

Current Theories & Practice Part I

Learning Outcomes

- Integrate evidence based principles to meet the care needs of patients with mental health disorders
- Integrate evidence based data in making clinical decisions for patients with mental health disorders
- Analyze legal and ethical concerns in the provision of nursing care to patients with mental health disorders
- Communicate effectively with persons with mental health disorders
- Collaborate with the health care team to promote optimal health levels for patients with mental health disorders
- Promote use of resources to optimize health in persons with mental health disorders
- Evaluate your feelings and attitudes regarding persons with mental health disorders

Key Terms

- ACT
- Deinstitutionalization
- DSM-5
- IOP & PHP
- Mental health
- Mental illness
- Milieu
- NAMI
- Stigma
- Resilience

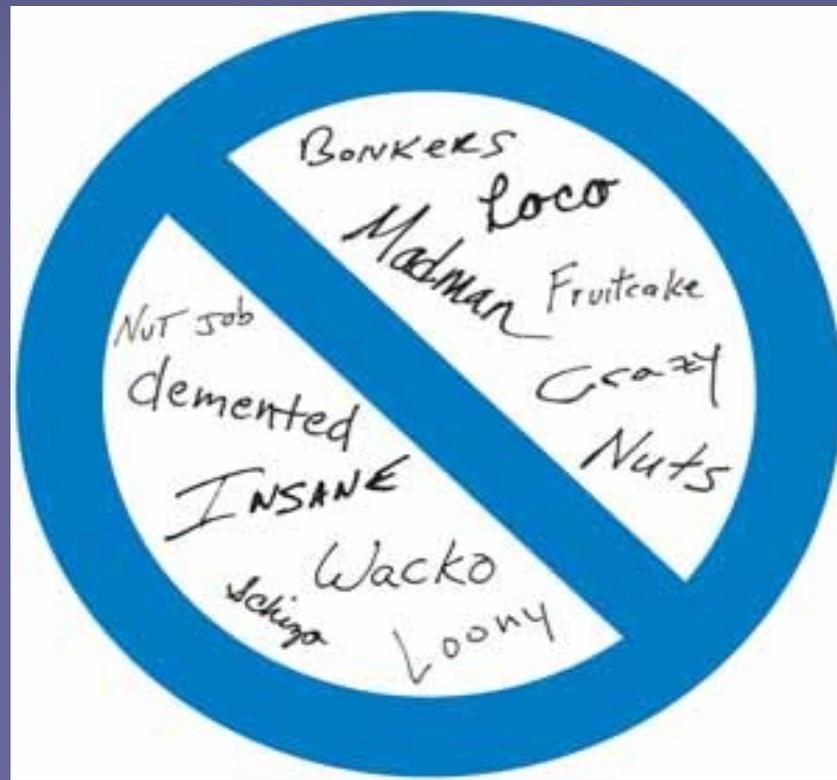


Stigma



- http://www.youtube.com/watch?v=Zn6yw2KUIwc&list=TLz-5ILSw3_gOFBIevPpcxoGmxyfGmSORn
- <http://www.youtube.com/user/bringchange2mind>

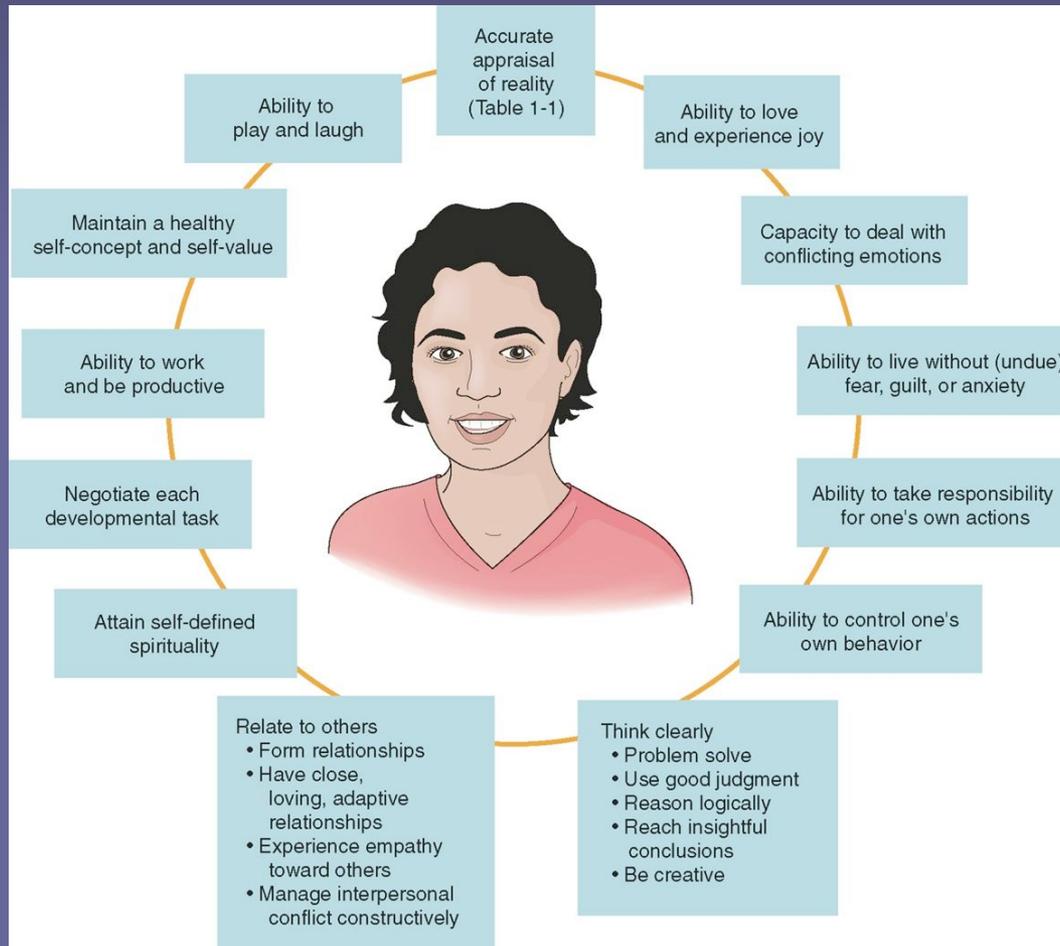
Advocate



Mental Health

- **Mental Health:** State of well-being in which individual realizes potential, copes with normal stresses, works productively, contributes to community (WHO, 2010)
- Successful performance of mental functioning (rational thinking, communication skills, learning, emotional growth, resilience, self-esteem)
- **Resilience:** Ability to recover from or adjust successfully to stressors, loss, trauma

Attributes of Mental Health



Factors Affecting Mental Health

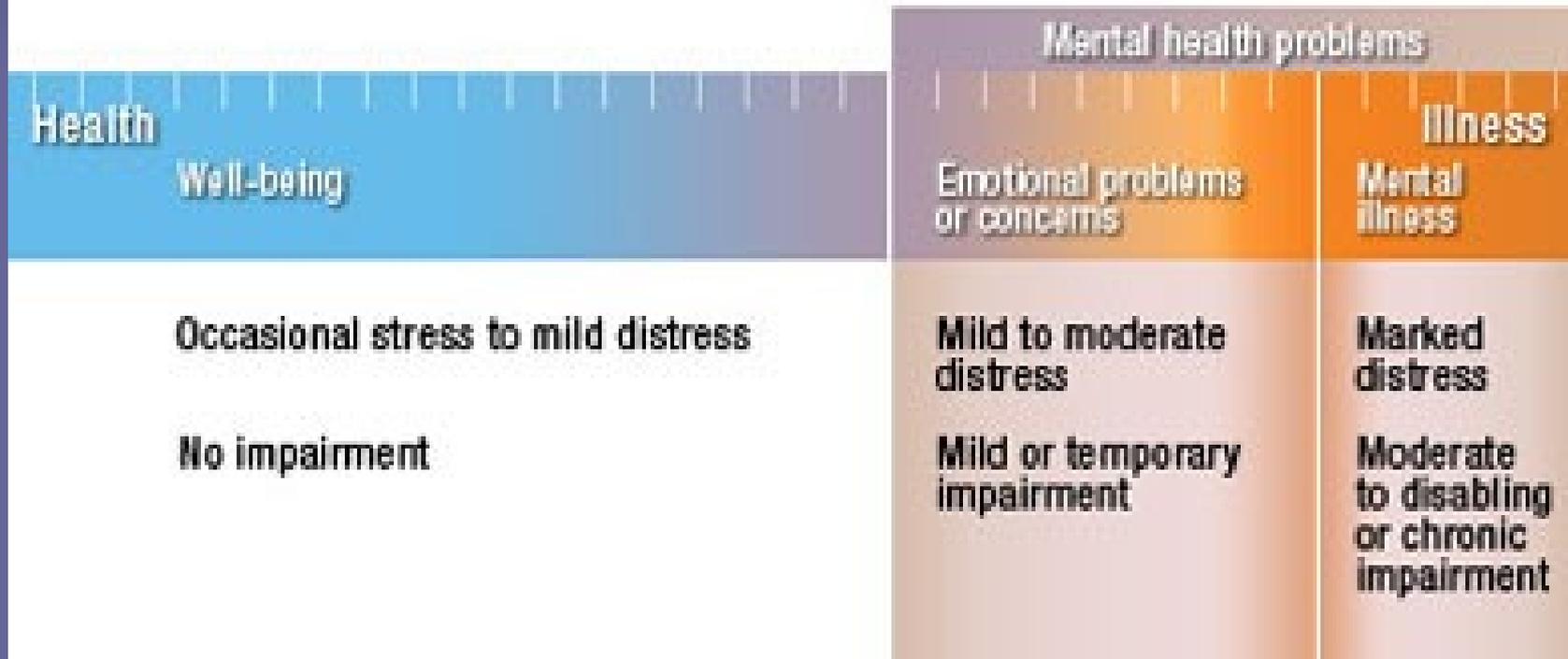


Mental Illness

- NAMI (2011) defines mental illness as medical conditions that affect a person's thinking, feeling, mood, ability to relate to others, and daily functioning
- WHO defines mental illness as characterized by a combination of abnormal thoughts, emotions, behaviors, & relations with others. Examples include schizophrenia, depression, intellectual disabilities, & substance abuse. Most of these disorders can be successfully treated. http://www.who.int/topics/mental_disorders/en/

Continuum

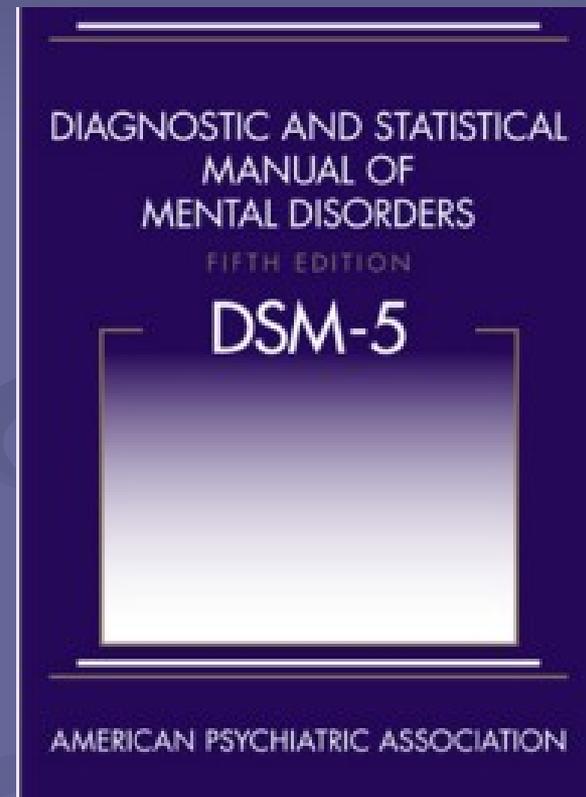
Mental Health - Mental Illness Continuum



Diagnostic and Statistical Manual of Mental Disorders (DSM-

- DSM 5: used to classify & diagnose psychiatric disorders (5th edition, 2013)
- Purposes:
 - Standardizes language
 - Identifies symptoms & quantifies them
 - Assists in identifying underlying causes
 - Correlates with ICD-10

Varcarolis, Appendix A, p. 453-465



Prevalence of Mental Disorders

Population in the U.S:

<http://www.census.gov/popclock/>

- Schizophrenia: 1.1%
- Mood disorders: 9.5%
- Anxiety disorders: 18.1%
- Substance abuse: 9.4%
- 1 in 4 adults (over age 18) has a diagnosable mental disorder

Data from National Institute of Mental Health (2012). The numbers count: Mental disorders in America. www.nimh.nih.gov

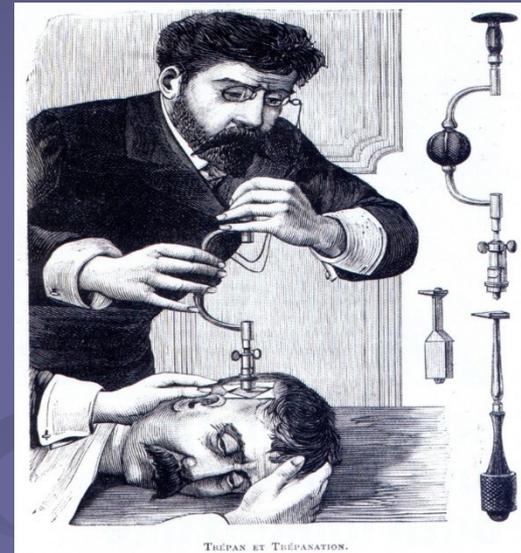
Cultural Considerations

- Culturally diverse population
- Cultural differences influencing mental health, treatment of mental illness
- Cultures differ in what they view as mental illness and in types of behaviors defined as mental illness

Settings for Psychiatric Care

Historical Background

- Ancient times:
 - Displeasure with God, demon possession
 - Use of exorcisms or trepanation



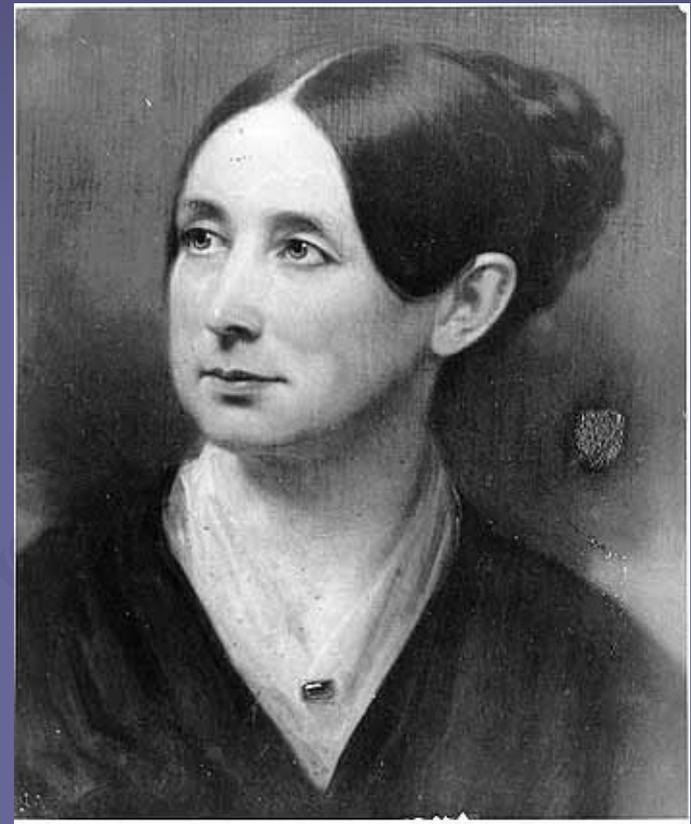
Historical Background

- Renaissance (1300-1600):
Hospital of St Mary of Bethlehem (Bedlam) opened;
witch hunts occurred
- Period of Enlightenment (1790s)
Creation of asylums



Historical Background

- Dorothea Dix (1802-1887) Nurse who cared for soldiers in Civil War. Appealed to legislators to reform treatment for mentally ill in mental hospitals; reduce overcrowding
- Instrumental in opening 32 state hospitals



Civil War



Historical Background

Period of Scientific Study
(1870's) Hospitalized, but
limited treatment

150,000 patients in mental
asylums in the United
States in 1900

Warehoused people with
mental illness, mental
retardation, epilepsy,
alcoholism, neuro syphilis



History: 1900-1950

- Treatments included electroconvulsive therapy (ECT), insulin shock, lobotomies
- Example: Dr. Walter Freeman using ice pick for transorbital lobotomy



Property of Museum of History & Industry, Seattle

Notes from a patient...

- “By the late 1940’s, there were more than a million mental cases in hospitals or asylums. More than 55% of all patients in American Hospitals were mental cases...There was no real treatment for these people. They were often drugged, shackled, kept in straitjackets, or locked in rubber rooms. Doctors were able to keep them from harming themselves or others, but had a cure rate of about zero.”

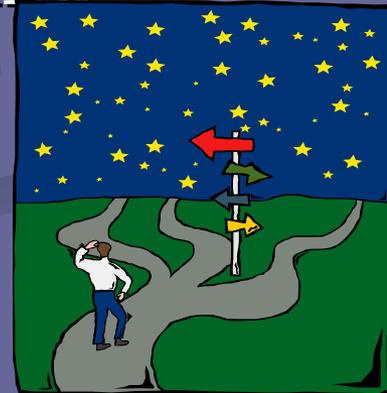
Dully, H. (2007). *My lobotomy: A memoir*. New York: Crown Publishers.

History 1950-2000

- **1950's** : Medications: Chlorpromazine (**Thorazine**) 1954, psychotherapy, standardized psychiatric diagnoses (DSM)
- **1960's**: 1963 Community Mental Health Act (Pres Kennedy) led to deinstitutionalization
- **1970's**: Widespread use of psychotropic medications, focus on **community** and group interventions
- **1990's**: Decade of the Brain: Increased knowledge of neuro-biochemical abnormalities and psychosocial influences, disparity of mental health coverage

Future Trends

- Genetic mapping & more research
- ↑ use of technology: Apps, telecommunication, webcam
- ↑ education & understanding of mental health & illness
- Early mental health screening, assessment, & referrals
- Improved reimbursement and funding (ACA)



Practice Settings



Outpatient:

- PCP's
- Clinics (MHMR, VA)
- Home health
- IOP's & PHP's
- Shelters, group homes, hotlines, ACT

Inpatient:

- Public psych hospitals
- General hospital psych units
- Private psych facilities
- Specialty settings: Pedi, Geriatric, VA, Forensic, ETOH and Drug Abuse



Treatment Team



- Psychiatrists
- Psychologists
- Psychiatric Mental health (PMH) nurse
- PMH-APRN's/ Physician's Assistants
- Social workers
- Mental health workers
- Recreation/occupational therapists
- Rehabilitation specialist/case manager
- Pharmacists
- Licensed Professional Counselor (LPC)

Varcarolis, Box 5-1, p. 55

Role of Psych Mental Health Nurse



Registered nurse who has graduated from a nursing program

- Applies nursing process based on theory, standards, ethics (Varcarolis, Ch. 7)
- Provides health teaching & maintenance
- Coordinates care & community resources
- Maintains safety and manages milieu
- Addresses legal issues
- Provides pharmacological, biological, & integrative therapies

Therapeutic Milieu

- The atmosphere of the environment where care is given
- Purposeful manipulation of the environment to promote a therapeutic atmosphere
- Goal is for patient to cope better, interact appropriately, and relate to others more effectively through learning new tools or skills.
- **Nurses** are responsible for managing the treatment environment

Elements of Effective Milieu

- Safety
- Structure
- Norms
- Limits
- Balance
- Environmental modification



Role of Advanced Practice Psych Mental Health Nurse



- Graduate of Master's Program or Doctor of Nursing Practice (DNP) program as Advanced Practice Nurse: (CNS) or (NP)
- Assessment & Diagnosis
- Psychotherapy & group therapy
- Consultation
- Medication Prescriptive Authority

Resources

- Grace Campus 806-544-3365
<http://www.paulsprojectlubbock.org/>
- NAMI Lubbock 806-783-9268
(namilubbock@nami.org)
- Starcare Crisis Line 806-740-1414
<http://www.starcaarelubbock.org/>
- VA Clinic: 806-472-3400
- <http://www.va.gov/>

Multiple response practice question...

A nurse is planning a peer group discussion about DSM-5. Which of the following is appropriate to include in the discussion? Select all that apply.

- A. DSM-5 is used to identify mental health disorders.
- B. DSM-5 establishes diagnostic criteria.
- C. DSM-5 assists nurses in planning care.
- D. DSM-5 recommends pharmacological treatment.
- E. DSM-5 indicates expected assessment findings.

ATI testing @ <https://www.atitesting.com/Home.aspx>

The answer is...

A nurse is planning a peer group discussion about DSM-5. Which of the following is appropriate to include in the discussion? Select all that apply.

A. DSM-5 is used to identify mental health disorders.

B. DSM-5 established diagnostic criteria.

C. DSM-5 assists nurses in planning care.

D. DSM-5 recommends pharmacological treatment.

E. DSM-5 indicates expected assessment findings.

ATI testing @ <https://www.atitesting.com/Home.aspx>

References

- ATI Nursing Education. (2016). *RN mental health nursing* (10th ed.). Assessment Technologies Institute, LLC.
- Bring Change 2 Mind
<http://www.youtube.com/watch?v=lQEvpSnx3qs>
- Dully, H. (2007). *My lobotomy: A memoir*. New York: Crown Publishers
- Varcarolis, E. M. (2017). *Essentials of psychiatric mental health nursing* (3rd ed.). St. Louis, MO: Elsevier.