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Study Guide: *Applying the Nursing Process in MHPN: Implementation and Evaluation*
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N108 Mental Health and Psychiatric Nursing
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Study Guide
Applying the Nursing Process in MHPN: Implementation and Evaluation

Introduction

Hi N108 students,

In the previous discussions, you have learned about assessment, analysis, diagnoses, and planning specifically for maladaptive behaviors; basically the application of the nursing process in the context of mental health nursing. Now, in this session we will look into the implementation and evaluation in the MHPN nursing process, specifically; Mental Health and Psychiatric Nursing (MHPN) primary prevention, treatment modalities, rehabilitation and the family, and role of the community in the rehabilitation process of the patient.

Learning Objectives

After the session, you should be able to:

1. Discuss MHPN primary prevention
2. List the risk and protection factors of developing mental health illness
3. Explain the mental health promotion spectrum
4. Identify different self-care activities
5. Enumerate different treatment modalities
6. Explain different theories of therapeutic action
7. List the different types of therapies
8. Discuss psychotherapy, behavioral, milieu, family, group, and other therapies

9. Discuss psychiatric rehabilitation
10. List the indications for ECT
11. Explain the side effects of ECT
12. Discuss the nursing responsibilities pre, during, and post ECT
13. List medications used in psychopharmacology
14. Explain the different side effects of medications used in psychopharmacology
15. List the different types of Extrapyrarnidal Symptoms (EPS)
16. Discuss the different nursing considerations in giving medications used in psychopharmacology
17. Identify the roles of the family in rehabilitation
18. List the roles of the community in the rehabilitation process
19. Enumerate the role of the community in the rehabilitation process of the patient

Outline of concepts

1. MHPN primary prevention

- a. aims to prevent the onset of a condition by stopping it from occurring in the first place.
 - i. Risk factors associated with the development of mental disorders
 - ii. Protective factors
 - iii. Mental Health Intervention Spectrum
 - Competence
 - a. are life skills and competencies such as social, academic, and work competencies that are critical for psychological well-being.
 - Resilience
 - a. is an interactive concept to describe the combination of serious risk experiences and a relatively positive psychological outcome despite those experiences
 - Supportive Environments
 - a. The interplay between the person and the environment is probably even more important for mental health than it is for physical health promotion, due to the interactional, contextual and developmental determination of mental health.

- Empowerment
 - a. enhancing people's perceived and actual control over their life.

iv. Psychosocial Interventions for Mental Health Promotion

2. Treatment modalities and interventions

a. Biological therapies

i. Psychopharmacology

- Antipsychotic drugs- formerly known as neuroleptics, are used to treat the symptoms of psychosis, such as the delusions and hallucinations seen in schizophrenia, schizoaffective disorder, and the manic phase of bipolar disorder.
- Antidepressant drugs- are primarily used in the treatment of major depressive illness, anxiety disorders, the depressed phase of bipolar disorder, and psychotic depression.
- Mood-stabilizing drugs-used to treat bipolar disorder by stabilizing the client's mood, preventing or minimizing the highs and lows that characterize bipolar illness, and treating acute episodes of mania
- Antianxiety drugs (Anxiolytics)- used to treat anxiety and anxiety disorders, insomnia, obsessive-compulsive disorder (OCD), depression, posttraumatic stress disorder, and alcohol withdrawal.
- Stimulant drugs- primary use of stimulants is for ADHD in children and adolescents, residual attention-deficit disorder in adults, and narcolepsy.
- Disulfiram (Antabuse)- sensitizing agent that causes an adverse reaction when mixed with alcohol in the body.

- ii. Electroconvulsive Therapy (ECT)- treat depression in select groups, such as clients who do not respond to antidepressants or those who experience intolerable side effects at therapeutic doses (particularly true for older adults)

b. Psychodynamic Therapy

- i. Psychotherapy- therapeutic interaction between a qualified provider and a client or group designed to benefit persons experiencing emotional distress, impairment, or illness; therapist's approach is based on a theory or combination of theories
- ii. Behavioral therapy- a treatment method that stems from the studies of behavioral

theorists such as Skinner and Pavlov. It is a common treatment modality used in long-term care facilities, with children and adolescents, and with individuals who have a low level of cognitive functioning.

- iii. Cognitive behavioral therapy- stresses ways of rethinking situations. The therapist confronts the patient with certain distortions of thinking and then works out ways of thinking about them differently. This type of treatment is used frequently for affective or mood disorders.
- iv. Milieu therapy- an environment that provides containment, support, structure, involvement, and validation during the patient's stay.
- v. Counseling- a collaboration between the client and the professional counselor. The goal is for the client to identify goals and potential solutions to problems which cause emotional distress; improving communication and coping skills; strengthening of self-esteem; and promoting behavior change and best mental health.

3. Group and family therapy

- a. Group therapy- clients participate in sessions with a group of people. The members share a common purpose and are expected to contribute to the group to benefit others and receive benefit from others in return
- b. Family therapy- a form of group therapy in which the client and his or her family members participate. The goals include understanding how family dynamics contribute to the client's psychopathology, mobilizing the family's inherent strengths and functional resources, restructuring maladaptive family behavioral styles, and strengthening family problem-solving behaviors (Videbeck, 2020; Spitz & Spitz, 2017).

4. Other Therapies

- a. Occupational therapy- focuses on the functional abilities of the client and ways to improve client functioning, such as working with arts and crafts and focusing on psychomotor skills. This is facilitated by Occupational Therapist (OT) or an Occupational Therapy Assistant.
- b. Attitude therapy- a treatment that emphasizes the evaluation of current attitudes in terms of the origins of the attitudes, the purpose these attitudes serve, and their possible distortions.
- c. Expressive therapy- involves expression of feelings in the form of art, music, and dance to transform difficult emotional and medical conditions
- d. Complementary therapies
 - i. Alternative medical systems (e.g., homeopathic and naturopathic medicine)
 - ii. Mind-body interventions- (e.g., meditation, prayer, mental healing)

- iii. Biologically based therapies- (e.g., use of dietary supplements, herbal products)
- iv. Manipulative and body based therapies- (e.g., therapeutic massage, chiropractic or osteopathic manipulation)
- v. Energy therapy- (e.g., therapeutic touch, qigong, Reiki)

5. Psychiatric Rehabilitation and Family

- a. Psychiatric rehabilitation- involves providing services to people with severe and persistent mental illness to help them to live in the community. These programs are often called community support services or community support programs.
- b. Family
 - i. Three tiers of family involvement
 - First tier role of principal caregiver- Often (but not always) this is a woman: the mother, wife, sister, or daughter of the person with mental illness. Much of her daily life becomes a series of illness-related occupations and preoccupations
 - Second-tier relatives/persons- may live with or near the person with mental illness, but are less intimately exposed to the “ups” and “downs” of the client's life
 - Third-tier relatives/persons- are not in the immediate household but still share a common interest in the well-being of the client.

6. Role of the Community in the Rehabilitation Process of the Patient

- a. Community support programs and services provide psychiatric rehabilitation to varying degrees, often depending on the resources and the funding available

Activity

- Watch the recorded lecture in VLE.
NOTE: Please take down notes as the discussion will be more comprehensive.
- Watch the following videos on
 - Deep breathing- <https://www.youtube.com/watch?v=Wemm-i6Xhr8>
 - Progressive muscle relaxation: <https://www.youtube.com/watch?v=ClqPtWzozXs>

- guided imagery <https://www.youtube.com/watch?v=TWI639oEzmE>
- Dystonia: <https://www.youtube.com/watch?v=ucrV4ljDKuE>

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