N-108 Care for Clients with Psychosocial Problems in Adaptation and Adjustment
First Semester, Academic Year 2023-2024

STUDY GUIDE
UNIT 5B
TRENDS AND ISSUES IN THE PRACTICE OF MENTAL HEALTH AND PSYCHIATRIC NURSING

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Introduction

The practice of mental health and psychiatric nursing continues to evolve to provide comprehensive, integrated, and responsive mental health and social care services in various settings. Policies, laws, guidelines, and awareness programs are implemented to govern the practice of mental health, protect the human rights of individuals, and implement strategies for promotion and prevention in mental health. Other agenda are also to strengthen information systems and research and develop effective leadership and governance for mental health.

This unit will focus on comprehensive, home and community-based, therapeutic, social and health-related services provided to individuals and communities to respond to mental health crisis and for some, to sustain living within the community and issues that affect mental health treatment and management of clients.

Learning Objectives

At the end of Unit 5B, you should be able to:
1. Describe the trends and issues in the mental health and psychiatric nursing practice;
2. Identify services for reintegration of clients with mental health disorders in the community;
3. Describe the effects of social media engagement on worsening of symptoms and daily life activities of clients with mental disorders;
4. Explain the application of mental health services in the context of the Philippine health system.

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Topics

Day Services and Residential Living

Adult day services are a preferred platform for chronic disease management due to the availability of disease-specific programs. These day care centers focus on prevention and health maintenance through providing an interactive, safe, and secure environment coupled with physical activity programs, to name a few.

Therapeutic activities such as exercise and mental interaction are some of the features or general services offered by adult day care centers. A full range of interdisciplinary professionals render care to clients to meet physical, emotional, and social needs, including those of family members and caregivers. Adult day services are especially skilled in providing community-based care for clients with Alzheimer's disease and other Dementias.

For clients who underwent hospitalization for treatment and management of acute psychotic episodes, discharge planning often focuses on the question of where the client will live after leaving the hospital. In the United States, there are several residential treatment programs that help the clients become an integral part of the community (developing friendly relationships with neighbors, attending block parties, joining support groups). Clients who have been hospitalized have often developed institutionalization syndrome which is characterized by extreme dependence. Residential services accomplish the transition from the hospital to the community by adopting the linear continuum paradigm (Ridgway & Zipple, 1990). This model incorporates different housing situations, each offering varying amounts of staff support, structure, and supervision.

Forensic Psychology

Forensic Psychology is an emerging field in the Philippines. It is defined as the application of psychological methods and principles within the legal system. Professionals involved in the practice are social workers, guidance counsellors, psychologists, and psychometricians. Clinical psychologists are the most qualified for and most often involved in forensic psychology due to their extensive training in assessment, treatment, and psychopathology (Cabrera & Daliva, 2019). The most obvious application of psychology in a forensic sense is the expert witnessing of clinical psychologists in court for cases of annulment and child custody. For

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annulment cases, the psychologist or psychiatrist determination whether or not the husband and wife can fulfill their marital obligation. For child custody cases, parental obligations are assessed.

Watch this **video** to understand the scope of practice of Forensic psychologists. The psychiatric nurse can play a vital role on a palliative care team by working with the clients to sort out the intense and conflicting feelings that affect clients and their families facing terminal illness and death.

Palliative Care

Terminally-ill individuals with serious persistent mental illness are currently underserved by palliative care. In the past, palliative care has been primarily cancer focused, and more recently the scope of care has broadened to include other life-limiting illnesses. It is now being explored whether palliative care services are adequate to those who have pre-existing serious and persistent mental illnesses.

Serious and persistent mental illness or SPMI refers to adults with prolonged functional impairment from conditions such as schizophrenia, bipolar disorder, depression, and some personality disorders. Due to problems with behavior or distorted perceptions and mainly lack of services, clients with SPMI experience difficulty accessing palliative care services.

When services are availed, challenges arise when healthcare workers are not adequately trained or have no experience in caring for these patients. SPMI symptomology such as altered patient behaviors or perceptions may be unfamiliar to nurses inexperienced in mental health care; together with a lack of adherence to treatment regimes, this can cause stress, discomfort and anxiety for palliative care nurses. This experience can lead to the nurse feeling a sense of helplessness and inadequacy, lack of motivation and a reduction of effective patient care (Brown, Chambers, & Rosenberg, 2019)

Clients with neurocognitive disorders such as Dementia, depending on the severity of symptoms, can also receive palliative care. The nurse can guide clients through life reviews, conduct reminiscence therapy, and craft intervention to reduce client anxiety, assist with pain management, or promote physical and psychological comfort. Patients who experience SPMI together with life-limiting illness will commonly have more complex needs and require a more flexible and knowledgeable approach by nurses than the general population.

The combined effect of gaps in experience with unusual patient cognition or behavior, plus the nurse's discomfort, lack of knowledge, and potential for stigmatizing of patients with SPMI, can seriously impact the quality of care delivered.

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Palliative and mental health care nursing practices have a great deal in common, and each could benefit from better collaboration and communication (Brown et al., 2019).

Disaster response and psychosocial interventions

A focus on holistic and integrated community approach of health promotion, disaster prevention, preparedness and mitigation. Prevalence of mental health problems in disaster affected population is found to be higher by two to three times than that of the general population. The reactions experienced during the acute phase are usually self-limiting as compared to long-term phase disorders which necessitates professional help. Disasters are known to have substantial effect on both physical and mental health of the affected population. Common disorders are: Adjustment disorder, depression, post-traumatic stress disorder (PTSD), anxiety disorders, non-specific somatic symptoms and substance abuse. Researchers have assigned that the PTSD as the signature diagnosis among post disaster mental morbidity.

Psychological interventions include Psychological First Aid, debriefing, Cognitive Behavioral Intervention (CBT), and other interventions such as trauma counselling. These interventions are conducted to mitigate mental health morbidity. Approach towards management should be conservative in medication and avant-garde in psychosocial approach.

Read this article (pages 265-268) to understand the role of mental health professionals in disaster situations and the different psychological intervention following a disaster including community-based interventions.

Trauma-Informed Care

Most individuals who seek treatment in mental health settings have histories of trauma, but do not understand how the trauma experienced affects their lives. By recognizing that traumatic experiences and their sequelae tie closely into behavioral health problems, community programs build a trauma-informed environment which includes meeting the client in a safe, collaborative, and compassionate manner; preventing treatment practices that retraumatize people; building on the strengths and resilience of clients in the context of their environments and communities; and exercising interprofessional and interagency collaboration.

Trauma-informed care (TIC) emphasizes the need for behavioral health practitioners to recognize the impact of trauma on the lives of people. This includes improving screening processes and implementing science-informed intervention strategies

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across settings. TIC anticipates the role that trauma can play across the continuum of care—establishing integrated and/or collaborative processes to address the needs of traumatized individuals and communities proactively.

TIC focuses on types of prevention selective prevention. Selective prevention targets people who are at risk for developing social, psychological, or other conditions as a result of trauma or who are at greater risk for experiencing trauma due to behavioral health disorders or conditions.

Substance Abuse behavior

The essential feature of behavioral addictions is the failure to resist an impulse, drive or temptation to perform an act that is harmful to the person or to others. The repetitive engagement in these behaviors ultimately interferes with functioning in other domains.

The ongoing stress and uncertainty of COVID-19 led to people making unhealthy decisions including drinking more and taking drugs. Pandemic-related strains, from economic stress and loneliness to general anxiety about the virus are considered a major driver for the increase. Fortunately, it has become easier throughout the pandemic for people to access care for substance use disorders due to the availability of telemental health for behavioral health concerns. Consultations can be done online and medication prescriptions sent through email. Better access to telemental health means that people with substance abuse use issues can seek remote mental health care. Clinicians are reporting that more patients are showing up for psychotherapy appointments because of telehealth. Help-seeking behaviors are enhanced due to accessibility to health services.

Because of high prevalence of comorbid health and substance use problems, Pathways to Comorbidity Care (PCC), a multimodal training program, was developed to encourage an integrated service approach to improve clinicians' capacity to identify and manage comorbid substance use and mental health outcomes within public drug and alcohol treatment settings. The training components include didactic seminars, group workshops on motivational interviewing and cognitive behavioral therapy, individual clinical consultation, and feedback with a senior clinical psychologist (Louie et al., 2018).

Mental Health in the Workplace

Organizational challenges and changing and increasing workplace demands with fewer resources are a few of the reasons for developing mental health challenges in the workplace. The evolution of mental health included changes in workplace

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settings to improve the mental state of its employees. An increasing number of employers teach wellness and resiliency skills, and encourage to have hobbies and interests as individuals are appreciating the value of work-life balance.

A report by the American Psychological Association shows that 71% of employees typically feel tense or stressed our during workdays. People also feel more overworked yet underpaid, and that low salaries are affecting their stress levels. With the onset of the COVID-19 pandemic, the existence of these mental health concerns in the workplace has been emphasized because of the chances in the work routine or the habits.

In the Philippines, some companies and organizations are responding by finding ways to ensure employee well-being. Some of which started hotlines to encourage employees to seek professional counselling and consultation while another company launched a global online curriculum that aims to build strong foundations of physical and mental health to help cope with the stress brought about by the pandemic. Other initiatives include a series of webinars with topics on mental health first aid, parenting, and financial wellness; life coaching; interest groups; and wellness trainings.

Watch this **video** to learn more about Workplace Mental Health and this **video** on how mental health impacts employee productivity.

Burnout

Burnout and stress are all-time highs across professions especially in the time of the COVID-19 pandemic. In a study done in the United States, nearly 3 out of 5 employees reported negative impacts of work-related stress, including lack of interest, motivation, and effort at work.

In the healthcare field, rising levels of burnout and poor well-being has become an international concern for health systems. A review on mental healthcare staff show they report poorer well-being than staff in other healthcare sectors. Poorer well-being and higher burnout are associated with poorer quality and safety of patient care, higher absenteeism, and higher turnover rates (Johnson et al., 2018).

Standard protocols for addressing burnout in the workplace are limited. Interventions may exist and prove effectiveness, but effect sizes are small. Those affected tend not to speak out for fear of reprimand. This culture of fear is a challenge in the early identification of the disease and makes reintegration into the workplace more challenging. As we move in a fast-

paced technological age, it is important to be human-centered at work to decrease the risk of developing burnout.

Compassion Fatigue

Compassion fatigues occurs when nurses develop declining empathetic ability from repeated exposure to others' suffering. Other factors leading to compassion fatigue include high stress environments and the continuous giving of self. Consequences of compassion fatigue negatively impact the nurse, patient, organization, and the healthcare system.

A study on the predictors of workplace empowerment impact on staff nurse recruitment showed that work life dissatisfaction and low commitment in nurses included supervisor incivility and cynicism (a component of burnout) (Spence Laschinger, Leiter, Day, & Gilin, 2009). Prevention of compassion fatigue is achieved through professional boundaries, self-care measures, self-awareness, and education on the concept at the individual and organizational level (Peters, 2018).

Social Media and Mental Health

Social media which refers to web and mobile platforms that allow individuals to connect with others within a virtual network (i.e.: Facebook, Twitter, Instagram, Snapchat, LinkedIn), where they can share, co-create, or exchange various forms of digital content (information, messages, photos, videos) (Spence Laschinger et al., 2009) has become a permanent fixture in the lives of many individuals facing the challenges of mental illness. Current researches focus on exploring patterns of social media use and the impact of social media use on mental health and well-being. Despite looming researches on this topic, there remains uncertainty regarding the risks and potential harms of social media and mental health.

In 2020, an estimated 3.8 billion of the population were social media users. Individuals with mental disorders are increasingly gaining access to and using mobile devices such as smartphones. Rates of social media use among psychiatric populations was also reported to have increased in recent years. Individuals with mental disorders appear to form online relationships and connect with others on social media as often as the general population. Interestingly, more frequent use of social media among individuals with serious mental illness was associated with greater community participation (shopping, work, religious activities, visiting friends and family, civic engagement). These observations are remarkable as individuals living with serious mental disorders have fewer social contacts in the offline world

and experience high rates of loneliness. Other benefits reported include access to peer support network and promote engagement and retention in health services.

Meanwhile, negative effects of social media use among persons with mental disorders were reported to be increased exposure to harm, social isolation, depressive symptoms, and bullying. Studies have shown the increased risk of social isolation and more frequent visits and the use of a large number of social media platforms has been linked with greater depressive symptoms, anxiety, and risk of suicide. Social media was also viewed to be a replacement of in-person interactions and may contribute to greater loneliness and worsening of existing mental health symptoms.

Facing hostile interactions is also another challenge faced by individuals with mental disorders who engage in social media platforms. Cyberbullying is associated with increased depressive and anxiety symptoms and greater odds of online harassment in individuals with major depressive symptoms than those with mild or no symptoms. Consequences for daily life include disclosing of personal health information increases the risks pertaining to privacy and confidentiality and misleading information when the platform promotes popular content. Other reported risks of social media use related to aspects of everyday life include threats to employment, fear of stigma and being judged, impact on personal relationships, and risk of being hurt. It is important to recognize that use of social media platforms may contribute to risks such as worsening of symptoms, and more importantly, negative effect on different aspects of daily life.

Social media can be used to support the delivery of targeted mental health interventions. Digital phenotyping, a field of research aimed at capturing how individuals interact with their digital devices, studies patterns of illness and identify optimal points for intervention (Onnela & Rauch, 2016). With research increasingly showing that social media data can yield mental health states, attention to the ethical concerns with using individual data in this way must be discussed. Nurses and other healthcare workers must be aware of the potential risks of using social media among the psychiatric population while remaining open to the benefits earned (Naslund, Bondre, Torous, & Aschbrenner, 2020).

Telemental Health Services

Mental and psychosocial care groups have created available options for managing the psychological impact not only of the COVID-19 pandemic but all the other stress-inducers in one's life.

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In the Philippines, the National Center for Mental Health (NCMH) offers 24/7 crisis and suicide services for free while maintain confidentiality. Another service by NCMH is the Telemental Health Response intiative whoch provides remote psychosocial support sessions for frontliners and repatriated Overseas Filipino Workers (OFWs). The University of the Philippines- Philippine General Hospital implemented the Online Consultation Request and Appointment System (OCRA) which covers a range of health consultations with professionals including mental health and psychiatry. Others include the telemental health service launched by the Mindcare Club which consists of a network of mental health counselors in the Philippines. This service gives access to several safe and cost-effective mental health treatments for Filipinos.

Visit this **website** for a list of mental health resources available in the Philippines.

Culture and Gender Sensitivity

Socially constructed differences between women and men in roles and responsibilities, status and power, and biological differences between sexes contribute to differences in the nature of mental health problems suffered and health seeking behaviors. Looking at mental health through a gender lens reveals differences in prevalence and course of illness; the different impact of biological, psychological, and social factors in the causation of illness in women and women; and the need to provide a range of treatments informed by a knowledge and understanding of gender differences in men and women. This section will focus on mental health treatment needs between women and men.

> *Psychosocial treatments*
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> Psychosocial treatments need to be sensitive to gender differences in symptom perception and illness concept. Such treatment must recognize the importance of social and professional roles, social status, social stress and social support, and gendered role behaviors.
>
> Culture has also important interactions with gender. Provision of appropriate psychosocial treatments requires the knowledge and skills to work with an individual's culture, such as understanding how one's own cultural background and the treatment program influence transactions with a patient.
>
> *Inpatient Care*

A woman's individual background and social context, including her place in the family, whether she is from a particular ethnic and cultural background, or whether she experienced violence or sexual assault will influence her expertise of mental health service use. There are challenges in being hospitalized (i.e.: separation from children) which may be distressing for women. Gender-specific needs such as contraception, pregnancy care, and sexual health must also be addressed.

Other issues in inpatient care among women may include the way in which women are patronized by male medical professionals and in which women's claims are dismissed. A study in Australia reported that women who disclosed a history of sexual abuse to mental health providers are being met with disbelief, silence, or denial. Another issue is the way in which medication is prescribed, such as not giving information about important side effects or interactions with other drugs (loss of sex drive, no menses, lactation, extrapyramidal side effects).

Various ways of addressing women safety (preventing sexual abuse during hospitalization) includes improving gender-sensitive treatment such as development of women-friendly environment and provision of a 'women only' sitting room in acute inpatient units.

Comprehensive gender-sensitive mental health care requires the planning, delivery, and monitoring of quality improvement initiatives of mental health care to be informed by a knowledge and understanding of gender differences and relationship with respect to childhood and adult life experiences (i.e.: history of violence and abuse); day-to-day social, cultural, family, and economic realities; and expression and experience of mental ill health and treatment needs and responses (Judd, Armstrong, & Kulkarni, 2009).

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