

Unit I: Clinical Preparation
Mental Health Nursing
2023

Mental Health Nursing

Is a specialized area of nursing practice
Employs both the science and art of nursing
 Science
 Art
Found in nearly every nursing specialty

Psychiatric Nurses

A common misperception regarding psychiatric nurses in acute care settings:
 Because they “just talk,” they lose their skills.
First, therapeutic communication itself is a skill that people are not born with but must learn.
Second, patients in the psychiatric unit often have complex health care needs.
Medication management is an essential skill

Evolution of Mental Health Treatment

Early Christian period (1-100 AD) → exorcisms, removal of bone from the skull
16th Century Asylums → Inhumane conditions
18th Century → More humanitarian view
19th-20th Century Asylums became overcrowded
 Lobotomies, electro-convulsive shock therapy
1950's → Psychiatric drugs became available (Thorazine & Lithium)
Institutionalization → negative outcomes
 Social isolation
 Few educated nurses & trained mental health providers

Deinstitutionalism

1965 → Release of patients confined to mental institutions into the community
 Disorders could be easily treated
 Symptoms would disappear
The history of the care and treatment of the mentally ill represents an endless journey between two extremes:
 Confinement in a mental hospital
 Living in the community

Results of Deinstitutionalism

Community Mental Health Centers
 Treatment of drug & alcohol addiction
By the 1990's deinstitutionalization was considered a failure
Jails & Prisons
 2 in 5 adults incarcerated in the state and federal prison system have a mental illness
 70% of youth in the juvenile justice system have a diagnosed mental illness
Homelessness grew dramatically
 21.1% are seriously mentally ill
 45% have any mental illness

Contemporary Mental Health Care

Recovery from mental illness is realistic and a world-wide goal
Collaborative health care model
 Partnership in recovery-oriented care

Client advocacy

Mental Health- Definition

Successful performance of mental functions, resulting in the ability to
engage in productive activities
enjoy fulfilling relationships
adapt to change
cope with adversity

It is the foundation of:

thinking
communication skills
learning
emotional growth
resilience
self-esteem

Factors affecting Mental Health

Attributes of Mental Health

Accurate appraisal of reality
Ability to love and experience joy
Think clearly
Problem solve
Use good judgment
Reason logically
Be creative
Ability to control one's own behavior
Capacity to deal with conflicting emotions
Ability to take responsibility for one's own actions

Children and Mental Health

Adverse Childhood Experiences (ACEs)

Traumatic events that occur in childhood
Experiencing violence, Abuse, Neglect
Witnessing violence
Having a family member attempt or complete suicide
The child's environment plays a role
Substance abuse, mental illness, divorce, incarceration

Three Types of ACEs

Abuse
Neglect
Household dysfunction

Resilience

The process of adapting well in the face of
adversity
trauma
tragedy
threats
significant sources of stress (family, relationship, health problems, work, and financial)
As much as resilience involves "bouncing back" from these difficult experiences, it can also involve profound personal growth.

How do we increase our resilience?

- Build your connections
 - Prioritize your relationships
 - Take care of yourself
 - Avoid negative outlets
 - Find your purpose
 - Accept change
 - Learn from your past

Trauma Informed Care

Trauma is found in universally in mental health patients and is a contributor to:

- Substance Abuse
- Chronic Health Conditions

Trauma occurs in many forms

- Physical, Sexual, Emotional Abuse
- War, Natural Disasters, Global Pandemics

Shift your questioning

“What is wrong with you” → “What has happened to you”

Avoid retraumatizing

Open & collaborative relationship

Patient-centered care

Trauma & Nurses

Burnout & PTSD

- 91% of RNs experience stress & anxiety since the pandemic began
- COVID-19 pandemic

MH Resources

- Mindfulness
- Code Lavender
 - Evidenced-based relaxation interventions
 - Does not prevent stress & burnout
 - “Psychological First Aid”
 - Evidence-informed approach

Definition – Mental Illness

“Maladaptive responses to stressors from the internal or external environment, evidenced by thoughts, feelings, and behaviors that are incongruent with the local and cultural norms and interfere with the individual’s social, occupational, or physical functioning.”

Mental Health—Mental Illness Continuum

Prevalence rates

- The prevalence rate is the proportion of a population with a mental disorder at any given time
- 1 in 5 adults experience mental health conditions/ year
- Dual diagnosis/ co-occurring disorders
- Lifetime prevalence= 50%

Diagnostic and statistical manual of mental disorders (DSM-5)

- Official guidebook for categorizing and diagnosis psychiatric mental health disorders
- Used by: psychiatrists, psychiatric NPs, therapists,
- Guide for assessing, diagnosing, and planning care
- DSM-5 lists specific diagnostic criteria for each mental health disorder

Stigma

Stigmatization is the devaluing of a person because of a particular characteristic or illness

Stigma is a “collection” of:

Negative attitudes, beliefs, thoughts, and behaviors that influence the individual and general public.

Effects of Stigma

Avoiding healthcare

Low self esteem

Discrimination

Social distancing

An aspect of stigma that refers to the tendency of healthcare workers and others to avoid people with mental illness or addiction

Hallucinations, neglect of self-care, and agitation can be challenging symptoms for clinicians to manage

Mental Health Theories & Therapies:

Freud's Psychoanalytic Theory

Personality structure

Id

Pleasure principle

Reflex action

Primary process

Ego

Problem solver

Reality tester

Superego

Moral component

Defense mechanisms

Freud believed that the self, or ego, uses ego defense mechanisms

Method of protecting self

Coping

Operate at an unconscious level

They can distort reality and make it difficult to have healthy adjustments and personal growth.

Name that defense mechanism

1. John was diagnosed with cancer and told he had 6 months to live but refuses to talk about his illness.
2. Sarah who is diagnosed with end stage liver cancer. She is always cheerful and happy.
3. Henry is angry with his boss. He goes home and yells at his wife.
4. A nurse with low self-esteem works double shifts so her manager will like her.
5. A nursing student becomes an ICU nurse because this is the specialty of an instructor she admires.
6. Mary, a nursing student, blames the teacher for her failing grade.
7. Susan has no memory of a mugging that happened yesterday.
8. Bobby decides not to think about his mom's cancer to study for a test.
9. Daniel cheated on his wife so he brought her flowers.
10. Matthew throws a temper tantrum, like a 5-year old, if he doesn't get attention from his wife.

Sullivan's Interpersonal Theory

- Focuses on interpersonal relationships
- People are driven by the need for interaction
- Loneliness is very painful
- The role of the nurse is very meaningful
- Developed the therapeutic milieu

Hildegard Peplau: Therapeutic nurse –patient relationship

- Role of the nurse: participant observer
- Four phases
 - Orientation- directed by the nurse, engages client
 - Identification- client works interdependently with the nurse
 - Exploitation- clients makes full use of services
 - Resolution- client no longer requires services

Behavioral Theories

- Behavior is learned through conditioning
- Behavioral modification → rewards adaptive behavior
 - A product of learning (conditioning)
 - If something is learned, it can be unlearned
 - Goal- condition to demonstrate more desirable ways of behaving
 - Reward & reinforce adaptive behavior

Maslow's Hierarchy of Needs: Humanistic Theory

- Human potential for development, knowledge attainment, motivation, and understanding
- Pyramid- basic needs on the bottom & self-fulfillment needs at the top.
- Basic needs must be met

The Mental Health Recovery Model

- The focus is not based on illness and disease but an emphasis on rehabilitation and recovery.
- Focus:
 - Encouraging supportive relationships
 - Empowering clients to realize their full potential and independence within their limitations of their illness
 - Managing symptoms, reducing psychosocial disability, and improving role performance
- Empower patients to realize their full potential

Cognitive Theory

- Introduced by Aaron Beck
- Depressed patients → patterns of negative thinking
- Cognitive Distortions
 - Irrational due to false assumptions and misinterpretations

Cognitive behavioral therapy

- The best approach
- Cognitive approach
- Behavioral approach
- Combining these two therapies allows for individuals to see how their thoughts, feelings, and behaviors fit together.

CBT Principles

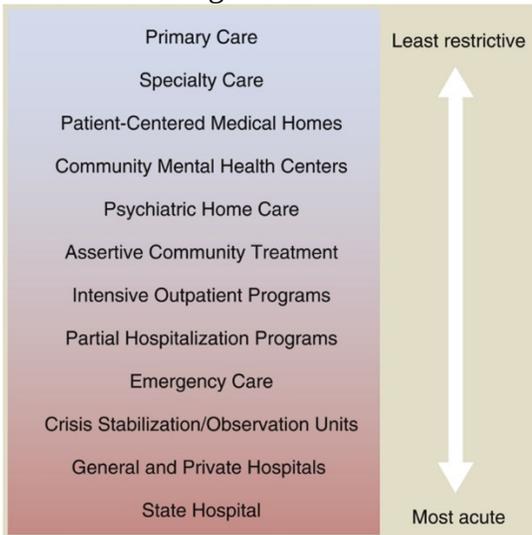
- Emphasizes collaboration and active participation

- Goal oriented
- Rooted in the here and now
- Provides lifelong skills
- Emphasized relapse prevention
- Time –limited
- Variety of techniques

Group Therapy

- Interactions within a group can provide support or bring about desired change among individual participants.
- Goal- To allow members to share common feelings and experiences and to learn alternative ways to solve problems.
- Size of the group matters
- Setting is important
- Who should not attend group therapy?
- Group Therapy Benefits
 - More efficient
 - Cohesiveness
 - Interpersonal learning
 - Guidance
 - Instillation of hope

Treatment settings



Emergency Care

- Primary goal → triage & stabilize
- Issues → long wait times
- Peer Recovery Support Specialist (PEER)

Inpatient care settings

- General/ Private Hospitals
- State Hospitals
- Goals:
 - Develop short-term therapeutic relationship
 - Develop comprehensive plan of care
 - Administer medication
 - Monitor nutrition and self care

- Provide health assessment and interventions
- Offer structured socialization activities
- Plan for discharge

Therapeutic Milieu

- A healthy environment
- Rights and responsibilities
- Safe to test new behaviors and interact adaptively with others
- The psychiatric-mental health nurse provides structures and maintains a safe and therapeutic environment in collaboration with patients, families, and other healthcare clinicians.
- Within the therapeutic community setting, the client is expected to learn adaptive coping and interaction and relationship skills that can be generalized to other aspects of his or her life.

Goals

- Increase client's self esteem
- Decrease social isolation
- Encourage appropriate social behaviors
 - Peer pressure
 - Inappropriate behaviors are dealt with as they occur
- Democratic form of self government
- Every interaction is an opportunity for a therapeutic intervention

Safety

- Essential component of any inpatient setting
- Protecting the patient, staff, and other patients
- Safety needs on admission
 - Checking all personal property on admission
 - Monitor patients every 15 minutes
 - Monitoring visitation
 - Paper trash bags
 - Special door handles
 - Locked units

Suicide Precautions

- Sitter within arms reach
- Remove all ligature risks
- Place patient in paper scrubs
- Remove belongings
- Patient must be visible at all times

Beebe's Policy: BEHAVIORAL HEALTH AND SUICIDAL/HOMICIDAL PATIENT

- Who can initiate suicide precautions?
- When can they be discontinued?
- Who can discontinue suicide precautions?
- What is one thing you learned after reading the policy?

Outpatient Care settings

- Primary Health Providers
- Specialized Psychiatric Care Providers
- Goals:
 - Establish long-term therapeutic relationships
 - Develop a comprehensive plan of care
 - Encourage medication compliance
 - Involve support system

Psychiatric Disorders & Psychopharmacology

Psychopharmacology

Psychopharmacology is the primary biological treatment for mental disorders.

Administer medication safely

Make decisions about prn medication

Evaluate for therapeutic and adverse responses to medication

Overview: Medication categories

Antidepressants

SSRI

Tricyclic Antidepressants

SNRI

MAOIs

Atypical Antidepressants

Mood Stabilizers

Lithium

Antiepileptic

Atypical Antipsychotics

Antipsychotics

Conventional

Atypical

Anxiolytics

Benzodiazepines

Atypical anxiolytics

Depression

Emotional disorder characterized by a sad or despondent mood.

Symptoms:

Lack of energy

Sleep disturbances

Abnormal eating pattern

Feelings of despair, guilt, hopelessness

Pharmacology- Depression

Selective serotonin reuptake inhibitors (SSRIs)	Fluoxetine (Prozac)
Serotonin-norepinephrine reuptake inhibitors (SNRIs)	Duloxetine (Cymbalta)
Atypical antidepressants	Bupropion (Wellbutrin)
Tricyclic antidepressants (TCAs)	Amitriptyline (Elavil)
Monoamine oxidase inhibitors (MAOIs)	Phenelzine (Nardil)

Bipolar

Characterized by episodes of depression alternating with episodes of mania

Depression- lacking energy, inability to concentrate, difficulty sleeping, feelings of despair, lack of interest

Mania- grandiosity, decreased need for sleep, pressured speech, flight of ideas, distractibility

Pharmacology- Bipolar

Mood stabilizers: Lithium

Narrow therapeutic window (0.8-1.4 mEq/L)

S/E weight gain & fine hand tremor

Antiseizure drugs

valproic acid- S/E thrombocytopenia

Lamotrigine- S/E Steven Johnson Syndrome (SJS)

Carbamazepine- S/E agranulocytosis

Atypical antipsychotics: aripiprazole, quetiapine, risperidone

Schizophrenia

A type of psychosis characterized by abnormal thoughts and thought processes

Positive Symptoms

Add on to normal behavior

Negative Symptoms

Take away from normal behavior

Pharmacology- Schizophrenia

Conventional (1st generation) antipsychotics

- Chlorpromazine
- Haloperidol
- Thioridazine

S/E: Extrapyramidal: Acute Dystonia/ Pseudoparkinsons

Atypical (2nd generation) antipsychotics

- Aripiprazole (Abilify)
- Clozapine (Clozaril)
- Risperidone (Risperdal)

S/E Metabolic: Weight gain/ hyperglycemia/ dyslipidemia

Anxiety

Anxiety disorders include:

Generalized anxiety disorder

Panic disorder

Obsessive-compulsive disorder

Social anxiety disorder

Post-traumatic stress disorder

Over 19 million Americans are diagnosed with anxiety every year

Illnesses that commonly coexist with anxiety are depression, eating disorders, and substance abuse

Physical manifestations: palpitations, tachycardia, SOB

Pharmacology- Anxiety

Benzodiazepines

Lorazepam (Ativan)

Alprazolam (Xanax)

Diazepam (Valium)

Atypical Anxiolytic

Buspirone

Substance Use Disorder

Alcohol withdrawal syndrome

Peaks after 24 to 48 hours

Symptoms continue for 5-7 days

Treatment

Lorazepam

Multivitamin/ B12/ Folic Acid

Thiamine

Seizure Precautions

The clinical institute assessment from alcohol scale (CIWA)

Substance Use Disorder

Opiates (heroin & oxycodone)

Overdose → Naloxone (Narcan)

Withdrawal → Irritability, agitation, insomnia, yawning, runny nose, hot/cold sweats , severe muscle aches, abdominal cramping

1-12 hours after use

Peaks 3-5 days

Lasts 1-4 weeks

Clinical Opiate Withdrawal Scale (COWS)

Treatment → Methadone

The Nursing Process

Uses a problem-solving approach

Quality client care

Foundation of the standards of practice

Psychiatric-Mental Health: Scope and Standards of Practice

Continuous & Ongoing process

Nursing Assessment

Holistic Approach to Care

Patient Centered Care

Primary vs. Secondary Source

Psychiatric Nursing Assessment: Goals

Establish rapport

Identify current problem

Physical assessment

Risk factors

Mental status

Psychosocial status

Goals for treatment

Plan of care

Documentation

Mental Status Examination

Personal information

Age

Gender

Marital status

Religious preference

Race & ethnicity

Employment

Living arrangements

Screening Tools

Appearance

- Grooming and dress
- Level of hygiene
- Pupil dilation or constriction
- Facial expression
- Height, weight, nutritional status, presence of body piercings, tattoos, scars
- Relationship between appearance and age

Behavior

- Excessive or reduced body movements
- Peculiar body movements
- Abnormal movements
- Level of eye contact

Speech

- Rate: slow, rapid, normal
- Volume: loud, soft, normal
- Disturbances

Mood

- Affect
- Mood

Disorders of the Form of Thought

- Thought process
- Thought content

Perceptual disturbances

- Hallucinations
- Illusions

Cognition

- Orientation
- Level of consciousness
- Memory
- Attention
- Abstraction
- Insight
- Judgment

Ideas of Harming self or others

- Suicidal or homicidal history and current thoughts
- Presence of a plan
- Means to carry out the plan

Screening Tools

- CAGE
- AUDIT
- Hamilton
- SAD PERSONS
- SAFE-T
- SBIRT

Diagnosis

- Data from the assessment is analyzed
- Diagnoses and potential problem statements are formulated and prioritized
- Nursing Diagnoses → the problem or unmet need

Patient Outcomes

- Maximum level of patient health
- Realistic
- Evaluates Nursing Interventions
- For clinical use short term outcomes
- Patient-centered

Interventions

- Evidence-based interventions for achieving the outcome criteria are selected
- Must be in priority order
- Top priorities in Mental Health: Establish Trust/ Rapport & Safety
- Realistic and Individualized

Implement

- Coordination of Care
- Health Teaching and Health Promotion
- Milieu Therapy

Evaluate

- Measures progress toward attainment of expected outcomes.
- Often neglected
- Ongoing
- Revisions to the nursing process may occur

Nursing Process Case Study

Sam is presented through the emergency department to the psychiatric unit of a major medical center. He was taken to the hospital by police, who were called by department store security personnel when Sam frightened shoppers by yelling loudly to “imaginary” people and threatening to harm anyone who came close to him.

On the psychiatric unit, Sam keeps to himself and walks away when anyone approaches him. He talks and laughs to himself and tilts his head to the side, as if he were listening to something. When the nurse attempts to talk to him, he shouts, “Get away from me! I know you are one of them!” He picks up a chair, as if to use it for protection.

Sam’s appearance is unkempt. His clothes are dirty and wrinkled, his hair is oily and uncombed, and there is an obvious body odor about him. The physician admits Sam with a diagnosis of schizophrenia and orders Thorazine and Cogentin on both a scheduled and prn basis.

Nursing Process Case Study

- Highlight 4 pieces of information from the assessment data that would be significant to nursing.
- List appropriate nursing diagnoses from analysis of the data identified in question 1.

- Provide outcome criteria for the four nursing diagnoses.

- Describe appropriate nursing interventions to achieve the outcome criteria.

Therapeutic communication

Effective Communication Skills for Nurses

The goals of the nurse in the mental health setting are to help the patient:

- Feel understood and comfortable.
- Identify and explore problems relating to others.
- Discover healthy ways of meeting emotional needs.
- Experience satisfying interpersonal relationships.

nurse–patient relationship

The first connections between the nurse and patient are to establish an understanding that the nursing relationship is:

- Safe, confidential, reliable, and consistent.
- Conducted within appropriate and clear boundaries.

Therapeutic communication

The nurse-client relationship is the foundation on which psychiatric nursing is established.

Benefits

- Feeling safer
- Higher satisfaction
- Increased recovery rates
- Improved compliance

Therapeutic communication

- Saying the wrong thing
- Will this be harmful to the patient?

Factors that affect communication

Personal Factors

- Depression → slowed thinking and speech
- Anxiety → decreased concentration
- Mania → inability to concentrate

Environment Factors

- Physical factors

Relationship Factors

- Level of equality

The Therapeutic Nurse-Client Relationship

Goals and the problem-solving model

- Weigh benefits and consequences of each alternative.
- Help client select an alternative.
- Encourage client to implement the change.
- Provide positive feedback for client's attempts to create change.
- Help client evaluate outcomes of the change and make modifications as required.

Therapeutic & nontherapeutic aspects

Therapeutic Relationship

Facilitating (therapeutic communication)

Assisting patient in:

- Alternative problem solving
- Developing new coping skills

Helping

Promoting independence

Focusing on patient's problems

Encouraging behavioral changes
Nontherapeutic Relationship
Blocking
Does not assist patient in:
 Alternative problem solving
 Developing new coping skills
Controlling
Promoting dependence
Focusing on nurse's needs
Enabling negative behaviors

Nonverbal Communication
90% of all communication
Components of nonverbal communication
Physical appearance and dress
Body movement and posture
Touch
Facial expressions
Eye behavior

nurse-patient relationship
Empathy
 Is "temporarily living in the other's life."
Empathy vs. sympathy
 In empathy, we understand the feelings of others.
 In sympathy, we feel the feelings of others; objectivity is lost.
Genuineness
 Self-awareness of one's feelings occurs; develops the ability to communicate when appropriate.
Positive regard
 Displays respect; has the ability to view another person as worthy.

transference and countertransference
Role and boundary blurring are often a result of unrecognized:
Transference
 Person unconsciously and inappropriately displaces (transfers) those emotional reactions that originated from significant figures in childhood onto another individual. The patient may say, "You remind me of _____."
Countertransference
 Tendency of the nurse to displace feelings related to people in his or her past onto a patient.
 Frequently, the patient's transference to the nurse evokes countertransference feelings in the nurse.

Effective Communication Skills
Use of Silence
Active Listening
 Observing the patient's nonverbal behaviors & verbal message
 Providing feedback
Clarifying Techniques
 Paraphrasing: "in other words you are saying..." or "was I correct in saying..."
 Restating
 Reflecting: "you sound as if you have had a really hard time lately"

Exploring: “tell me more” or “give me an example of...”

The “What if” question

Helps the patient imagine thoughts, feelings, and behaviors they may have in a certain situation
“What if you could go back and change.... What would you do differently”
“If you had 3 wishes, what would you wish for?”

The “Miracle question”

If you woke up one morning (a miracle happened) and your problem went away, what would be different & how would your life change?

Nontherapeutic Techniques

Asking excessive questions

Conveys a lack of respect

Giving approval or disapproval

Advising

Asking “why” questions

Using “you” statements

Positive or negative?

Consistency

Pacing

Rewarding positive behavior

Listening

Comfort

Balancing control

Inconsistency

Unavailability

Mutual avoidance

Lack of self-awareness

Addressing negative behavior

The Clinical Interview

Nurse uses communication skills and active listening to better understand a patient’s situation & to plan care.

Nurse provides the opportunity for the patient to reach specific goals and to:

Feel understood and comfortable.

Identify and explore problems relating to others.

Discuss healthy ways of meeting emotional needs.

Experience a satisfying interpersonal relationship.

Preparing for the Interview

Permit the patient to set the pace.

Setting

Enhance feelings of security.

Seating

Ensure ease of communication.

Introductions

Making introductions

Address confidentiality

Initiating the interview

Open-ended questions

“Where should we start?”

“Tell me what’s been going on with you”

Offering general leads

“go on”
Making statements of acceptance
“I understand”

What to Avoid

Do Not:

- Argue
- Give false reassurance
- Probe about sensitive areas
- Try to sell the patient on accepting treatment

Try to:

- Focus on the patient’s perspective
- Make observations of the patient’s behavior
- Focus on nonverbal communication
- Help the patient come up with pros & cons
- Helpful Guidelines
- Speak briefly.
- When you do not know what to say, say nothing.
- When in doubt, focus on feelings.
- Avoid giving advice.
- Avoid relying on questions.
- Note nonverbal cues.
- Keep the focus on the patient.

Therapy Example

- What did the therapist do well?
- Did the therapist say anything that was not therapeutic?
- What therapeutic techniques were used?
- What non-therapeutic techniques were used?

Interactions with Selected Behaviors

Violent Behavior

- Stay out of striking distance
- Change the topic if a patient’s behavior is escalating
- Call for assistance if patient is losing control
- Move the patient to a quiet area and observe
- Offer a physical outlet
- Offer PRN medication

Interactions with Selected Behaviors

Hallucinations (hearing voices that others do not)

- Initially try to understand what the voices are saying or telling the person to do.
- Assessment of the hallucination
- Thereafter, do not focus on the hallucination

Interactions with Selected Behaviors

Delusions (a distortion in thought content)

- Clarify reality of the patient’s experience and feelings of fear
- Avoid being drawn into the conversation regarding content of the delusion
- Never argue or reason with the patient
- Careful monitoring

De-Escalation Techniques

- Respond early to aggressive behaviors

- Ensure the patient knows they are in a safe place
- Assess personal safety & pay attention to the environment
 - Leave the door open
 - Ensure you have a quick exit if needed
 - Never turn your back when a patient is angry
 - Leave the room if the behavior is out of control
- Appear calm and in control
- Speak softly
- Display genuineness and concern
- Set clear and consistent limits
- Sit next to the patient
- Listen carefully and clarify when needed
- Avoid overreacting

Crisis Intervention

Definition of Crisis

A sudden event in one's life that disturbs homeostasis, during which usual coping mechanisms cannot resolve the problem.

Acute

Time-limited phenomenon

Crisis Intervention

What nurses and other health professionals do to assist those in crisis to cope

Interventions need to be broad, creative, and flexible

Characteristics of a Crisis

Occurs in all individuals

Precipitated by specific identifiable events

Crises are personal in nature

Acute and will be resolved

Potential for psychological growth or deterioration

Prevalence and Comorbidity

Factors that limit the ability to problem solve or cope include the presence of stressful life events such as:

Mental illness

Substance abuse

History of poor coping skills

Diminished cognitive abilities

Preexisting physical health problems

Limited social support network

Developmental and physical challenges

Resiliency

Roberts's Seven-stage Model of Crisis Intervention

Types of Crises

Three types of Crisis

Developmental Crisis

Situational Crisis

Adventitious Crisis

Pre-existing mental health problems

Individual is more prone to crisis
Individual is more vulnerable

Developmental Crisis

A process of maturation through each stage of life
New coping mechanisms are formed for each stage of life
Transition leads to increased anxiety until the person establishes new equilibrium

Situational Crisis

Arises from external rather than internal source
Unanticipated
Examples

Loss of job
Death of a loved one
Divorce

Common & most individuals will experience during their lifetime
Resolutions depends on:
Support system
Resiliency
Emotional health

Adventitious

Crisis of Disaster
Appearing accidentally or unexpectedly and tend to catastrophic
Examples:

Natural disasters
Terrorist attacks
School shootings
Global pandemics- COVID-19

Phases of Crisis

Individuals experiencing a crisis will naturally use their normal coping skills.
If this is unsuccessful, different skills will be used.
Leads to frustration, anxiety, & disorganization

4 Distinct Phases of Crisis

Phases of Crisis

Phase 1

The individual is exposed to a precipitating stressor

Phase 2

Usual defense mechanisms fail; attempts at solving the problem begin

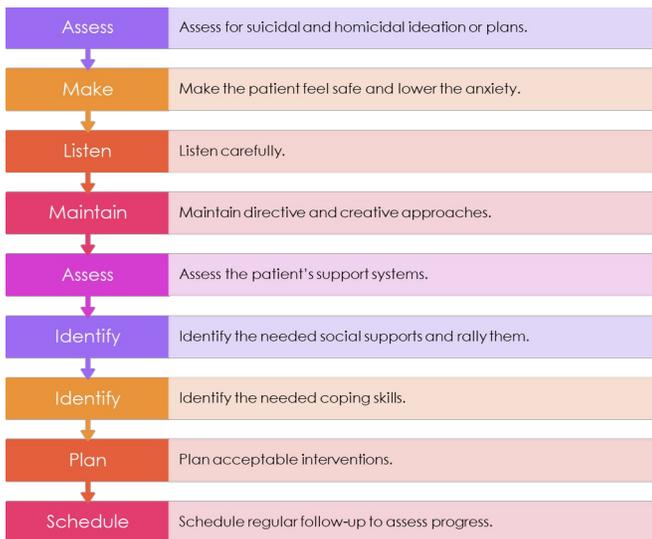
Phase 3

Problem solving attempts fail, anxiety increases to severe/ panic, fight or flight

Phase 4

Coping skills are exhausted, anxiety overwhelms the individual, suicidal behaviors may develop

Assessment and Interventions: Crisis



Assessing Patient's perception

Determining whether an event is a crisis

See the event through the eyes of the patient

Assess the individual/family's perception of the problem

The more clearly the problem can be defined, the better the chance that an effective solution will be found.

Assessing Situational Supports

Assess the individual's support system

Determines available resources

Does the crisis involve important people

Questions to ask:

To whom do you talk when you feel overwhelmed?

Whom can you trust?

Who is available to help you?

Assessing Coping Skills

Evaluate the individual's level of anxiety

What are their usual coping mechanisms?

Healthy vs. unhealthy

Questions to ask:

What do you usually do to feel better?

Did you try it this time? If so, what was different?

What helped you through difficult times in the past?

Assessment Guidelines

Psychiatric treatment/ hospitalization?

Can the patient identify the precipitating event?

Does the patient understand situation supports?

Identify the patient's usual coping skills.

Determine the religious and cultural beliefs.

Planning & implementing

Patient-centered care

As anxiety reduces the patient becomes more active in planning

Caring attitude, flexibility, active listening

Social support & building resilience
Patients may experience
Cognitive impairment
Behavioral changes
Emotional issues

Key Concepts of Crisis Intervention

1. A crisis is self-limiting and is usually resolved within 4 – 6 weeks
2. Resolution results in one of three levels:
 - Higher level of functioning
 - The same level
 - A Lower level of functioning
3. The goal is to return the person to pre-crisis level of functioning
4. During a crisis, people are more open to outside intervention than they are at times of stable functioning
5. Deals with the person's present problem and resolution
6. Nurse takes an active, direct role
7. Early intervention increases chances for a good outcome

Ethical and Legal Considerations

Mental health laws

State specific

Review your state's code- search "mental + health + statutes + (your state)"

Ethics- right or wrong

Bioethics- ethical questions in health care

Admission & Discharge procedures

Voluntary Admission

Sought by the patient

Client has the right to request release

Admission & Discharge procedures

Involuntary Admission

Without the patient's consent

Mentally ill

Posing a danger to self or others

Gravely disabled

A legal hold

72 hours

Admission & Discharge procedures

Discharge Procedures: Depends on the patient's admission status

Conditional Release

Unconditional Release/ Discharge

Release Against Medical Advice (AMA)

Patient's rights under the law

All clients have the following rights:

The right to treatment

The right to refuse treatment

Exception to this right:

1. Serious mental illness

2. Ability to function is deteriorating/ exhibiting threatening behavior

3. Benefits of treatment outweigh the harm
4. Lacks capacity to make decisions
5. Less restrictive treatments have been unsuccessful

Right to informed consent

Patient has been provided with basic understanding of risks, benefits, and alternatives

Rights: restraint and seclusion

Restraints have a long history of abuse

Legislation & accreditation now maintain strict guidelines

Agitation, confusion, and combative behaviors

Least restrictive interventions/ environment must be used 1st:

Verbally intervene

Reduce stimuli

Active listening

Provide diversion

Offer PRN medications

Restraints can be physical or chemical

Chemical interventions are usually less restrictive than physical restraints

Haloperidol

Seclusion

Confining a patient alone

Preventing the patient from leaving

Quiet Room

Least restrictive environment

The "least restrictive restraint" is defined as the restraint that permits the most freedom of movement to meet the needs of the client.

Physical Restraints

Seclusion

4 Side Rails

Geri Chair with Tray Locked

2-point Restraints

4-point Restraints

Chemical Restraints

Lowest dose

Restraint use protocols

In an emergency, RN can apply restraints

Provider order within 1 hour

No more than 24 hours in restraints

Documentation every 15 minutes

Close monitoring

D/C at the earliest possible time

Rights and confidentiality

Confidentiality

Health Insurance Portability and Accountability Act

Exception to the rule

A duty to warn

Suspected child or elder abuse

The nurse is discussing client privacy and confidentiality with a new patient. Part of the discussion involves protecting the patient’s confidentiality of records and communications. The nurse informs that in certain circumstances certain medical information may be released without consent. Which information can be released without the patient’s consent? For each teaching point, place an “X” in the column to specify whether it is appropriate or not appropriate.

Teaching Points	Column A: Appropriate Information	Column B: Not Appropriate Information
1. Pertinent medical information can be shared in a life-threatening situation.		
2. Medical information can be released to a family member.		
3. In some states, the nurse can be called on to testify in cases in which the medical record is used as evidence.		
4. The medical record can be provided to an employer for support of a work-related absence.		
5. In most states, information can be released in situations for which the patient is at risk for harm of self or others.		
6. Medical information can be shared if the nurse suspects that the patient’s spouse is abusive.		

Laws

Nurses in the psychiatric setting should understand:

Unintentional torts

Intentional torts

Assault

Battery

False imprisonment

Laws on reporting child, disabled, elder abuse

Required to report suspected abuse

Child Abuse

Maltreatment of a child or teen

Resulting in risk of serious injury or death

Emotional, sexual, physical

Child neglect

Failure to provide basic needs for the child (physical, medical, educational)

Poor nutrition, inadequate clothing, poor access to education

Elder abuse

Physical or emotional

Overmedicating or withholding medications

Sexual Assault

Any sexual act where the victim does not give consent

Many assaults go unreported

Nursing Actions:

Evaluation by a Sexual Assault Nurse Examiner (SANE)

Obtains samples for evidence

Ensure patient safety, comfort, & preserve evidence

Offer emotional support

Documentation

Accurate & complete information

Medical records used for Quality Improvement

Specific & Objective

Risk Management

Legal

Remember “if it wasn’t charted, it wasn’t done”