental Health Nursing. 5th edition. Wolters Kluwer Health. Lippincott's Williams and Wilkins. 2011. Pp 419.

Q23. Differentiate between conduct and behavioral disorders. (BFUHS, DU, KUHS, RGUMS)

Ans.

Around adults, children can dispute, act aggressively, or display angry or defiant behavior. When these disruptive behaviors are severe, persistent, or unusual for the child's age at the time, a behavior disorder may be identified. Disruptive behavior disorders are commonly referred to as externalizing disorders since they entail acting out and displaying undesirable behavior toward others.

Conduct disorders	Behavioral disorders
Characterized by aggression, destruction, deceitfulness or theft, and serious violations	Characterized by angry or irritable mood, argumentative or defiant and vindictiveness.
More symptoms related with physical violence	Less symptoms related with physical violence
Duration of symptoms is at least 12 months	Duration of symptoms is at least 6 months
Severity is based on the frequency and extent of misconduct	Severity is according to the number of settings where the behavior is manifested.
Has three subtypes	No specified subtype
Affective-oriented risk factors	Both affective and cognitive oriented risk factors
No specifier on limited prosocial emotions	Has specifiers on limited prosocial emotions
Symptoms include: • Carrying a hidden weapon • Disruptive behavior • Vandalism • Setting fires • Initiating fights • Using a weapon to get things • Hitting someone • Throwing objects at people • Involvement in gang fights • Being physically cruel to people • Being physically cruel to animals	Symptoms include: • Often loses temper • Often argues with adults • Defies or refuses adult requests • Annoys other people • Touchy or easily annoyed • Angry and resentful • Spiteful or vindictive • Swears or uses obscene language • Blames others for own mistakes

References:
Prakash P. Textbook of Mental Health and Psychiatric Nursing. 1st edition. CBS Publishers and Distributors. 2022. Pp 298–300.
Khakha D.C. Essentials of Mental Health Nursing. 1st edition. CBS Publishers and Distributors. 2023. Pp 313–314.

Opioid Withdrawal

Opioid withdrawal produces a syndrome of symptoms that develop after cessation of, or reduction in, heavy and prolonged use of an opiate or related substance. Symptoms include dysphoric mood, nausea or vomiting, muscle aches, lacrimation or rhinorrhea, pupillary dilation, piloerection, sweating, diarrhea, yawning, fever, and insomnia.

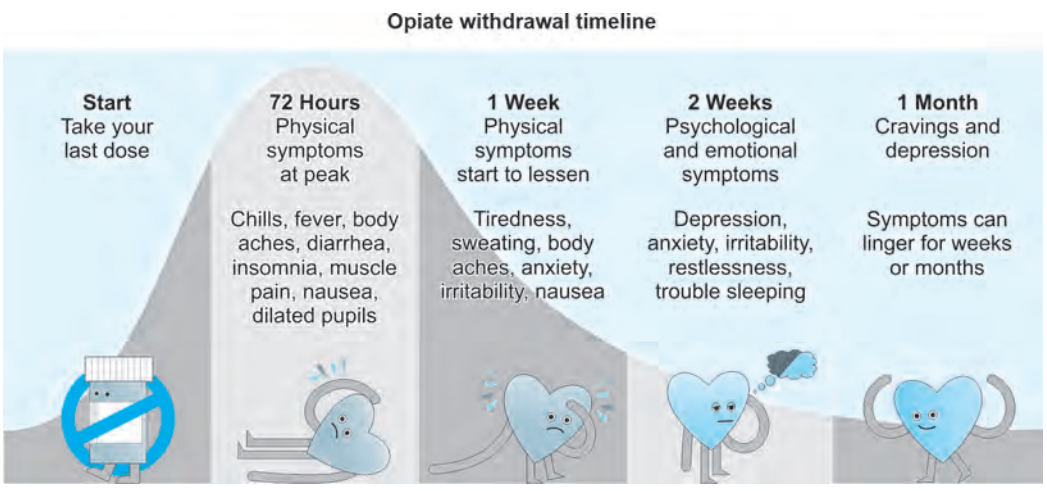
With short-acting drugs such as heroin, withdrawal symptoms occur within 6–8 hours after the last dose, peak within 1–3 days, and gradually subside over a period of 5–10 days.

With longer-acting drugs such as methadone, withdrawal symptoms begin within 1–3 days after the last dose, peak between days 4 and 6, and are complete within 14–21 days.

Withdrawal from the ultra-short-acting drug such as meperidine, withdrawal symptom begins quickly, reaches a peak in 8–12 hours, and is complete in 4–5 days.

Physical symptoms accompanied by narcotic withdrawal include:

- Sweating
- Shaking
- Muscle spasms and cramps
- Nausea
- Vomiting
- Insomnia
- Joint and bone pain
- Lack of appetite
- Anxiety
- Depression
- Fever
- Irritability
- Rapid heart rate and breathing



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SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

LONG ANSWER QUESTIONS

Q35. Describe various types of psychotic disorders and discuss the nursing management of patient with paranoid schizophrenia. (DU, MGR, BHU, KUHS, HU)

Ans.

The term schizophrenia was coined in 1908 by the Swiss psychiatrist Eugen Bleuler. The word was derived from the Greek "schizo" (splitting) and "phren" (mind).

Schizophrenia affects a person's thoughts and behaviors. Experts no longer use types to classify schizophrenia, but some people with the condition may be more likely to have certain features, such as paranoia or hallucinations.

Thought and behavior related symptoms, such as delusions and hallucinations, determine the classification of the different types of schizophrenia. The DSM-5 identifies a spectrum of psychotic disorders that are organized to reflect a gradient of psychopathology from least to most severe. Degree of severity is determined by the level, number, and duration of psychotic signs and symptoms.

Delusional Disorder

Delusional disorder is characterized by the presence of delusions that have been experienced by the individual for at least one month. If delusions are present, hallucinations are not prominent, and behavior is not bizarre. The subtype of delusional disorder is based on the predominant delusional theme. The DSM-5 states that a specifier may be added to denote if the delusions are considered bizarre (i.e., if the thought is "clearly implausible, not understandable, and not derived from ordinary life experiences".) Subtypes of delusional disorder include the following:

Erotomanic type: This type of delusion, on individual believes that someone, usually of a higher status, is in love with him/her. Famous people are often the subjects of erotomanic delusions. Sometimes the delusion is kept secret, but some individuals may follow, contact, or otherwise try to pursue the object of their delusion.

Grandiose type: Individuals with grandiose delusions have irrational ideas regarding their own worth, talent, knowledge or power. They may believe that they have a special relationship with a famous person, or even assume the identity of a famous person (believing that the actual person is an imposter). Grandiose delusions of a religious nature may lead to assumption of the identity of a deity or religious leader.

Electroconvulsive Therapy

For adults with schizoaffective disorder who do not respond to psychotherapy or medications, electroconvulsive therapy (ECT) may be considered.

References:
https://www.mayoclinic.org/diseases-conditions/schizoaffective-disorder/diagnosis-treatment/drc-20354509
Prakash P. Textbook of Mental Health and Psychiatric Nursing. 1st edition. CBS Publishers and Distributors. 2022. Pp 198.
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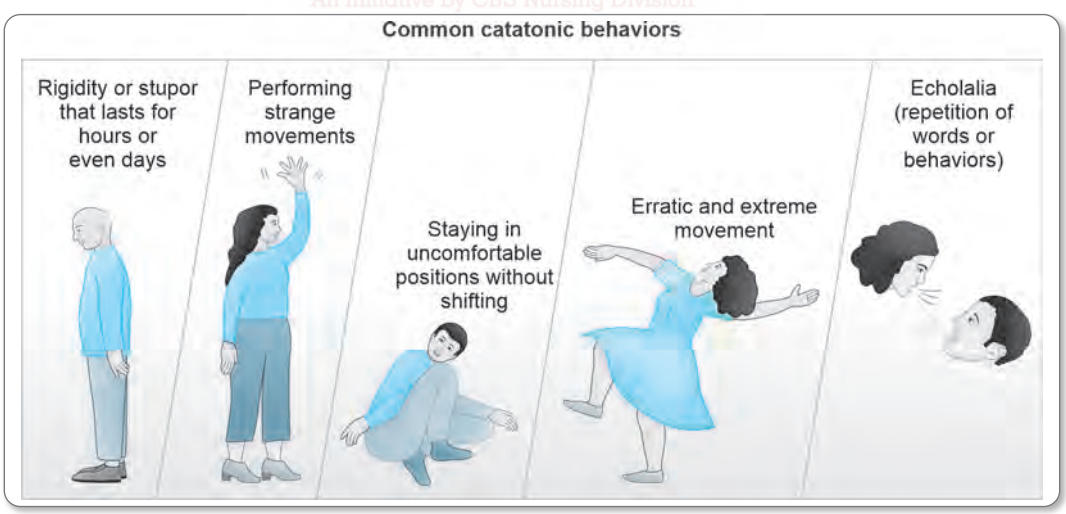
Q39. Define catatonic schizophrenia. **(KUHS, RGUHS, MGR, DU)**

Ans.

A rare and severe mental illness known as catatonic schizophrenia is typified by remarkable motor behaviors, usually marked by either a marked decrease in voluntary movement or an excessive amount of agitation and hyperactivity. The patient may occasionally remain virtually immobile, frequently adopting statuesque postures. Patients may stand still in a stiff position for several hours or even days at a time.

Mutism (the inability to speak), excessive cooperation, stupor, and the absence of nearly all voluntary acts are additional signs of catatonic schizophrenia. Occasionally, periods of increased motor activity and excitement—typically of the impulsive, unpredictable kind—precede or interrupt this state of passivity.



Reference: *(https://images.app.goo.gl/odNw5CxK9fJZaGt88)*

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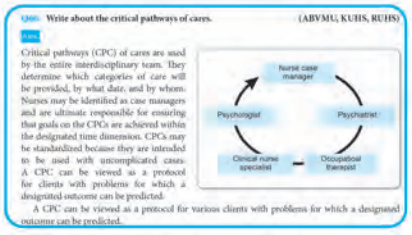
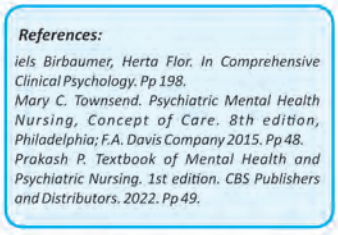
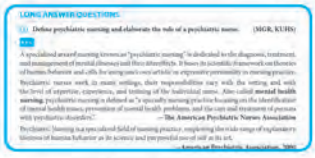


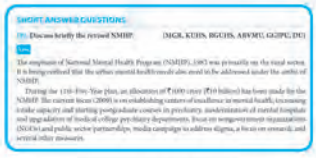
A purely Examination-oriented approach has been adopted for the development of explanations as per the weightage of the marks



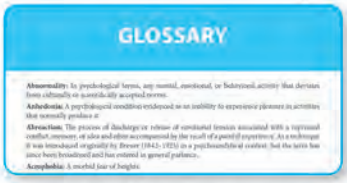
Each and every Question has been provided with **Standard References of Textbook** for detailed understanding of the respective topic

Pedagogical Features, like Tables, Figures, Flowcharts, and illustrations have been supplemented with the explanations for better understanding of the concepts

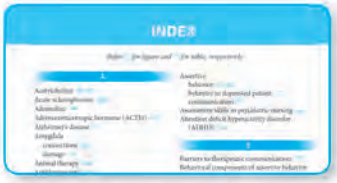




Long and Short Answer Questions have extensively been covered with a topic-wise approach; extracted from the last 10 years Question papers of MSc Nursing of various important universities



Glossary includes all the important terminologies in an alphabetical manner for a quick glance over the important terms from exam point of view



Detailed Index with alphabetical arrangement at the end has been added for the quick access to the topics.

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