

Mental Health Remediation

Management of Care:

- Crisis Management: Acute, time-limited event during a time a client experiences an emotional response that can't be managed within normal coping mechanisms
- Types of Crisis:
 - Situational/External: Unanticipated loss or change
 - Maturation/Internal: New developmental stages that require new coping mechanisms
 - Adventitious: Occurrence of natural disasters or crimes
- Phases of a Crisis:
 - Phase 1: Threatening activities that increase defense mechanisms
 - Phase 2: Anxiety response escalates while defense response fails; Becomes disorganized
 - Phase 3: Clients anxiety escalates to severe or panic levels; Flight or withdrawal
 - Phase 4: Overwhelming anxiety that leads to anguish, feelings of powerlessness, dissociative findings, depression, and violence

Safety and Infection Control:

- Patient care associated with manic behaviors:
 - First priority is safety and maintaining physical health, assess the client for suicidal thoughts, intentions, and escalating behaviors, decrease stimulation, implement rest periods, provide outlets for physical activity, and protect the client from poor judgment
- Chlorpromazine and Loxapine are first generation antipsychotic medications
- Legal and Ethical Issues: Code of ethics for nurses can be found on the American Nurses Association's website, providing the patient's right always

Health Promotion and Maintenance:

- Anger Management:
 - Expected Findings: Hyperactivity, hypersensitivity, intense eye contact, facial expressions, body language, rapid breathing, aggressive postures, verbal cues, and drug or alcohol intoxication
 - Nursing Care: Safe environment, assess for triggers, teach self-assessment awareness
- Suicide:
 - Expected Findings: Assess carefully for verbal and nonverbal clues, assess via assessment tool (SAD), overt and covert comments, assess the client's suicide plan, provide a physical assessment for lacerations and scars
 - Nursing Care: Primary, secondary, and tertiary --
 - Primary: Use of community education and screenings
 - Secondary: Use of prevention with acute suicidal crisis
 - Tertiary: Use of providing support and assistance to survivors
- It is important to establish a trusting relationship

Psychosocial Integrity:

- Cognitive Behavioral Therapy:
 - Relaxation training: Used to control pain, tension, and anxiety
 - Modeling: Demonstration of appropriate behavior in stressful situations
 - Systematic desensitization: Goal of tolerating a greater later of stimulus until anxiety no longer interferes with functioning
 - Flooding: Useful in clients who have phobias
 - Response prevention: Prevention of performing a compulsive behavior to limit anxiety
 - Thought stopping: Teaching to say “stop” when negative thoughts or compulsive behaviors arise
- Positive defense mechanisms: Altruism (reaching out to others) and Sublimation (substitution of good feelings in place of bad ones)
- Prolonged grief is a maladaptive response and can result in the inability to perform activities of daily living

Pharmacological and Parenteral Therapies:

- Tricyclic antidepressants: Block the reuptake of norepinephrine and serotonin
 - 4-8 weeks for effects
- Therapeutic uses: neuropathic pain, fibromyalgia, insomnia, bipolar disorder, OCD, ADHD
- Serotonin syndrome: Mental confusion, abdominal pain, diarrhea, agitation, fever, anxiety, hallucinations, hyperreflexia, diaphoresis, tremors

Reduction of Risk Potential:

- Electroconvulsive therapy: Used to induce brief seizure activity while the client is anesthetized
 - Mechanism is unknown
- Potential diagnosis for ECT: Major depressive disorder, schizophrenia, and acute manic episodes
- Akathisia: Inability to sit or stand still; Continual pacing and agitation
- Medication Effectiveness: Improvement/prevention of acute psychotic manifestations, absence of hallucinations, delusions, anxiety, and hostility, ability to perform ADLs, interact socially with peers, and improve sleep habits