



**N108: NURSING CARE OF PATIENTS WITH PROBLEMS IN
PSYCHOSOCIAL ADAPTATION AND ADJUSTMENT**
1st Semester, AY 2023-2024

STUDY GUIDE UNIT IA

Title: Introduction to Mental Health Psychiatric Nursing
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Introduction:

Welcome to the course nursing care for clients with psychosocial problems in adaptation and adjustment! This is usually called Mental Health Psychiatric Nursing. In this exciting course, you will appreciate the knowledge, skills and attitude that you acquired from your previous nursing courses. You will need to review the different bio-psychosocial theories of behavior, therapeutic communication, application of the nursing process in the therapeutic nurse-client relationship, etc. Later on, you will also realize why self-awareness is very important in dealing with psychiatric clients since using yourself as a therapeutic tool entails a lot confrontations with your own feelings and issues as well.

When you hear about mental health nursing or psychiatric nursing, what are your initial thoughts or reactions? Some of you may have handled clients who have mental health concerns and you may be familiar already with some of the psychiatric symptoms. Others may feel scared or fearful just thinking about having to talk to someone with difficult behaviors such as anger or aggression. Moreso, some may feel ambivalent with how you will approach a client who is uncooperative or withdrawn. I know that all of these may seem overwhelming that is why, we also have a number of individual and group mental wellness sessions in the following weeks to be able to support and help one another throughout this journey.

Learning Outcomes:

At the end of Unit 1A, you should be able to:

1. Review previous concepts critical in the practice of mental health and psychiatric nursing such as knowledge on biopsychosocial, behavioral and health sciences and the humanities
2. Describe the scope and goals of mental health psychiatric nursing practice
3. Describe the objectives and components of the three levels of prevention in mental health
4. Explain concepts and principles of therapeutic communication
5. Discuss therapeutic use of self as applied in all the phases of the nurse-client relationship



Topics:

- Defining Mental Health and Mental Illness
- Scope, Goals, Roles and Functions of the Nurse in Mental Health
- Therapeutic Use of Self and Therapeutic Communication
- The Therapeutic Nurse Client Relationship

As we proceed, let us start by describe mental health and mental health psychiatric nursing. Although there is no single universal definition of mental health, a person's behavior can provide clues to his or her mental well-being. The determination of mental health may be difficult because each person can have a different view or manifestations of behavior. In most cases, 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 (Videbeck, 2020).

According to the World Health Organization, **mental health is a state of well-being in which an individual can realize his or her own potential, cope with the normal stresses of life, work productively and make a contribution to the community.** It is more than the absence of a mental disorder; it is the ability to think, learn, and understand one's emotions and the reactions of others. Mental health is a state of balance, both within and with the environment.

On the other hand, **mental illness includes disorders that affect mood, behavior, and thinking, such as depression, schizophrenia, anxiety disorders, and addictive disorders. It often causes significant distress or impaired functioning or both.** Individuals experience dissatisfaction with self, relationships, and ineffective coping. Factors contributing to mental illness can also be viewed within individual, interpersonal, and socio-cultural categories (Videbeck, 2020). The **Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5)**, is a taxonomy published by the American Psychiatric Association that describes all mental disorders, outlining specific diagnostic criteria for each based on clinical experience and research. This will be discussed later on when we talk about the different maladaptive behaviors.

Psychiatric nursing as “a part of all nursing”

Hildegard Peplau, referred to as the “mother of psychiatric nursing”, defined nursing as a “human relationship between an individual who is sick, or in need of health services and a nurse and a nurse especially educated to recognize and to respond to the need for help.” She referred nursing as a significant therapeutic, interpersonal process. In psychiatric nursing, there is consistent emphasis on holism where the nurse takes into account the biological, psychological, sociological, spiritual and cultural dimensions of humans in interaction with their physical and social environment (Haber, 1997). Others perceive mental health psychiatric nursing not as being a distinct area but as an integral and almost indivisible aspect of all nursing because nurses encounter individuals suffering from behavioral problems in medical-surgical, community and other settings (Travelbee, 1969).



According to a previous statement by the American Nurses Association, the scientific aspect of psychiatric nursing is the application of new and complex theories of human behavior based on the sciences that are utilized in all of nursing. Lastly, Joyce Travelbee defined psychiatric nursing as **an interpersonal process whereby the professional nurse assists an individual, family, or community to promote mental health, to prevent or cope with the experience of mental illness and suffering and, if necessary, to find meaning in these experiences.**

This definition is the basis of our clinical experience that is divided into the [three Levels of health promotion/disease prevention](#): **primary, secondary and tertiary level**. In primary prevention, mental health and psychiatric nursing care will revolve around preventive measures to prevent the onset of mental health problems. In the secondary level, nursing care will focus on those preventive measures that lead to early diagnosis and prompt treatment of the mental illness to prevent more severe problems in developing. Lastly, in the tertiary level, the focus is on the preventive measures aimed at rehabilitation following significant mental illness where nurses can work to retrain, re-educate and rehabilitate people who have already developed a mental health disorder.

Psychiatric-Mental Health Nursing Roles and Functions

In reference to the Statement on Psychiatric-Mental Health Clinical Nursing Practice (ANA, 1994), a psychiatric mental health nurse works with clients to:

- Maintain health and prevent illness
- Screen for physical and mental health problems, and evaluate the need for additional healthcare services
- Provide case management to assist the clients in using available resources and monitor their effectiveness
- Encourage and assist clients in activities of daily living (ADLs) such as personal hygiene and feeding or the development of community living skills such as using public transportation or locating appropriate housing
- Teach clients about those aspects of living that influence wellness such as self-care, or specific information about mental illness, relapse and methods of treatment including medications
- Employ psychobiological interventions such as nutrition/diet regulation, exercise/rest schedules, somatic treatments like light therapy or relaxation and monitor the effects of treatment regimens like psychoactive medication or electroconvulsive therapy
- Initiate direct crisis intervention services
- Offer counseling about health problems
- Follow clients in other settings such as the home to assist with or monitor their health-related needs
- Use the therapeutic potential in the client's environment or milieu in designing or providing care services
- Act within the community to assure appropriate resources and to instigate changes that address the mental health needs of the population
- Continually advocate for the needs of individual clients and for the population of those with mental disorders and their families



Qualities of Effective Psychiatric Mental Health Nurses

The uniqueness of this field of nursing entails specific qualities that a nurse should be able to demonstrate. These are the following:

Respect for the Client

Psychiatric client's behavior sometimes demonstrates their loss of self-respect. As nurses, we can convey respect in relationships with clients so that they can experience a sense of dignity by taking the time and energy to listen, taking care not to invalidate and minimize client's experience and being honest even if the truth is difficult to handle.

Availability

Of all the members of the healthcare team, the nurse has the richest opportunity to be available when needed because they are with clients on a relatively constant basis.

Spontaneity

Nurses who are comfortable with themselves, aware of therapeutic goals, and flexible about using a repertoire of possible interventions for any particular clinical problem find that being natural, spontaneous and authentic, while keeping therapeutic goals uppermost in their minds, is their most effective technique. Each nurse is unique and necessarily brings a different personal style to practice.

Hope

Effective psychiatric nursing practice is characterized by hope and optimism that all clients, no matter how debilitated, have the capacity for growth and change.

Acceptance

Therapeutic work requires that clients be able to examine, explore, and understand their coping mechanisms without feeling the need to cover up or disguise them to avoid negative judgments or punishments.

Sensitivity

Clients recognize the falseness of memorized phrases and assumed postures. therapeutic alliance is based on genuine interest and concern by trying to understand the client's perspective and working on shared goals.

Vision

Psychiatric mental health nurses focus their work on enhancing the quality of life for all human beings so they must come to terms with a professional and personal vision of what quality means.

Accountability

The need for personal accountability – professional integrity- is greater in psychiatric practice than in any type of healthcare since clients are more vulnerable and defenseless because their conditions hinder their thinking processes and relationships with others.



Advocacy

Psychiatric mental health nurses have been ardent supporters of a neglected, ignored, and forgotten population – the mentally ill. The stigma and discrimination that is still happening today calls for concrete steps to protect their rights and welfare.

Spirituality

Spirituality as the search for meaning in life and a belief in a higher power is at the core of each person’s existence. Helping clients in their search for meaning and purpose is possible when nurses have beliefs that sustain them rather than beliefs that are sources of conflict. One must meet their own spiritual needs satisfactorily to have a meaningful relationship with clients.

Empathy

The most important function of empathic understanding is to help the psychiatric mental health nurse give the client the very precious feeling of being understood and cared about. The capacity for empathy relies on personal integration – a firm sense of self.

Critical Thinking

The ability to think critically is crucial for nurses and this is more so important in mental health and psychiatric nursing.

There are many theories that try to explain human behavior, health, and mental illness. Each of them suggests how normal development occurs based on the theorist’s beliefs, assumptions, and view of the world. Conversely, these theories can also explain abnormal behavior and suggest strategies that the health provider can use to work with clients. Let us continue with the discussion of the traditional psychiatric theories.

Major Features of Traditional Psychiatric Theories

Theory	Assessment Base	Problem Statement	Goal	Dominant Interventions
Medical-psychologic	Individual client symptoms	Disease	Symptom management	Psychopharmacology
Psychoanalytic	Intrapsychic; unconscious	Conflict	Insight	Psychoanalysis
Behaviorist	Behavior	Learning deficit	Behavior Change	Behavior modification or conditioning
Social-interpersonal	Interactions between individual and social contexts	Interpersonal dysfunction	Enhanced awareness and quality of interpersonal interactions	Group, family and milieu therapies



Medical-psychologic

- ✓ Medical-psychologic theories view emotional and behavioral disturbances like any physical disease
- ✓ The abnormal behavior is directly attributable to a disease process, a lesion, a neuropathologic condition, a toxin introduced from outside the body, or a biochemical abnormality or neurotransmitters and enzymes
- ✓ Factors related to mental disorders include excess or deficiencies of certain brain neurotransmitters, alterations in the body's biologic rhythms, including the sleep-wake cycle; and genetic predispositions
- ✓ Mental disorders respond to physical or somatic treatments, including drugs, chemicals, hormones, diet or surgery
- ✓ These explanations of mental disorders can reduce the stigma associated with them and can discourage claims that mental disorders result from a lack of willpower and moral character.

REVIEW:

*Since the psychiatric-mental health nurse must have the basic understanding of how the brain functions, you are encouraged to **review major anatomic structures of the nervous system, how they work—the neurotransmission process and other biologic factors affecting mental health** which you have discussed from the foundations courses. This can also be found in any psychology or psychiatric mental health nursing book that you have.*

Psychoanalytic

- ✓ **Sigmund Freud** believed that all psychologic and emotional events, however obscure, were understandable. For the meanings behind behavior, he looked to childhood experiences that he believed caused adult neuroses.
- ✓ Psychoanalytic therapy consists of clarifying the meaning of events, feeling and behaviors and thereby gaining insight about them. Freud's work shifted focus of psychiatry from classification to a dynamic view of mental phenomena.
 - Unconscious mental processes
 - **Psychoanalysis** – traumatic experiences that stirred up intense and painful emotions; traumatic experience represented to the client some ideas that were incompatible with the dominant ideas constituting the ego - neurotic conflict; incompatible idea and neurotic conflict associated with it force the ego to bring it to action -- **ego defense mechanisms**
 - **Structure of the mind – id, ego and superego**
- ✓ **Erik Erickson's** developmental theory attempted to take into account not just the biologic instincts but also the cultural and interpersonal tasks that have to be accomplished in order to move forward developmentally. Example table
- ✓ Nurses are more involved in psychoanalytic language, concepts and speculations about client dynamics and personality development



REVIEW:

*Recall the **ego defense mechanisms** that you have learned in the past courses. How can the knowledge of these defense mechanisms be applied in psychiatric mental health nursing?*

Behaviorist theory

- To the behaviorist, symptoms associated with neuroses and psychoses are clusters of learned behaviors that persist because they are somehow rewarding to the individual.
- The conditioned or learned response is viewed as the basic unit of all learning, the unit on which more complex behavioral patterns are constructed
- The therapist determines what behavior should be changed and what should be followed. Change is affected by identifying events in the client's life that have been critical; stimuli for behavior and then arranging interventions from extinguishing those behaviors
 - **Shaping** – intervention designed to change a client's behavior by manipulating reinforcement to bring the person closer to the desired behavior
 - **Behavior Modification** – e.g., token economy – clients are rewarded for desired behavior by token reinforcers such as food, candy or verbal approval
- Some of the notable behaviorists are **Pavlov, Joseph Wolpe** and **B.F. Skinner**

Social- interpersonal theory

- Advocates of this perspective assert that other theories neglect the crucial social processes and cultural variation involved in the development, identification, and resolution of disturbed human responses.
- Mental illness is a label applied to certain behaviors that violate the rules of conduct imposed by others
- The self-system provides tools that enable people to deal with the tasks of avoiding anxiety and establishing security. The self is a construct built from the child's experience. It is made up of reflected appraisals the person learns in contact with significant others.
- According to the general systems theory of **Karl Menninger**, a system's well-being depends on the amount of stress and the effectiveness of its coping mechanisms. He asserts that 'mental illness' is an impairment of self-regulation in which comfort, growth, and production are surrendered for the sake of survival at the best level possible but at the sacrifice of emergency coping devices.
- Social- interpersonal theories give independent and collaborative psychiatric mental health nursing clear theoretic direction and support
- Intervention strategies include primary prevention achieved through psychoeducation, social change and research
- Therapy focuses on helping troubled people gain useful perspective on their lifestyle and social environment and develop coping skills and resources, rather than on exclusively repressing and controlling their symptoms.



- Other theorists who advocate on these concepts are **Adolf Meyer, Harry Stack Sullivan, Karen Horney, Erich Fromm, Alfred Adler**, etc.

REVIEW:

*Can you remember the **different theories of personality and human development**? I know it is daunting to memorize all of the theories but make sure to familiarize yourself with them because you need to apply these theories later on in analyzing your own client's behavior.*

As we continue with our discussion, recall as well the best-known **nursing theorists** whose concept and principles are relevant to psychiatric mental health nursing. Let me mention some of them:

- **Dorothea Orem (Theory of Self Care)**
- **Martha Rogers**
- **Sister Callista Roy (Adaptation Theory)**
- **Ida Jean Orlando**
- **Joyce Travelbee**
- **Jean Watson (Theory of Human Caring)**
- **Patricia Benner**

On the other hand, the **interpersonal theory of psychiatric mental health nursing originated by Hildegard Peplau (1952) remains the nursing theory that has shaped psychiatric mental health nursing most directly**. Peplau conceptualized the one-to-one nurse-client relationship as the situation in which patients can accomplish developmental tasks such as learning to trust or learning to collaborate and practice healthy communication and behaviors

By now, I hope you already realize how the understanding of the previous nursing concepts is **VERY IMPORTANT** in this course. We cannot go into details with each of these concepts anymore but see to it that you review them well because we cannot continue further in analyzing abnormal behavior without having a clear grasp of the basic concepts explaining normal human behavior and life-span development.

For the next portion of the discussion, you can **watch the video recording about Therapeutic Use of Self and Therapeutic Communication** in the course site. After watching the video, you can reflect on the following:

REFLECT:

What do you think will be your personal challenges in therapeutic communication? What are your strengths and the areas that you need to improve on in establishing a therapeutic nurse-client relationship?



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