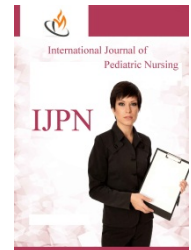




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ADVANCED ROLE OF PSYCHIATRIC-MENTAL HEALTH NURSES IN SCHIZOPHRENIA

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ABSTRACT

Psychiatric mental health nursing, a core mental health profession, employs a purposeful use of self as its art and a wide range of nursing, psychosocial, and neurobiological theories and research evidence as its science. Psychiatric mental health nurses provide comprehensive, patient-centered mental health and psychiatric care and outcome evaluation in a variety of settings across the entire continuum of care. Essential components of this specialty practice include health and wellness promotion through identification of mental health issues, prevention of mental health problems and care and treatment of persons with psychiatric disorders.

INTRODUCTION

Psychiatric mental health nursing is an integral part of the continuum practice. The American nursing association describes Psychiatric mental health nursing as a specialized nursing practice committed to promoting health through the assessment, diagnosis and treatment of human responses to mental health problems and psychiatric disorders [1]. As a core mental health profession mental health nursing employs a purposeful use of self as its art and a wide range of nursing, psychological and neurobiological theories and research evidence as its science. The practice of Psychiatric mental health registered nurses includes the provision of comprehensive patient centered mental health and Psychiatric care and treatment and outcome evaluation in variety settings across the entire continuum of care. Psychiatric mental health nursing is a specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of

human responses to mental health problems and psychiatric disorders. Psychiatric Mental Health Nursing as a specialty has its roots in 19th century reform movements to reorganize mental asylums into hospitalized settings and develop care and treatment for the mentally ill [2]. The first nurse-organized training program for psychiatric nursing within a general nursing education program was established at Phipps Clinic at Johns Hopkins Hospital in 1913. This served as prototype for other nursing education programs [3]. As early as 1914, Adelaide Nutting, a well-known nursing educator at Teachers College at Columbia, addressing a conference at the new Psychopathic Hospital in Boston emphasized the role that nursing could play, not only in promoting recovery from mental illness, but in prevention of mental illness through the educative aspects of nursing care [4]. Specialty nursing at the graduate level began to evolve in the late 1950's in response to the passage of the National Mental Health Act of 1946 and the creation of the National Institute of Mental Health in 1949. The National Mental Health Act of 1946 identified psychiatric nursing as one of four core disciplines for the provision of psychiatric care and treatment, along with psychiatry,

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Review Article



psychology and social work. Nurses played an active role in treatment in meeting the growing demand for psychiatric services resulting from increasing awareness of post-war mental health issues[5].

The role of the Psychiatric Mental Health Clinical Nurse:

Specialist evolved to address the expanding biopsychosocial perspective and the competencies required for practice congruent with emerging science. Many psychiatric graduate nursing programs added content related to neurology, pathophysiology and the medical management of psychiatric illness to their curricula, and prescriptive privileges became embedded in Psychiatric Mental Health Clinical Nurse Specialist roles in most states [6].

Reasons for Need: (Psychiatric Nursing)

As Psychiatric Mental Health (PMH) nurses address their practice in the 21st century, it is critical they examine the vision of mental health care to inform their practice. Federal agencies, commissions and advocacy groups have identified a future vision of a mental health care system organized to respond to all consumers in need of services. For Psychiatric Mental Health Nurses to play a leadership role in shaping a transformed mental health care delivery system, they must understand the key threads in the government/agency/consumer group plan and the factors that can impact enactment. Moreover, Psychiatric Mental Health Nurses must articulate the need for nursing leadership in a transformed mental health care system. Psychiatric nurses as clinicians must understand that technology is the vehicle for data accountability that will be used to gauge quality of care and enact policy changes. Psychiatric nursing faculty is in an excellent position to use technology in the educational process and thus create future clinicians who are fluent in its use[7,8,9]. The Transformation plan includes the vision of inclusion for the homeless, children, older adults, rural sector and other underserved populations. Certainly an ideology of inclusion returns both equity and humanity to the system. But for many of these groups social problems are inextricably bound with their emotional illness. A recent study of children with serious emotional disorder (SED) found that almost half had social, family and educational issues that accompanied their SED[10]. Evidence related to psychiatric disorders in older adults reveals high rates of comorbid medical illness. Comorbidity in the aged is a predictor of poorer response to mental health treatment, as well as a predictor of relapse[11]. Moreover, despite a dramatic growth in evidence-based treatment for mental health problems of older adults, mental health service use is extremely low. Less than 3 percent of older adults receive outpatient mental health services, only 7 percent of all inpatient

psychiatric services, and 9 percent of private psychiatric care [12]. Responsibility of nurses:

In a transformed mental health care system, the workforce will be fluent in the use of evidence-based practice. As outlined above, the transition to EBP has been rapid and not without its critics[13]. The use of the “best available” research evidence, coupled with expert clinical judgment, and patient preferences creates essential linkages between and among the consumer, the provider, the setting, and the science, [14] The key is that the person isn’t relegated to either extreme of being a patient or consumer and that EBPs are always maintained within a relationship based approach[15].

The promise of evidence related to genetics and innovative treatments for major mental illness are the promise of the future. Psychiatric nursing should take leadership in creating client-centered care that understands the evidence related to the neurobiology of psychiatric disorders and medications but also able to demonstrate how to construct relationships within a recovery based model[16]. Psychiatric nurses have always been professionals on the direct lines of care who understand both everyday needs and complex medical/psychiatric needs of patients[17]. Alongside their focus on treatment and recovery, Psychiatric Mental Health nurses provide leadership to prevention efforts Armed with the growing understanding of how stress and mental illness interact, Psychiatric Mental Health nurses educate the public on the ramifications of stress and stress reduction techniques[18].

It is within the scope of Psychiatric Mental Health Nursing Practice to provide primary mental health care to patients seeking mental health services in a wide range of delivery settings. Primary mental health care involves overall health promotion, universal, selective, and preventive interventions[19]. general health teaching, health screening and appropriate referral for treatment of general or complex health problems and a specialization in the evaluation and management of those with psychiatric disorders and those at risk for them, including psychiatric rehabilitation [20]. The psychiatric mental health nurse’s assessment is a synthesis of the information obtained from interviews, behavioral observations and other available data from which a diagnosis is derived and validated with the patient. Because mental disorders are a major health problem in the United States and internationally, a challenge has been issued to all core health professions, especially nursing, to identify, treat, and prevent mental illness. Psychiatric nurses play an integral role in treating people with mental illness in settings as diverse as inpatient, community, academic, research, private, public, and government institutions. In the past, nurses were involved mainly in providing institutional care, patient education, and



therapy.

Now they play important roles in medication management and patient goal setting, among other important clinical, research, and management areas. What remains unchanged, however, is that psychiatric nurses have a deep desire to provide high quality care for people living with mental illness, and that they are steadfast in the belief that their work makes a difference. Many nurses are finding that electronic medical records are actually taking more time away from direct patient care, as there is very little out there for nursing documentation around psychiatry or psychiatric mental health nursing. Nursing practice is differentiated according to the nurse's educational preparation that determines the level of practice. The nurse's role, position description and work practice setting further define practice. The nurse's role may be focused on clinical practice, administration, education or research. The nursing profession, by developing and articulating the scope and standards of professional nursing practice, defines its boundaries and informs society about the parameters of nursing practice. The scope and standards also guides the development of state level nurse practice acts, rule and regulations governing nurse practice.

FACTORS INFLUENCING Crisis intervention

It may be found in the emergency department of a general or psychiatric hospital or within centers in the community. In crisis patients demonstrate severe symptoms and require a high intensity of nursing services. Acute Inpatient Care This setting involves the most intensive care and is reserved for acutely ill patients who are at high risk for harming themselves or others, and/or are unable to care for their basic needs. This treatment is often "short term". These units may be in a psychiatric hospital, within a general hospital or a state mental hospital. Intermediate and Long Term Care Intermediate and long-term care facilities may admit patients but more often they receive patients transferred from acute care settings. Intermediate and long-term care provides treatment and rehabilitation for patients who are at chronic risk for harming themselves or others due to mental illness. Long-term inpatient care usually involves a minimum of three months. Both public and private psychiatric facilities provide this type of care. However, trends in psychiatric mental health care delivery continue to shift the locus of care to community settings. This is, in part, financially driven as state budgets continue to reduce funding for mental health care as part of their initiatives to balance their budgets and as reimbursement for intermediate and long term care for private institutions is

consistently reduced. This trend increases the risk of homelessness and inadequate housing for persons who experience chronic symptoms of psychiatric illness.

Partial Hospitalization/Intensive Outpatient Treatment:

The aim of partial hospitalization and Intensive Outpatient Programs is acute symptom stabilization for patients with safe housing options or employment. Residential Services A residential facility provides care for patients over a twenty-four hour period. Services in typical residential treatment facilities include psycho education around symptom management and medications, assistance with vocational training, and sometimes with the severely and persistently mentally ill, may include activities of daily living training. Rehabilitation is often a goal for residential treatment facilities.

Psychiatric Mental Health Nursing

Community-based Care Psychiatric-mental health nurses provide care within the community as an effective method of responding to the mental health needs of individuals, families and groups. Community-based care refers to care delivered in partnerships with clients/consumers in their homes, worksites, mental health clinics and programs, health maintenance organizations, shelters and clinics for the homeless, crisis centers, senior centers, group homes, and other community settings. Assertive Community Treatment (ACT) The Assertive Community Treatment model is an interdisciplinary team approach providing services in the individual's natural setting including homeless shelters. The ACT approach provides a comprehensive range of treatments. The goals of ACT are to help patients meet the requirements of community living after discharge from another more restricted form of care, and to reduce recurrences of hospitalization [21].

Telehealth

The practice of telehealth is the removal of time and distance barriers for the delivery of health care services and related health care activities through telecommunications technologies [22] and is an expanded means of communication that promotes access to health care. The psychiatric-mental health nurse may utilize electronic means of communication such as telephone consultation, computers, electronic mail, image transmission and interactive video sessions to establish and maintain a therapeutic relationship with patients by creating an alternative sense of the nursing presence that may or may not occur in "real time". Psychiatric mental health nursing care in telehealth incorporates practice and clinical guidelines that are based on empirical evidence and professional consensus. Telehealth encounters carry with them particular issues especially related to



confidentiality and regulation. Because telehealth technology can cross state and even national boundaries, it must be practiced in accordance with all applicable state, federal, and international laws and regulations. Particular attention must be directed to confidentiality, informed consent, documentation, and maintenance of records and the integrity of the transmitted information.

Self-employment

Self-employed advanced practice psychiatric-mental health nurses offer direct services in solo private practice and group practice settings, or through contracts with employee assistance programs, health maintenance organizations, managed care companies, preferred provider organizations, industry health departments, home health care agencies, or other service delivery arrangements.

CONCLUSION

We need to work with the nursing informatics teams to get tools that speak our language. Many electronic

medical records programs are written for medical surgical nursing. The behaviors, symptoms, and patient responses encountered in psychiatric mental health nursing often are absent from such programmes, making nursing documentation difficult especially when medical surgical tolls have been tweaked for use in psychiatric settings. National changes under way in the healthcare landscape will mean changes for psychiatric nurses in the future. Even as their roles and responsibilities evolve, psychiatric nurses eager to remain connected to the holistic type of care that typifies their profession. Nurses recognize the unique value they bring to patient care and many would like to become even more involved in the process. Psychiatric nurses are invaluable communicators with many having found that patients are able to open up to them in ways they cannot or will not with other health care professionals. When it comes to patients in distress, nurses are often most likely to notice problems with adherence, escalation, or reemergence of symptoms.

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