SCHOOL OF SCIENCE AND TECHNOLOGY

PSYCHIATRY AND MENTAL HEALTH NURSING

BSN 3213

BANGLADESH OPEN UNIVERSITY

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Introduction to the Module

Bangladesh Open University (BOU) has takes the initiative to bring its educational programs into the hands of that eager to learn. This module Behavioral Science-II, last of the two modules on Behavioral Science has been written with the same aim. Behavioral Science includes the fields of sociology, psychology and anthropology. In this module Behavioral Science -II, an attempt has been made to include an introduction to the subject (Unit-1) and sociology (Unit-2). In the second of the modules on the subject, Behavioral Science-II, an endeavor has been made to include psychology (Unit-1-4) and anthropology (Unit-5). Some of the lesson in one field may also be a lesson in other field, but for the convenience of the learner it has been put where it is in the module. The lessons have been so designed that it just gives a basic idea of the topic under discussion.

Through this open schooling program the learner will be able to learn and develop new knowledge and skills, with the help of materials, without attending formal classes. This module is a bit different from those used in formal classroom situation. Before going through the module, carefully read the following points on how to use this book to get the maximum benefit.

Format of this Module

This book includes five units. Each unit has one or more lessons. Each unit has a unit-title followed by a brief introduction to the unit. A few lesson objectives are give at the beginning of each lesson. The important part in the text has been highlighted in boxes in the left margins. Beside the text, figures, diagrams, pictures, and flow charts-as applicable for clearer understanding of the subject supplement each lesson. A hypothetical problem, the exercise, is included in most of the lessons so that the learner can solve them in the light of the relevant lesson. This exercise will invite participation on the part of the learner to feel that s/he is an active participant in an exciting lesson. There is scope for self-evaluation at the end of each lesson. Both short true/false and essay analytical type of questions does this. The answers to the short questions are given at the end of the module.

How to Use this Book

- Read carefully the learning objectives of the lesson before going through the text.
- How much of the learning objectives have been achieved will be assessed by the learner at the end of the text.
- If the learner is not satisfied he/she will go through the text, as many times as necessary, until he/she is satisfied about the learning objectives.
- When the learning objectives are achieved, the learner will proceed with the exercise (questions). The answers to short questions may be checked with those at the end of the module.
- Unless one lesson is completed, the learner is advised not to proceed to the next lesson.
- It is advised that the learners preserve the solved exercises and answers to questions for quick reference before examination.

For Any Clarification

The learner is advised to listen and/or view the scheduled television and radio program by Open University on Behavioral Science.

The lesson to be discussed in the next program is announced at the end of each program. The learner should read the relevant lessons before the program. At the scheduled time, s/he should be ready with pen, paper and book in front of the television/radio set. The learner should take notes, if any part of the program is not understood. He/she should discuss these with the tutor in the tutorial class.

The tutorial classes are different from traditional classes, as the tutor will help only where the learner has difficulty. So the learner should go through the lessons and find out the difficult parts before going to the tutorials. The tutor will also advise and guide the learner for successful completion of the course. If the learner so wishes he/she could go through the books recommended for further reading. Moreover, the learners are strongly advised to use a standard English dictionary to facilitate comprehension.

Preface

The theme of Bangladesh Open University (BOU) is to make education available to the interested with minimum required traditional qualification, irrespective of other social differentiation, in an easy and economic way, without dislodgment from their daily routine. This education is mainly through, module based study which is self-contacted, self-directing, and self-pacing instructional material. In order to meet the national and international demand of graduate nurses, the Bangladesh Open University has introduced B. Sc. in Nursing program. One of the subjects of this program is Behavioral Science. It is expected that on completion of the program, the degree holders will be able to use his/her knowledge in the practical and professional life to meet the rising demand in health field.

A number of people have given their effort and time from the germinal position to the completion of this reading material, the module. Bangladesh Open University is grateful them. The contribution and guidance by Gail Crawford, Ph.D., of Athabasca University, Canada, who gave impetus in the early days of module drafting, had strengthened the conviction that such a course could take off. Before finalization, the draft reading material was tried out on a sample of target group, and necessary modifications made to accommodate the learner. Bangladesh Open University hopes this module will be able to attract the learners in turn with theme of the University. The University will appreciate any constructive criticism and suggestion for improvement of this module.

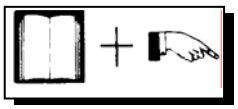
Psychiatry and Mental Health Nursing

Contents

Unit 1: Basic Concept of Mental Health Nursing and Psychiatry

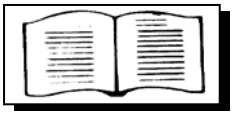
Lesson 1: Historical Development of Psychiatric Nursing and Nursing Functions

1.1. Learning Objective



At the end of this lesson you will be able to-

- describe historical development of psychiatric nursing
- state the various nursing function.



1.2. Historical Development of Psychiatric Nursing

Nursing began to emergency as a professional in the nineteenth century. Linda Rechards was the first American psychiatric nurse, and the first school for psychiatric nurses opened in 1882. It was not until the late 1930s that nursing education viewed the important of psychiatric knowledge in general nursing care related to all illness. The National mental health act of 1946 provided funds for nursing education. The Brown report of 1948 recommended the elimination of basic schools of nursing in medical hospital and in 1950 the National league for nursing required that a school had to provide an experience in psychiatric nursing to be accredited.

First school opened for psychiatric nursing.

The late 1940s and early 1950s nurses were struggling to define their roles as psychiatric nurses. The issue of nurses conducting psychotherapy was controversial. A critical development within the profession occurred with the publication of Peplau's book in 1952. In which she presented a theoretical framework for psychiatric nursing. Nursing was influenced by the development of somatic therapies in the mid 1930s, the concept of the therapeutic community in 1953s and effective psychiatric nursing had evolved a role of clinical competence based on inter personal techniques and use of nursing process. Consoling was a primary nursing function.

The community mental health centres of 1963 influenced the movement of the practice of psychiatric nursing into the community and the formation of multidisciplinary treatment teams.

Psychiatric nursing was defined as an interpersonal process that strives to promote and maintain behaviour, which contributes to integrated functioning.

1.3. Function of Psychiatric Nurse

In mental health nursing, patient or client may be dealt as an individual, family, group, organization or community. In a variety of settings, various direct and indirect functions based on concepts of primary, secondary and tertiary preventions are discussed below.

1. **Primary Functions:** Primary prevention is a community concept that involves lowering the incidence.

    a. Health teaching regarding principles of mental health.

    b. Improved living conditions, freedom from poverty and better education.

    c. Consumer education in such areas like normal growth development and sex education.

    d. Initiating appropriate referrals before mental disorder occurs based on assessment of potential stressors and life changes.

    e. Assisting patients in a general hospital setting to avoid future psychiatric problems.

    f. Working with families to support family members and group functioning.

    g. Becoming active in community and political activities related to mental health.

2. **Secondary Prevention** involved the reduction of actual illness by early detection and treatment of the problem.

    a. Screening and evaluation service

    b. Home visits for preadmission and treatment service.

    c. Emergency treatment and psychiatric service in the general hospital.

    d. Providing a therapeutic Millieu.

    e. Supervising patients for receiving medication.

    f. Suicide prevention services.

    g. Counselling on a time limited basis

    h. Crisis intervention.

    i. Psychotherapy with individuals. Families and groups of various ages ranging from children to older adults. Intervening with communities and organizations based on an identified problem.

3. **Tertiary Prevention** involves reducing residual impairment or disable laities resulting from the illness. Direct nursing care functions include the followings-

   a. Promoting vocational training and rehabilitation.

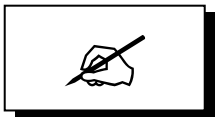
   b. Organization after care programs for patient discharged from psychiatric facilities to facilitate their transition from the hospital to the community.

   c. Providing partial hospitalised options for patients.

In addition to these direct nursing care functions, psychiatric nurses engage in indirect activities that affect all three levels of prevention. These activities includes educating nursing personal, continuing, generic or advanced educational programs, administrating in mental health setting to facilities the provision of optimal nursing care, supervising nursing personnel to improve the quality of nursing services, professional, consumers groups.

Community care gives local and national agencies and researching clinical nursing problems.

- Describe the early history of psychiatric nursing.
- Identify direct and indirect nursing care functions using the concept of primary secondary and tertiary prevention.



1.4. Exercise

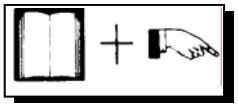
1.4.1. Write 'T' for true and 'F' for false statements

a) First school for psychiatric nursing opened in 1982
b) The issue of nursing conducting psychotherapy was agreed
c) Peplan's presented a theoretical frame work for psychiatric nursing
d) Nursing functions based on counselling.

1.4.2. Analytical questions

1. Describe the history of psychiatric nursing.
2. Define psychiatric nursing. Discuss 3 Direct nursing functions from each concept.

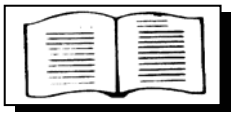
Lesson 2: Concept of Normal and Abnormal Behaviour



2.1. Learning Objective

At the end of this lesson you will be able to-

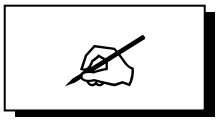
- describe the concept of normal and abnormal behaviour.



2.2. Concept of Normal and Abnormal Behaviour

Most people believe that they can recognize normal and abnormal behaviour in themselves and their associates. In fact this is true to an extent. Although a person may be unwilling or unable to admit to a serious disturbance of feelings or behaviour; most are aware of feeling: "Nervous or irritable" or depressed from time to time. The awareness results from a comparison of present behaviour to an internalised norm or behavioural self-expectation. Mild and transient disruptions in behaviour or feelings are usually experienced as anxiety and resolved by the utilization of coping mechanisms. Each person learns a repertoire of these adaptive mechanisms as he moves through the developmental process. Some are consciously recognized and selected, as when an angry person goes for a work to "Cool down" before confronting the object of the anger. Others are unconscious and take place without the person awareness. An example of this is the displacement of anger to a spouse when a person is really angry to a supervisor at work situation.

Personal coping mechanisms are not always adequate to control anxiety. When the person is unable to cope alone, he faces difficult to take decision and help seek from another person. The helping person may be a friend and relative, a non-professional counsellor or a mental health professional. The choice may depend on the severity of the problem. A young girl may be in problem and she thinks how to act to over come this problem. She may discuss her concerns with her mother, her elder sister, her best friend or her favourite teacher and she tries to learn new ways to cope with an unfamiliar situation.



2.3. Exercise

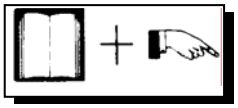
2.2.1. Write 'T' for true and 'F' for false

a) A person may be unable to admit to a serious disturbance of feelings or behaviour.
b) Severe disruptions in behaviour and feelings are usually experience as anxiety.
c) Mentally ill person always adopt appropriate coping mechanises to decrease the level of conflict.
d) A psychiatric nurse can help the client to express undisclosed feelings.

2.2.2. Analytical question

1. Explain briefly the concept of abnormal behaviour.

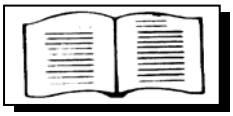
Lesson 3: Defense Mechanisms



3.1. Learning Objective

At the end of this lesson you will be able to-

- define defence mechanisms
- state the different defence mechanisms.



3.2. Definition of Defense Mechanisms

Defense mechanisms are used to reduce anxiety or resolved conflict by modifying or changing our behaviour.

3.3. Defence Mechanisms Are

Repression: Involving exclusion of a painful or conflicatual thought, impulse or memory from awareness.

Anxiety and conflict resolvel by the utilization of coping mechanisms.

Example: Mr. T does not recall hitting his wife when she was pregnant.

Suppression: It is intentional exclusion of material from consciousness. At times, it may load to subsequent repression.

Example: A young man at work finds that he is thinking so much about his date of evening that is interfering with his work. He decides to put it out of his mind until he leaves the office for the day.

Identification: Process by which a person tries to become likes someone he admires by taking on thoughts and mannerisms (with of that person).

Example: 15 years old girl sumis hair styled similarly to her young English teacher whom she admires.

Introjections: In introjections the values and character istics of significant persons are incorporated in one's Personality.

Example: A women who like to live in a simple may interjects in her the sophisticated way of living like her husband.

Displacement: Shift of emotion from a person or object toward which it was originally directed to another usually neutral or less dangerous person or object.

Example: A 4-year-old boy is angry because his mother for drawing has just punished him on his bedroom walls. He begins to "war" with his soldiers toys and has them battle and fight with each other.

Sublimation: Sublimation is a positive mechanism in which the primitive impulses are transferred or directed to a socially useful goal. Unacceptable desires find an acceptable outlet.

Example: A man who has strong sexual drives may utilize that energy in writing poetry or painting. This way he contributes to the art.

Reaction Formation: This is an important device for the development of character. In this process unacceptable real feelings are repressed and acceptable opposite feeling expressed.

Example: A women who actually dislikes her mother-in-low hides her feelings by being always nice to her.

Rationalization: Offering a socially acceptable or apparently logical explanation to justify or make acceptable of unacceptable impulses, feelings, behaviours and motives.

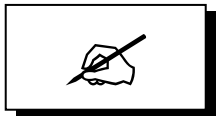
Example: Reba fails an examination and complains that the lectures were not well organized or clearly presented.

Compensation: Process by which a person makes up for a deficiency in his image himself by strongly emphasizing some other feature that he regards as an asset.

Example: 42 years old businessman perceives his small physical structure negatively. He tries to overcome this by being aggressive, forceful and controlling in his business dealings.

3.4. Activity

The student whose hand writing is very bad, she/he may say that it is due to the pen having thick nib that is why she/he could not write well. What type of defense mechanism she/he adopted?



3.4. Exercise

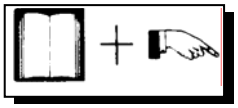
3.4.1. Write "T" for true and "F" for false statements

a) "Rationalization" in which one's minimize the value of object which he is unable to achieve.
b) Mental defence mechanisms are the mechanisms, which protected the individual from infection.
c) When we try to take out an uncomfortable idea from our mind consciously is called suppression.
d) When a person tries to overcome any problem is called compensation.

3.4.2. Analytic questions

1. Discuss the defense mechanisms that are useful to reduce anxiety.
2. Explain "Rationalization" with example out side of the text book.

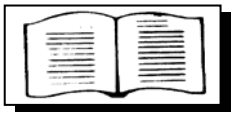
Lesson 4: Psychopathology of Human Behaviour



4.1. Learning Objective

At the end of this lesson you will be able to-

- state the psychopathology
- explain the different types of personality disorders
- list the types of deviation from normal behaviours.



4.2. Definition of Psychopathology

When an individual suffers anxiety frequently due to stressful situations and he/she is not able to cope with that than he has developed abnormal personality. Psychopathology means "the branch of science which deals with morbidity or pathology of the psyche or mind". The malfunctioning of mind includes gross disturbance of human behaviour in terms of psychopathology is commonly discussed as a disorder of personality and deviation from normal behaviour.

4.3. Types of Personality Disorders

Types of personality disorders are-

a) **Types I Cluster a Personality Disorders**

i) paranoid personal disorder
ii) schizoid personal disorder
iii) schizotypal personal disorder.

b) **Types II Cluster B Personality Dis**

i) antisocial personal disorder
ii) borderline personal disorder
iii) histrionic personal disorder
iv) narcissiste personal disorder.

c) **Types III Cluster C Personality Dis**

i) avoidant personal disorder
ii) dependent personal disorder
iii) obsessive compulsive personal disorder.

Paranoid Personality: Paranoid personality suspects other people will harm him. This type of people predisposed to paranoid schizophrenia.

Schizoid Personality: Persons with schizoid personality are quieted, withdrawn and remain aloof. They are shy, timid and self-conscious. Person with schizoid personality may develop schizophrenia (Not true really schizoty pal personality is prone to schizophrenia).

Obsessive Personality: People with an obsessive personality are rigid in their behaviour, stick to what they say or want. They do their work perfectly. They feel uncomfortable if anything is changed or moved against their wish. These types of people are prone to obsessive-compulsive neurosis.

Histrionic Personality: Histrionic personality people show the cluster of traits such as emotionality, exhibitionism, egocentricity sexual provocatioveness, dependence, suggestibility and aggressiveness.

4.4. Type of Deviation from Normal Behaviour

a) Disturbance of consciousness

b) Disorders of motor activities

c) Disorders of perception

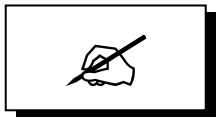
d) Disorders of thought

e) Disorders of affect

f) Disorders of memory and intelligence

g) Disorders of orientation.

Psychopathology explores the explanation (psychoanalytic/ psychodynamic) of the abnormal behaviours of a psychiatric disorder. It necessarily does not mean abnormal personality of a person personality disorder is a separate diagnostic entity.



4.4. Exercise

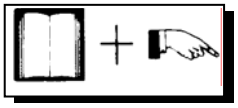
4.4.1. Write 'T' for true and 'F' for false statement

a) Abnormal personality means when a person is not able to cope with reality.
b) Psychopathology is dealing with pathology of same.
c) Paranoid personality suspects other people not harm for him.
d) People with obsessive compuesive personality do their work with perfection.

4.4.2. Analytical questions

1. Define psychopathology. Mention the name of different types of personality disorders and explain it.
2. List the types of deviation from normal behaviour.

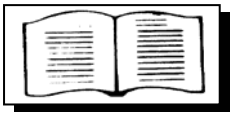
Lesson 5: Classification of Mentally Healthy Person and Important Clinical Features of Mentally Sick



5.1. Learning Objective

At the end of this lesson you will be able to-

- list the characteristics of a mentally healthy person
- state the important clinical features of mentally ill person.



5.2. Characteristics of Mentally Healthy Person

1. He is well adjusted to self and surroundings.
2. Establish cordial relationship with family members and people around his.
3. Shoulders family and social responsibilities.
4. Individual feels comfortable about himself.
5. Person feels right towards others.

5.3. Recognition of a Mentally Ill Person

1. Disturbances of mental functions like thinking, emotion, intelligence, memory, attention, and orientation perception.
2. Violent, assultive, destructive, abusive.
3. Suicidal or homicidal behaviour.
4. Anxiety, tension, irritability, poverty of concentration diminished work efficiency, irrational fears. Unwanted ideas, repetitive meaningless activities.
5. Somatic symptoms like headache, body ache, weakness constipation, sleeplessness, palpitation and breathless at rest without any organic cause.
6. Antisocial behaviour like criminality, sexual perversion, addiction to drugs and alcohol.
7. Mental deficiency.
8. Disorder of cerebral function (organic brain disorder).

Mentally healthy person always able to adjust with self and surrounding.

5.4. Mental disorders can be classified in to two main groups one is major and another one is minor.

5.4.1. Major Mental Disorders (Psychoses)

Psychosis is a severe type of mental disorder. In this disorder, the person looses insight, judgement and suffers from gross disturbances of various mental functions like thinking, emotions, behaviour, perceptions etc.

5.4.2. Major Mental Disorders are Two Types

1. **Organic Psychosis:** It is characterized by disturbances of consciousness, memory, intelligence and orientation. It may be acute or chronic. The illness is caused by or associated with the impairment of brain tissue function or abnormalities in the other organic system.

2. **Functional Psychosis:** There are no demonstrable abnormalities in the brain or in the other organs of the body but symptoms of psychosis are present.

5.4.3. i. There are Many Types of Functional Psychosis

a. Schizophrenia

b. Mania

c. Depression

d. Post pertal psychosis

e. Delusional disorders.

5.4.4. Minor Mental Disorders (Neuroses)

In neurosis, disturbance of mental function is mild. The person suffers from anxiety, tension, worries and complaints of somatic symptoms for which there is no organic problem.

5.4.5. i. Common Types of Minor Mental Disorders are as Follows

a. Anxiety disorders

   i) Generalized anxiety disorder

   ii) Phobic disorder

   iii) Obsessive compulsive disorders

   iv) Acute stress disorders

   v) Panic disorders

   vi) Post traumatic stress disorders.

b. Somatoform disorder

i) Hysteria (conversion)
ii) Hypochondriasis
iii) Somatisation disorders
iv) Chronic paindis
v) Body dysmorphic disorder

c. Others

i) Sexual disorders
ii) Impulse control disorder
iii) Eating disorder.

Neurosis

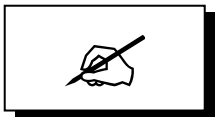
a. Anxiety disorders
b. Somatoform disorders
c. Sexual disorders
d. Impulse controldisordum
e. Eating disorders
f. Factitious disorders.

Other mental disorders like, psychosomatic illness, personality and character disorders (drug addiction Alcoholisms and sexual deviation are common).

5.5. Differences Between Psychosis and Neurosis

Terms	Psychosis	Neurosis
1. Biological factors	More important	Less important
2. Environmental factors	Less important	More important
3. Personal disintegration	Total	Partial
4. Reality testing	Lost	Not Lost
5. Insight into illness	Lost	Not Lost
6. Judgment	Lost	Not Lost

7. Disturbances of Mental functions like thinking, emotion and behaviour	Gross	Minor
8. Disturbances of belief (Delusion) and Perception (illusion and hallucination)	Common	Absent
9. Prognosis	Recovery may not be always possible or complete	Recovery is always possible and complete (Not necessarily)
10. Treatment		
E. C. T	Very useful	Not useful
Abreactive therapy	Not useful	Useful
Behaviour therapy	Not useful	Very useful
Drugs	Neuroleptic, stimulants and antidepressants commonly used	Tranquillisers commonly used
Psychotherapy		
(a) Supportive	Useful	Very useful
(b) Analytical Casework	Not useful	Very useful



5.6. Exercise

5.6.1. Write "T" for true and "F" for false statements

a) Anxiety, tension, irritability are the symptoms of mental illness
b) Well-adjusted person always busy with work.
c) Criminality is a somatic symptom.
d) Mentally healthy person tries to maintain a satisfactory equilibrium with his world.

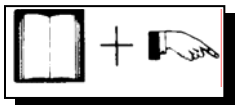
5.6.2. Analytic questions

1. What are the characteristics of mental healthy person?
2. How will you recognize a mentally sick person?

Unit 2: Anxiety Neurosis

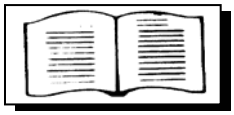
Lesson 1: Anxiety Neurosis and Role of Nurse

1.1. Learning Objective



At the end of this lesson you will be able to-

- define anxiety reaction
- state the clinical features of anxiety reaction
- discuss the role of nurses in managing the anxiety disorder patient's.



1.2. Anxiety Neurosis

Anxiety in defined as "diffuse apprehension that is vague in nature and associated with feelings of uncertainty and helplessness".

1.3. Causes

1. Hereditary factors play a relatively small part in the genesis of anxiety disorder.
2. More anxious type of personality may be found in patient's parents.
3. Childhood, adoscelcence and involution are the most susceptible period to this illness.
4. If child face prolonged insecurity, get less attention from parents or sibs and prolonged domestic problem may cause vulnerable individual to have feeling of anxiety which may be persisting one and interfering with his day to day routine work.
5. Persons with anxious, inadequate and obsessive personalities are more susceptible to this illness.
6. Difficult family situation, occupational and financial difficulties, heavy responsibilities without adequate support, and prolonged physical illness.

1.4. Clinical Features

1. Increased heart rate and palpitation
2. Elevated blood pressure
3. Muscular tension, fine tremor
4. Increased perspiration and or sweating
5. Hyper ventilation

6. Weakness and lethargic feelings
7. Dilated pupils
8. Facial pallor
9. Constipation/ diarrhoea
10. Cold and clamiy skin
11. Dry mouth
12. Anorexia (loss of apeth)/ or increased apeth.
13. Uninary frequency and urgency
14. Easy fatguibility
15. Inpatience tearfulness
16. Headache, Blurring vision
17. Interefere with sexual functioning, lowered libido
18. Abdominal discomfort, butterfly in abdomen.
19. Impaired attention, poor concentration, forgets fullness, error in judgement, difficulties thinking reduced creativity, depersonalisation, diminished productivity, derealization.

1.5. Level of Anxiety

a) Mild

b) Moderate

c) Severe and panic.

1.6. Treatment and Nursing Management

1. Axiolytics like diazepam 5-15 mg per day in divided doses and for two to six weeks.
2. Supportive psychotherapy
3. Behaviour therapy
4. Provide safe and secure environment
5. Remain with client at all times when level of anxiety is high.
6. Use short, simple and clear statement.
7. Help the client to out let excess anxiety.
8. Promote rest and sleep.
9. Provide quiet atmosphere in home and working place.

10. Avoid discussing emotional issues before, during and immediately after meals.
11. Limit the interaction with other patient's to minimize the contagious aspect of anxiety.
12. Identify and modify anxiety provoking situation for the patient.
13. Record and report the patient's condition.

1.7. Activity

Neurotic behaviour is best described as behaviour and demonstrates the

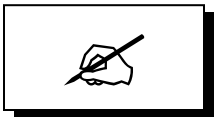
a. loss of the ability to adapt

b. inability to feel subjective psychic pain

c. lack of either primary or secondary gain

d. presence of subjectively distressing behaviour.

Question: Which one is the best or appropriate answer and give explanation of that answer.



1.8. Exercise

1.8.1 Write ‘T’ for true and ‘F’ for false statements

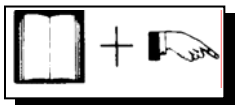
a) Anxiety is a common symptom of several psychiatric illnesses.
b) Most susceptible period is childhood in developing anxiety.
c) Electro convulsive therapy is very useful treatment for anxiety disorder.
d) Social relationship not affected in this disorder.
e) Acutes were anxiety reaction is known as panic.

1.8.2. Analytical questions

1. What is generalised anxiety disorder?
2. Write down the clinical feature of gem anxiety disorder.
3. Describe the treatment and nursing management of gem anxiety disorder.

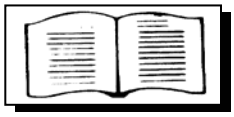
Lesson 2: Phobic Reaction

2.1.Learning Objective



At the end of this lesson you will be able to-

- define phobia
- state the types of phobia
- explain the clinical features of phobic reaction
- discuss the management of phobia.



2.2. Definition

Unexplained and irrational morbid fears about animate and inanimate objects are known as phobia.

2.3. Types of Phobia

1. Acrophobia- High places
2. Agoraphobia- Open spaces
3. Algophobia- Pain
4. Astraphobia- Storms and thunder
5. Claustderophobia- Closed place
6. Haemotophobia- Blood
7. Mysophobia- Germs and contamination
8. Nyctophobia- Darkness
9. Ochlophobia- Crowds
10. Pathophobia- Disease
11. Pyrophobia- Fire
12. Zoophobia- Animals or particular animals.

2.4. Clinical Feature-all features of anxiety are present

Palpitation, perspiration, tremour, impaired memory, faintness. The phobic patient may become intensely panic and unable to continue normal work and controls the anxiety or fear by avoiding the fear inducing situation.

2.5. Treatment of Nurses Roles

1. Antidepressant like imipramine may be helpful specially in those patient's where phobia is related to depressive disorder.

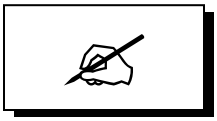
2. Observe and record vital sign of the patient.
3. Record the blood pressure.
4. Administer antianxiety drugs if prescribed by the doctor.
5. Observe the side effeds of drugs.
6. Massage the patient's feets and hands to improve pheripheral circulation.
7. Reassure the patient.
8. Provide a comfortable environment.
9. Protect the patient from in jury and accidents.
10. Use simple but firm sentences.
11. Help the patient to find pleasure in life.
12. Divert the mind by providing recreational facilities or materials if patient likes to do painting, writing or drawing.
13. Improve coping abilities.
14. Behaviour therapy should be used to eliminate maladaptive behaviour.

2.6. Activity

Mrs. Liliy, age is 45 years, was married with a grown up family. Her confidence diminished when her only daughter left home to get married. She become increasingly anxious when ever she tried to leave the house; eventually her symptoms became so disabling that she was unable to go any further than her own front gate. She became totally dependent on her husband, who had to do all the shopping.

Because Mrs. Liliy was unable to go out she became more and more isolated. Friends stopped visiting her as her conversation centred around her self. Her husband lost patience with her and began to lead his own life. Mrs liliy remained house bound for nearly three years; it was only when her daughter saw a television programme about phobias that she realized that her mother was ill. The G.P was consulted and arranged for Mrs. Liliy to be seen by a psychiatrist, who referred her to the nurse therapist.

1. Identify the patient's problems and list numerically.
2. Make some possible plan to overcome those problems.



2.7. Exercise

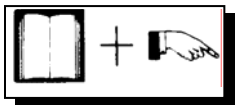
2.7.1. Write "T" for true and "F" for false statements

a) A person with a phobia utilizes the defence mechanisms of projection.
b) Algophobia is the Darkness of the room.
c) Imipramine is the important drug of phobia.
d) Behaviour therapy is most helpful to treat phobic reaction.

2.7.2. Analytic questions

1. What to you mean by phobia?
2. Discuss the types of phobia.
3. Explain the nurse's role in managing such case.

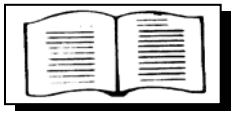
Lesson 3: Hysteria



3.1.Learning Objective

At the end of this lesson you will be able to-

- define hysteria
- state the aetiology of hysteria
- discuss the clinical syndrom of hysteria
- distinguish between hysterical and epileptic fit
- discuss the treatment and nursing management of hysteric patient.



3.2. Hysteria

It is a type of neurosis, in which the patient develops somatic neurological and psychological symptoms without any organic basis. A hysterical symptoms may have primary gain (e.g. reduction of anxiety, avoidance of social responsibility) and secondary gain (e.g. which is in the form of sympathy or attention from others) which ensures that it becomes more frequent and persistent. It is not produced intentionally. There is la-balle-indifference there remains an unresolved conflict in background.

3.3. Etiology

Psychogenic and environmental factors are more important.

1. Age: The peak incidence is between the age of 20 to 30 years. Children and adolescents people show a high incidence of this illness.
2. Sex: The incidence is higher in women than in men.
3. Intelligence: People with low intelligence suffer from hysteria.
4. Histrionic personality.
5. Marital status: Hysteria is reported to be more common in the unmarried, the windowed and the divorced.
6. Socio-cultural factors: Hysteria is more common in primitive, developing and less sophisticated or cultured societies.
7. Parent child relationship: History of unhappy childhood, abnormal parent child relationship, broken home, and unsatisfactory relationship between the parents.

3.4. Clinical Syndromes of Hysteria

1. Conversion symptoms

a. Motor symptoms: These may consist of paralysis, paresis, tremors, rigidity, abnormal gait, muhsm, aphonia, dysphagia.
b. Sensory symptoms: Anesthesia, paraesthesia, hyperasthesia and pain, blindness, deafness, loss of smell, loss of taste.
c. Autonomic- Fit, unconscioresness respiratory distress-hyperventilaton.

2. Dissociative symptoms

a. Amnesia: Consists of forgetting specific or traumatic episodes in a clear consciousness, and complains that she or he knows nothing of his earlier life specific events.

b. Fuge state: It is a state of wandering about in altered consciousness to escape from a disagree-able or threatening situation. Emotional conflict or stress is expressed by dissociation of the mind.

Prognosis: On the whole the prognosis is good and it determined by the following factors:

a. Low intelligence makes the recovery difficult.

b. If patient has physical defects and illness carries poor prognosis.

c. Immature and hysterical personality does not carry good prognosis.

d. Change the pathological environment may ensure long lasting recovery.

3.5. Difference between Hysteric and Epileptic fit (Tonic- clones)

Observation	Epilepsy	Hysteria
1. Consciousness	Real loss	No real loss
2. Fits alone/ during sleep	Yes	No
3. Same fits in every situation	Same in each situation	Different in each situation
4. Movement of the limbs	Yes in typical fashion	Yes but variable
5. Tongue bite	Present usually	Absent usually
6. Incontinence of urine and faeces	Present usually	Absent usually
7. History of fall and injury	Present usually	May be present due to constant friction over the ground
8. Duration of fit	Short lasting few minutes	Long lusting

3.6. Possession State

In Bangladesh many people belief that hysterical symptoms occur due to possession of Jin, Pori, Ghost etc. and most of the patient's brought to the traditional healers (Kobiraj, Ojha, Peer) for treatment. But almost all of the possession state patients are suffering from hysteria.

3.7. Types of Hysteria

Subconscious mental conflict is converted into a physical conflict.

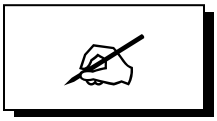
Conversion Reaction: When the tension of the unconscious mind manifest itself into somatic symptoms through the mental mechanism of conversion, the resulting illness is known as conversion reaction.

Dissociation Reaction: When the tension manifests itself into psychological symptoms through the mental mechanism of dissociation, the resulting illness is known as dissociation reaction.

3.8. Treatment of Management

1. Isolation of the patient from the pathogenic environment and it is necessary in the acute attack.
2. Visitors should not be allowed to meet the patients.
3. Reassure the patient.
4. Take immediate action to resolve any stressful circumstances that provided the reaction.
5. Encourage the patient to do normal behaviour.
6. It should be explained to the patient and relatives that he/ she has disability which is not caused by physical diseases but is due to psychological stress e.g. conflict, anxiety and tension.
7. Need support from the family members.
8. Nurse will take detail history from the patient and the family members separately in order to understand the immediate precipitating factors and social background of the patient.
9. Nurse will establish good rapport with the patients and the relatives of the patient.
10. Nurse will explain the patient and relatives the exact nature of problems and convince them that the symptoms are due to psychological causes.
11. Discuss with the psychiatrist in order to decide the prognosis and the line of treatment.
12. Counselling to both the patient and relatives for better adjustment.

13. Nurse will conduct family therapy.
14. Use placebo therapy if necessary.
15. Inj. diazepam 10 mg 1 ampule i. m. (No drug treatment is advocated in conversion disorders).
16. Care of nutrition and hydration.
17. Care of elimination.
18. Maintain personal hygiene of the patient.
19. Keep records and reports about patient's general condition and behaviour.
20. Observe the mood of the patient.
21. Psychotherapy is the principal treatment for hysteria.
22. Abreaction therapy may useful to discharge the tension of the patient when patient is mute.



3.9. Exercise

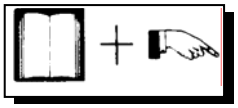
3.9.1. Write ‘T’ for true and ‘F’ for false statement

a) Conversion reactions, hysterical types, are not usually found in women.
b) Psychological invalidism is another term for malingering.
c) Many people belief that hysterical symptoms occur due to possession of jin and ghost.
d) Psychotherapy is the main treatment for hysteria.
e) Broken home and unsatisfactory relation ship between parents are the cause of hysteria.

3.9.2. Analytical questions

1. What do you mean by conversion disorder?
2. Briefly discuss the causes of conversion disorder.
3. Explain the clinical features of conversion disorder.
4. Differentiate between hysterical and epileptic fit.
5. Explain the treatment and nursing management of hysteria.

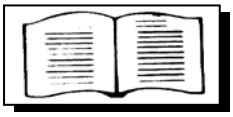
Lesson 4: Obsessive Compulsive Disorder and Nursing Management



4.1. Learning Objective

At the end of this lesson you will be able to-

- define obsession and compulsion
- describe the causes of obsessive compulsive disorder
- state the clinical features of obsessive compulsive disorder
- discuss the nurses in managing compulsion.



4.2. Obsessive Compulsive Disorder

An obsession is a recurrent and intrusive mental event that can be thoughts, ideas, image, impulse acts, or a sensation. The patient does not enjoy getting those ideas; she or he feels miserable and guilty and make best possible efforts to remove them from his mind without any success. Thoughts of his own and coming against his/ her will.

Compulsion

Is a conscious, standardized, recurrent behaviour or irresistible urges to carryout meaningless or irrational activities? If the patient does not carryout his impulses, he experiences discomfort and tension. This tension gets released only when he acts out his impulses, such as counting, checking, washing etc.

4.3. Causes

1. Obsessive compulsive disorder is often found in the patient's parents who are similarly affected.
2. Many observers believe that rigid discipline imposed by the obsessive parents is more conductive to obsessive-compulsive neurosis in the child.
3. Influence of obsessive parent, during the early years contributes to the production of obsessive symptoms in the later life of those children.
4. The symptoms recurs when stress, tension and anxiety occurs.
5. Environmental factors

    a. Harsh and affectionless up bringing.

    b. Strict toilel training.

    c. Illness of close relatives.

d. Parental disharmony.

e. Increase responsibilities beyond the patient's capacities.

6. Organic brain disorder: Encephalitis, head injury.
7. Personality: Ritualistic and rigid behaviour, perfectionist, over consciousness, fondness of perfectuality and orderliness.

4.4. Clinical Features

Obsessive doubt- whether a job bas been done or not.

1. Obsessive Ideas: Usually of a religious, philosophical or scientific subject. State of doubt and decision etc.
2. Obsessive impulse or urge e.q: to throw shoe to mazar whole passing by.
3. Obsessive Phobia: Fear of some act, fear of knives due to of an urge to use them for killing some body.
4. Constant thinking over a problem which is nonsense- obsessive act (rituals)-repeated hand is washing.

a. Somatic Symptoms are-

a. Palpitation

b. Increased breathing

c. Depressive symptoms

d. Delay sleep

e. Poor apolitical

f. Restlessness and

g. Some may develop suicidal tendency (guilt feeling).

Treatment: Behaviour therapy much more helpful.

Dsychological Symptoms

1. Disturbance in normal functioning (daily work)
2. Skin damage due to excessive washing.
3. Aggression
4. Over emphasis on cleanliness and neatness.
5. Inability to tolerate any deviation from standard.

6. Guilt feelings.
7. Fears.
8. Rumination.
9. Low self-esteem
10. Feeling of worth lessness
11. Always there is insight.

4.5. Medical Treatment

Tricycle antidepressants like- Imipramine, clomipramine is used in the doses 150-250 mg in divided doses daily.

Sedative or minor tranquillisers may be used to redence anxiety or tension.

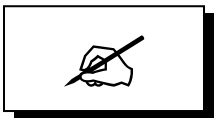
Sertraline 50-150 mg/ day, fluovoxamine 200-300 mg/ day.

4.6. Nursing Management

1. At first don't take attempt to prevent client's compulsive acts.
2. Encourage the client to identify her life stresses and anxiety.
3. OCD patient never have any delusion.
4. If the client has delusions don't argue with him.
5. Allot specific time when the clients focus on obsessive thoughts. Gradually decrease the time.
6. Establish trust relationship.
7. Help the client to identify alternative behaviour or methods for dealing with increased anxiety.
8. Encourage the client to decrease the frequency of compulsive behaviour gradually.
9. Keep the record of decreased activities.
10. Support the client to participate in activities.
11. Provide opportunities for the client to participate in activities that are easily enjoyed by the client.
12. Help the client to maintain adequate nutrition, hydration, elimination, sleep and encourage the patient to do normal activities.

4.7. Activity

Mouth, anus, extremities and bladder, which one is the parts of the body most often involved in obsessive rituals?



4.8. Exercise

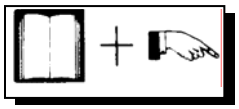
4.8.1. Write "T" for true and "F" for false statements

a) If the patient can be made to understand the behaviour is unreasonable, she will stop it.
b) Strict toilet training may cause of obsession and compulsion.
c) Skin damage may be found in obsession.
d) Patient enjoy when she or he gets idea of obsession.

4.8.2. Analytic questions

1. What is obsessive-compulsive disorder?
2. List the clinical feature of obsession and compulsion.
3. What are the causes of such disorder?
4. Explain the nursing management of obsessive-compulsive disorder?

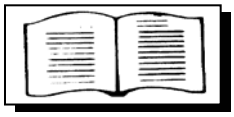
Lesson 5: Schizophrenia



5.1. Learning Objective

At the end of this lesson you will be able to-

- define schizophrenia
- describe the causes of schizophrenia
- state the clinical features of schizophrenia
- list the types of schizophrenia
- explain the nursing management of schizophrenia.



5.2. Meaning of Schizophrenia

Schizophrenia is a type of psychotic disorder, which literally means 'split mind'. Split mind refers to the fragmentation or disconnection of the normally integrated psychological functioning. It is the most devastating type of mental disorder affecting thought process, perception and cognition.

5.3. Causes of Schizophrenia

Exact causes are not known but evidences suggest that the disorder is the result of genetic, environmental and biological factors. But genetic factors are more strong in schizophrenic cases.

Environmental factors like stressful life events, personal, familial and social problems also play an important part. Among the biological factors neurological damage in the Perinatal period and abnormally heightened activity of the dopaminergic system in the brain are found most important.

5.4. Clinical Features

Lack of insight, auditory hallucination, suspiciousness, ideas of reference, delusion of persecuation, thought insertion, odd behavior, social with drawl, under activity, emotional apathy, lack of conversation, lack of interest, slowness, self neglect, odd posture and abnormal motor movement, childish behavior (regression), soils clothings with evereta and often handle them.

5.5. Types of Schizophrenia

- **Simple Schizophrenia:** Occurs around the age of 15 to 20 years, Onset is gradual. Affective disturbances like, blunting of affect, social unresponsiveness. Thought disturbances, behaviour disturbances, delusion and hallucinations are rare and prognosis is not good.

- **Disorganized Schizophrenia:** Occurs around the age of 20 to 25 years age, on set is acute or subacute, thought, disturbances, childish, behaviour, inappropriate affect, delusion and hallucinations are more common disorganized behaviour, silly giggling.

- **Catatonic Schizophrenia:** is characterized by disturbances of thought, and behaviour, hallucination and delusion are common. Prognosis is good but recurrence is common. Motor symptoms dominate the clinical picture. May be catatonic stupor or catatonic excitement.

- **Paranoid Schizophrenia:** Delusion of suspiciousness, persecution are the characteristics symptoms. Hallucination and thought disorder one also common personality remain relative intact. Good prognosis.

- **Undifferentiated:** The various symptoms of schizophrenia can not be grouped in any one of the above types.

- **Residual schizophrenia:** No active symptoms except few remants of delusion hallucination.

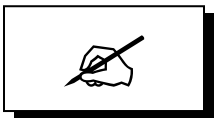
5.6. Treatment and Management of Schizophrenia

1. Chlorpromazine 50 mg I/m can be given in gluteal muscles in acute excited patients. If patient not controlled, it can be repeated later every 6 or 8 hours to a maximum does of 100 to 200 mg.
2. In chronic cases 150 to 300 mg chlorpromazine tab should be used in divided doses for more than 6 months.
3. Electro convulsive therapy may be used in catatonic schizophrenia, when patient not responding to the other drug than E.C.T may be used. ECT is given in drug and food refused patient.
4. Occupational therapy: Art therapy, magic therapy, recreational therapy, works therapy etc after recovery from active symptoms.
5. Establish positive relationship.
6. Provide opportunity for interaction.
7. Identify the relationship of reality and delusion.
8. Delusion should be properly managed by drug treatment.
9. Talk to the patient to find out the reason for anxiety.
10. Try to listen patient statement.
11. Use various communication techniques.
12. Select a group where the patient is able to interact and enjoy with others.

13. Plan activities in which the patient is able to show his worth.
14. Help the patient to do most of his activities him self.
15. Help the pt to remain clean.
16. To improve family support.
17. Provide protection for patients.
18. Assist and encourage the patient to take adequate food.
19. It is very important to keep record of urinary out put and frequent defecation.
20. Only make promise that you can realistically keep.
21. Initially assign the same staff members to work with the client.
22. Establish and maintain daily schedule, if any variation in the schedule explain to the patient immediately.
23. Provide a place for the patient to practice his beliefs.
24. Provide opportunity for religious activities.
25. Activities should be planned according to the symptoms of the patient.
26. Help the patient to take up social and family roles whenever required.

5.7. Activity

Mr. Hasan is suspicious that the nurses are trying to poison him and he does not want to take food and medicines provided by the nurse. What routes nurse will select in giving medication.



5.8. Exercise

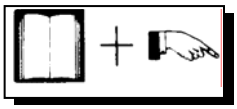
5.8.1. Write "T" for true and "F" for false statements

a) The schizophrenia refers to apparent splitting of the mind of one individual.
b) Effective hospital care of the schizophrenic patient occurs when the staff affords healthy model for identification and offers opportunities for clear verbal communication.
c) Anger and hostility break down the social relationship.
d) Hallucination is the additional symptoms of paranoid schizophrenia
e) Most of the schizophrenic patient neglect personal hygiene.

5.8.1. Analytic questions

1. Define schizophrenia.
2. State the causes of schizophrenia.
3. Explain the nurse's role in managing schizophrenic patient.

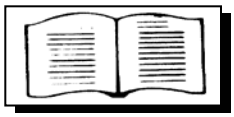
Lesson 6: Depressive Illness



6.1. Learning Objective

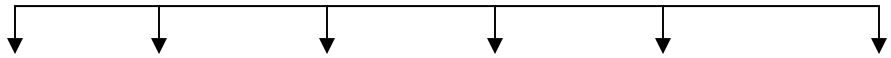
At the end of this lesson you will be able to-

- define depression
- discuss the types and causes of depression
- state the clinical features of depression
- describe the treatment and nurses role of managing depression.



6.2. Depression

This illness is popularly known as melancholia and characterized by a triad of symptoms 1) Sadness of mood 2) Poverty of ideas 3) Psychomotor retardation or agitation and some patients feel guilt.



Sadness Grief Mourning Melancholia Neurotic depression Psychotic depression

Fig. : Normal to pathological depression.

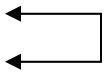
6.3. Causes of Depression

- Genetic predisposition
- Neuropsychological factors
- Severe stress
- Psychological and interpersonal factors
- Socioculturеal factors.

6.4. Clinical Features of Depression

1. Depressed mood
2. Psychomotor retardation or agitation
3. Tearfulness
4. Loss self confidence
5. Ideas of guilt and worthlessness

6. Loss of interest
7. Impaired concentration
8. Inefficient thinking
9. Death wish
10. Suicidal ideation or attempt
11. Delusion
12. Hallucination



In severe depression

13. Disturb sleep pattern–early morning waking
14. Poor appetite increased appetite
15. Loss of body weight/ weight gain
16. Decreased libido
17. Amenorrhoea, menstrual disturbance
18. Constipation.

6.5. Types of Depression

i. Unipolar depression

ii. Bipolar depression

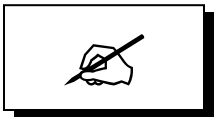
iii. Neurotic/ Reactive depression (Minor depression)

1. **Unipolar Depression:** It is a major type of depression without a history of either a manic episode or a hypomanic episode.
2. **Bipolar Depression:** It is also major type of depression with a history of one or more manic or hypomanic episode.
3. **Neurotic Depression:** This category of depression is characterized by disproportionate depression, which has comprehensible relationship to distressing experience. The illness is preceded by a physical, physiological or psychological stress situation like death in the family, loss of job or prestige, financial stress marital and sexual disharmony etc. The patient suffers from early night insomnia, feels better in the evening.

6.6. Treatment and Nurses Role

1. Hospitalization is necessary when severe attack.
2. E.C.T more effective in severe attack, suicidal and homicidal tendencies, stupor and poor response to other treatment.

3. Antidepressant drugs starting with 25 mg daily and gradually increasing the dose by 25 mg per day over a period of one week to 150 mg, 250 mg day. Initial effects are found within 2 to 3 weeks.
4. Psychotherapy is essential not only as a therapeutic modality but as prerequisite for compliance with drug treatment.
5. Reduce suicidal ideation.
6. Help the patient to decrease depressive symptoms.
7. Provide a safe environment.
8. Plan a schedule of diet to provide him relief from constipation.
9. Persue the patent to maintain personal hygiene.
10. Provide comfortable atmosphere and bed to improve patients sleep pattern.
11. Reduce a feeling of dependency and helplessness.
12. Help him to improve his self-image.
13. Express the patient anger in a non-destructive manner.
14. Help him to reduce social isolation.
15. To help the patient.
    - Improve the quality of life.
    - Find pleasure in life.
    - Develop a sense of recovery.



6.7. Exercise

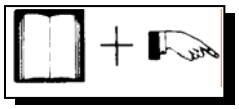
6.7.1. Write "T" for true and "F" for false statements

a) Depression can be described as a normal or abnormal mood state, which may accompany any psychiatric disorder.
b) Depression is more common in married individuals.
c) Low self-evaluation is the cognitive signs of depression.
d) Autogenous depression is the neurotic disorder.

6.7.1. Analytic questions

1. Identify the clinical features of depression.
2. Explain the role of nurses in managing such cases.

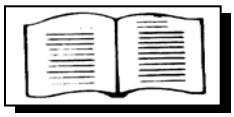
Lesson 7: Mania



7.1. Learning Objective

At the end of this lesson you will be able to-

- define mania
- state the clinical feature of depression
- discuss the types of mania
- explain the nursing management of manic patient.



7.2. Definition of Mania

This is a type of functional psychosis. The desease is characterized by a triad of symptoms like, elevation of mood, flight of ideas and increased psychomotor activity.

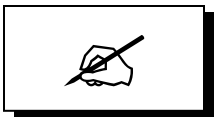
7.3. Clinical Features

1. Elated mood
2. Pressure of speech
3. Psychomotor over activity
4. Flight of ideas
5. Delusion of grandeur
6. Paranoid delusion.

7.4. Treatment and Nursing Management

1. Chlorpromazine 300 to 600 mg daily in divided dose.
2. Haroperidol 0.5 mg to 30 mg daily individed doses, it usually controls excitement.
3. Procyclidine 5 to 10 mg used to minimize side effects.
4. Lithium carbonate may be used for stabilizing the mood.
5. Give simple truthful responses.
6. Set constructive limits on negative behaviour.
7. Reinforce the patient self control, and positive aspects of the behaviour.
8. Assist the patient to move to a new environment.
9. Assist the patient to ventilate of an anger in a appropriate way.
10. Help him to increase his positive thinking.

11. Help him to identify misperception and irrational beliefs.
12. Help him to moves from unrealistic to realistic goals.
13. Assign action oriented therapeutic task.
14. He is always over active.
15. Set goals according to patients need and interest.
16. Engage the patient in family and group therapy (after recovery).
17. Assist the patient to meet his self-care, area of nutrition, sleep and personal hygiene.
18. Encourage the patient to work independently when ever possible.
19. Administer prescribed medication and treatment.



7.5. Exercise

7.5.1. Write "T" for true and "F" for false statements

a) The largest number of first attacks of manic-depressive illness occurs between the age of twenty to thirty five years.
b) If patient over active than competitive activities should be discouraged.
c) Neating activities would be more appropriate for a mainc client.
d) Continuous hyperactivity can lead to physical and mental exhaustion.
e) Flight of ideas is the disturbance of the speech.

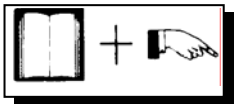
7.5.2. Analytic questions

1. Give the meaning of mania.
2. State the clinical feature of mania.
3. Enumerate the types of mania.
4. Explain the nursing management of mania.

Unit 3: National Mental Health Programmes in Bangladesh

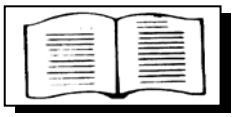
Lesson 1: Assessment of Mental Health Status

1.1. Learning Objective



At the end of this lesson you will be able to-

- state the assessment mental health status
- describe the different are as of assessment of mental health status
- use the Performa to examine the mental state of patient.



1.2. Assessment of Mental Health State and Mental Illness of an Individual

Mental status examination is an assessment of thought, speech perception, behaviour, insight, Judgement, memory and orientation of the patient.

1.3. Different of Aspects Assessment of Mental Health Status

A. Physical Examination

Examination of mental state: is an assessment of thought general motor behaviour, judgment, memory and orientation of the patient.

Physical examination is very important part for nurses to make nursing care plan for patients. The nurse must check the vital sign like blood pressure pulse, temperature, respiration and physical examination from head to foot.

B. General Appearance and Behaviour

It is includes hygiene, dressing, motor activity like agitation or retardation, facial expression posture, abnormality in the gait, patients ability to establish eye contact, cooperate and respond to questions and activity.

C. Speech

Speech includes over talking or talking little, or mate, slowed, pressured speech. Wheatear speech is spontaneous or hesitant, coherent or incoherent, and fluent or halted.

Mood or Affect: It includes sadness, happiness, irritability, anger suspiciousness fear, and restlessness. Mood is an important indication of abnormality as where the patient shows euphoria or excessive happiness.

Thought: It states the type of thought disorders, delusions, abnormal ideas, obsessional thoughts, and suicidal or homicidal ideation. It is necessary to assess the thought at the formation level, disorder of the stream of thought, circumstantiality, blocking, tangentiality, change association and neologism, thought withdrawn, insertion and broadcasting.

Perception: It is the disturbances in sensory experiences of the environment. Usually it describes the illusion and hallucination (perception like real one without any real object).

Orientation: Nurse should assess the level of understanding of the patient, whether the patient is oriented to time, place or person.

Attention and Concentration: Ability of the patient to focus and maintain concentration. The patient may be asked to tell the day of the week or the month in reverse order or subtraction of number 7 from 100-7, 93-7 = 86 etc.

Memory: A memory of the person is assessed by comparing the events given by him. This is the ability of the patient to recall immediate, recent and remote events, nurse can ask the patient the date of admission in this hospital, and name of the person who brought him in the hospital these are the examples to check the recent memory.

Judgement: Judgement of the patient will depend on his or her knowledge, educational level intelligence and alertness, nurse can assess the patient by giving problems to the patient e.g. what would you do if you found a sealed addressed, stamped envelop on the street? Or you are standing on the roadside to cross the road if a care come from opposite direction what would you do? Asking the meaning of proverbs can also use for the assess of judgement.

Insight: It is evaluated by the patient understand of his illness. If patient says he has no problem at all. This shows complete lack of insight. If patient replay that he has physical problem that indicates partial insight. When he says that he has mental illness, it determines patients have full insight into his illness.

Intelligence: It is capacity of the patient to solve the problem. Nurses can asses by school performance, asking general question or to give drawing a clock and ability to understand similarities.

1.4. Proforma for Mental Status Examination

Personal Data: Address:

Name:

Age:

Bed No: Regd. No : Date and time of admission

1. Date and time to Examination (Mental Status).
2. General Appearance and behaviour.

   - Consciousness of the patient and decubitus
   - Body build
   - Personal hygiene
   - Dressed according to season or not, dirty or clean.

3. Speech

   - Lenguage
   - Reaction time

Speech is coherent and relevant, tone, volume of speech.

4. Affect/ Mood

   - Pleasant/ unpleased out/ Normal/ Euphoric/ Labile/ Constricted/ Congruous/ incongruous, infections
   - Subjectively (mood)
   - Objectively (affect)

5. Thought

   - Quantity of thought – Normal or adequate, scanty, excess.
   - Continuity of thought – Continuous/ interrupted, thought block.
   - Content – Normal/ abnormal – Delusional, optimistic, pessionigtic, obsessive.

6. Delusion

Is a firm, unshakable belief, not reasoned away by argument and not shored by culture e.g. primary/ secondary paranoid/ persecutory, Nihilism, Hypochondriac poverty, guilt?

7. Perception (perceptual disorders) : Auditory, visual, tactile gustatory and olfactory hallucination.

   - Illusion, hallucinations present or not.

8. Attention and concentration: Digit span and serial 7 test.

9. Insight

   - Intact or not

10. Orientation — time, place, person

11. Abstract thought-ask some proverb or explain morel of some topic.

12. Intelligence-as per his/ her academic capacity (ask some question of general knowledge)

13. Orientation

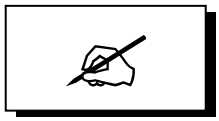
    - Fully oriented or not oriented to time, person and place.

14. Memory

    - Immediate
    - Recent
    - Remote

15. Others Special Point

    - Bowel and Bladder
    - Appetite
    - Sleep
    - Libido



1.5. Exercise

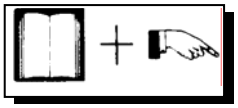
1.5.1. Match Column 'A' with Column 'B'

i) Speech includes	a) delusions, obsessional thoughts
ii) Mood is an indicator	b) of recalling past events
iii) Thought disorders include	c) over talking or talking little
iv) Memory is the ability	d) emotional state.

1.5.2. Short and broad questions

1. Describe the different aspects of assessment of mental disorders
2. Explain the proforma that can be used for examine the patients mental state.

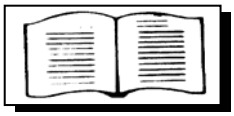
Lesson 2: Nurses Role in Preparation and Care of the Patient for General and Specific Therapies



2.1. Learning Objective

At the end of this lesson you will be able to-

- state the different methods of managing psychiatric patients
- describe the advantages, indications, contraindications and complications of electroconvulsive therapy and insulin therapy
- explain the procedures for the preparation of the patient.



2.2. Methods of Managing Psychiatric Patients

In the management of psychiatric patients, one or more of the following methods are used to relieve the symptoms and prevent relapses of psychological disorders.

2.3. Types of Different Therapies

2.3.1. Physical Therapies

E.C.T is a physical therapy in which therapist use two electrodes on the temporal region of the patient and current is passed in to the brain to produce a grand mal type of seizure

- Convulsive therapy.
- Insulin therapy (it is an absolute treatment method and has been abandoned in early to fifties).

2.3.2. Psychosocial Therapy

A. Psychotherapy

i) individual therapy

ii) behavioural therapy

iii) interpersonal therapy

iv) group psychotherapy

v) other psychosocial therapy.

2.4. Physical Therapies

2.4.1. Electro Convulsive Therapy: In this therapy generalized convulsions are produced in the patient with the help of electricity. Electric des one is placed bilaterally or unilaterally over the non-dominant hemisphere. ECT is a

rapid and effective treatment for severe depressive disorders, catatonic schizophrenia and post pertal psychosis 0.3 to 0.7 second and 90 to 120 volts current should passed through electrodes, which are applied to temporal region.

2.4.2. Advantages

i) It works smartly and patient is benefited in short period.

ii) Saves life in suicidal and homecial patients.

iii) Patient starts talking and taking food even after one or two ECT, which in not possible with psychotrophic medication in this short period of time.

2.4.3. Indication

i) Severe depression with an immediate high risk of suicide.

ii) Depressive stupor with in sufficient fluid and food intake.

iii) Post pertal psychos are to save both body and mother.

iv) Used in catatonic schizophrenia specially in stupor condition.

v) Excited, destructive and uncontrolled manic patient.

2.4.4. Contraindications

i) Systemic disease involving heart, kidney, lungs and other viscera.

ii) No stage of pregnancy is contraridicated for ECT.

iii) Disease of bone like ostemalacia and fractures.

iv) Fever, respiratory tract infection or any condition when anaesthesia is contraindicated.

v) Patients giving history epilepsy.

2.4.5. Immediate Complications After ECT

i) Bodyache, headache, painful musticatory movement and drowsiness.

ii) Abrasion on the lip and tongue injury due to tongue bite.

iii) Dislocation of joints like temporomandibuldr and shoulder.

iv) Fracture of the bones like vertebra, head of the femurs and upper end of humerus.

v) Confusion and excitement.

vi) Dyspnoea and anpoea.

vii) Cardiac irregularities including cardiac arrest.

2.4.6. Delayed Complications

i) Amnesia for recent events (for short period of time).

2.4.7. Preparation of the Patient for ECT

i) Nothing by mouth 5 hours before ECT.

ii) Written permission should be taken from the patient's or relatives (legal guardian).

iii) Explained the risks and complications to the relatives.

iv) Before treatment neurological check up must be done.

v) Before ECT screening of the chest and EEG should be done.

vi) Removal of denture.

vii) Wash the face and hand by soap before treatment.

viii) Bladder should be empty.

ix) Mouth gag is put resting in the third molars to prevent tongue bite, check bite and lip bite (given after patient is relaxed after anaesthesia).

x) Physical restraints may be necessary to prevent powerful Jerky movement of the body.

xi) The patient lies down comfortable on the bed in a supine position.

xii) Before giving ECT it must be established beyond any doubt that the patient does not suffer from any systemic diseases.

2.4.8. Observation

i) The patient is observed for at least half an hour after giving ECT.

ii) Pulse and respiration should be recorded after 15 minutes or shorter intervals when ever necessary.

iii) Treatment produces confusion the patient must be persuaded to lie down in bed till he completely recovers.

iv) The patient should be prevented from fall and injury.

v) If the patient becomes excited diazepam 10mg i.m/iv. to be given.

vi) When the patient recovers from the sleep than you can give breakfast and send to the ward or home with relatives (after one hour from ECT time).

2.5. Psychosocial Therapy

2.5.1. Psychotherapy

Certain psychological processes are used to relieve the symptoms of the patient to correct the psychopathology and to modify his personality.

2.5.2. Types of Psychotherapy

i) Individual psychotherapy
ii) Group psychotherapy
iii) Behavioural psychotherapy
iv) Interpersonal psychotherapy
v) Other psychosocial therapy.

2.5.3.1. Individual Psychotherapy

One therapist treats one patient in every session.

2.5.3.2. Group Psychotherapy

One therapist treats a group of (10-12) patients in every session. Usually the group is homogenous.

2.5.3..3. Behavioural Psychotherapy

It is a form of psychotherapy, which focuses on modifying faulty behaviour rather than basic changes in the personality.

Types

i) Behaviour modification
ii) Systematic desensitisation, hooding
iii) Aversion therapy etc.

a) Behaviour Modification: It is called "simple extinction" learned behaviour pattern disappears if it is not reinforced. To eliminate a maladaptive behaviour one's has to remove the reinforcement for it. It is effective when reinforcement is being used without the knowledge of the affected individual.

b) Systematic Desensitisation: The objective of the therapy is to reduce or eliminate fear or anxieties in which the patient is trained in deep muscle relaxation; he has various anxieties provoking, situations or specific phobia,

such as fear of death, fear of animals or insects. These problems are placed from the strongest to weakest order i.e. client is anxious about which one is causing anxiety, the least of each situations is presented in imagination or in reality beginning with the weakest. Once the patient relaxes while imagining, that means the anxiety is getting reduced gradually.

c) Aversion Therapy: It is a form of behaviour therapy is which the patient is conditioned to avoid an undesirable behaviour or symptoms by associating them with painful or unpleasant experiences such as putting a bitter test on nails or tongue for nail biting.

2.5.3.4. Interpersonal Psychotherapy: In which there is emphasis on the interpersonal relationship various persons involved, such as husband, wife, father, mother or other important person involved with patients.

Types

i) Marital therapy
ii) Family therapy
iii) Transactional therapy.

a) Marital Therapy: Objective of the therapy is to improve disturbed marital relationship. It is centred on efforts to change the psychodynamics and behaviour of the partners. The sessions are usually conjoint. In a conjoint session two partners meet the therapist in joint sessions. Marital therapy may be conducted on a problem solving level in which grievances are aired and clashed worked through or on a more analytic level focusing on dreams, unspoken communication and the sources of defensive or aggressive attitude.

b) Family Therapy: The objective of family therapy is not merely to improve relationship but to modify home influences that contribute to the disorder of one or more family members. In this process, the therapist helps individual member to become aware of their distorted reactions and defensive patterns used by them. The therapist also encourages the members to communicate more meaningfully and handle their difficulties in a constructive way.

c) Transactional Analysis: In a transactional analysis the therapist analysis the interaction among the group members and helps the participants understand the ego state in which they are communicating with each other.

2.5.3.5. Other Psychosocial Therapy

Types

i) Millieu therapy

ii) Attitude therapy

iii) Millieu.

a) Millieu therapy Definition: or community approach attempts to make the maximum use of the social system and its constitute (i.e. the patient relatives and neighbours), personnel and the hospital community (i.e. psychiatrist, nurse, psychologist, social worker, other patients) to may manage his life and his personal relationship.

b) Purposes of Milliue the Therapy

i) To minimize the antitheraputic environment.

ii) It helps to avoid prolong hospitalisation.

iii) To minimize maladaptive behaviour.

iv) To provide a free favourable climate for patient that helps the patient in early recovery.

v) To help the patient to improve his self esteem.

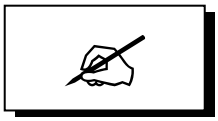
2.6. Role of Nurse

i) Authoritarian Role: When she controls the group and sets a limit.

ii) Social Role: Where a nurse encourages support in various ways. Talking to the team member, discussing during conferences, encouraging the patient to communicate with other.

iii) Therapeutic Role: By giving medication, maintaining therapeutic relationship, making observation and reporting

iv) Attitude Therapy: Attitude is a form of milieu therapy in which all staff members assume a consistent, prescribed attitude designed to be therapeutic towards patients.



2.7. Exercise

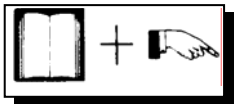
2.7.1. Fill in the blanks-

a. ---------- therapies and ---------- therapies are used to relieve the symptoms and prevent relapses of the psychiatric disorders.
b. Electrodes are placed bilaterally or unilaterally over ---------- hemisphere.
c. Certain psychological process are used to relieve the symptoms of the patient, to correct the ---------- and to modify the ----------.

2.7.2. Analytical questions

1. Describe the different psychosocial therapies in the management of psychiatric patients.
2. Give an account of advantages and indication of E.C.T.
3. Explain the procedure for preparation of patient for E.C.T.

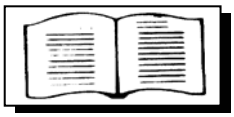
Lesson 3: Nursing Process



3.1. Learning Objective

At the end of this lesson you will be able to-

- define nursing process
- state the steps of nursing process
- use the nursing process for caring the patient.



3.2. Nursing Process for a Mentally ill Patient

Nursing is based on a problem solving approach to nursing. It is an organized, systematic method of giving individualized nursing care to the patient. It consist assessment and identification, planning, implementation and evaluation.

3.3. Steps of Nursing Process

Assessment and Identification of Needs: Assessment is the first step of nursing process. It is the systematic and purposeful collection of data. Assessment includes-

i) Data collection
ii) Data analysis
iii) Nursing diagnosis.

3.3.1. Data Collection: Data are collected through interview, history talking, and observation of symptoms and examination of mental status.

Data Include-

i) Identification Data: Name, age, sex, marital status.

ii) Subjective Data: Information obtained on obtained on patient's problem by asking question to the client or significant others

iii) Objective Data: Information obtained form observation physical examination and clinical investigation live x-ray investigation report etc.

3.3.2. Analysis of Data: The data are critically examined, utilizing the scientific knowledge. The patient strengthens, limitations, adaptive and maladaptive behaviour is identified. Based on the data analysis, nursing diagnosis is made.

3.3.3. Nursing Diagnosis: A statement of the patient's actual and potential problems in which nursing intervention brings a change in his health and behaviour.

Example	Nursing Diagnosis	Medical Diagnosis
Physical	Loss of appetite Extreme slowness In performing activities	Depression
Emotional	Apathy Hostility	
Social	Low seat esteem Mistrust to others	

3.3.4. Work Planning: After nursing diagnosis, planning of nursing care begins. The planning consists of-

i) Determining priorities

ii) Setting goals

iii) Selecting nursing actions

iv) Developing nursing care plan.

In planning the care, the nursing can involve the patient, family and members of the health team.

i) Determining Priorities: On the basis of an analysis, the nurse decides which problem requires immediate attention.

ii) Setting Goals: What is to be achieved if the identified problem in taken care of. These can be immediate, short-term or long term goals.

iii) Selecting Nursing Action: The nursing action will enable the nurse to meet the goals or desired objectives.

iv) Develop and Writing Nursing Care Plan: Writing and recording of the problems, goals and nursing actions is a nursing care plan

3.3.5. Implementation: Implementation is a step when planning is put into action. It is actual giving of nursing care to the patient that is therapeutic, physical, psychosocial, and spiritual and discharge plan. To implement the action plan, nurses need to have an intellectual, interpersonal and technical skill.

Nursing Actions are two Types

i) Depending Nursing Action: Action derived from prescription of the physician.

ii) Independent Nursing Action: This is based on nursing diagnosis and plans of care e.g. Help or encourages the patient to maintain personal hygiene.

3.3.6. Evaluation: It is the ongoing phase of nursing process. This can be done checking, observing, asking and judging. Nurses take decision which problem needs to be assessed again then replan for implementation and reevaluation.

3.4. Advantages of Nursing Process

i) Give information about patient's problems.

ii) Objectives, which will help to, proved and evaluate the nursing, care.

iii) Give quality care based on judgement.

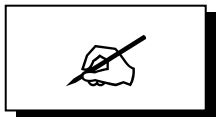
iv) It is the written documents of nursing care of the individual provided by the care provider.

v) Helps to give nursing care systematically and logically.

vi) Provide continuity of nursing care.

vii) Provide opportunity to make decision.

viii) Provide feedback so that the quality of nursing care can be maintained.



3.5. Exercise

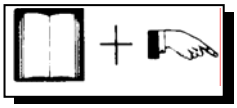
3.5.1. Write "T" for true and "F" for false statement

a) Nursing process has five stages.
b) Nursing diagnosis is important phase of planning.
c) Implementation is a step when planning is put into action..
d) To implement the action plan, nurses need to have only technical skills.

3.5.2. Analytical questions

1. What is nursing process? Enumerate the advantages of nursing process.
2. What are the steps of nursing process? Describe the first steps of nursing process.
3. Define nursing diagnosis. Describe the planning and implementation steps of nursing process.

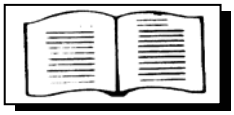
Lesson 4: Skills is Therapeutic Communication



4.1. Learning Objective

At the end of this lesson you will be able to-

- define therapeutic communication
- state the purposes of therapeutic communication
- state the special skill required for
- describe the various technique used in therapeutic communication
- describe the situation where communication breaks down.



4.2. Definition of Communication

Communication as a process by which information is exchanged between individual though a common system of symbols, signs or behaviour. A person who sends the message is called sender or other who received the message is called receiver.

Components of Communication

i) Source

ii) Message

iii) Channel

iv) Receiver.

4.3. Therapeutic Communication: In therapeutic communication the nurse directs the communication towards the patient to identify the current health problems, plan implementation of plan and evaluation of implanted plan.

4.4. Purpose of Therapeutic Communication

i) Understand the meaning of therapeutic communication.

ii) Help to establish effective nurse patient relationship.

iii) Very useful to collect information from the patient.

iv) Through meaningful communication patient express her/ his feeling beliefs and attitude, which relieves the patient's anxiety.

Mode of Communication

i) Verbal communication

ii) Non verbal communication

iii) Meta communication.

Verbal Communication

It refers to a written or spoken massage exchange in the form of words.

Nonverbal Communication: Nonverbal communication is not involved with written and spoken wards. The message is conveyed though the behaviour or body language or through any of the five sense.

Meta Communication: It refers to how the message should be understand by the receiver.

4.5. Communication Skills or Abilities of the Nurse

Skill is the ability of the nurse to use her knowledge effectively and appropriately. Ability is defined as competency in doing or acquiring proficiency. To communicate effectively, the nurse needs to develop-

i) general abilities and

ii) special abilities.

- **Observing:** Observation is made by the nurse of wringing of hands, wiping perspiration, dry or wetting lips, speaking in a very low tow.

- **Listening:** As the patient is talking the nurse respond by nodding her head or by saying.

The nurses have an ability to read write and speak. She will be a good listener and inter private patient's behaviour.

- **Restating:** Nurse restate or repeats what the patient has been saying, it can be in the form of a question or statement.

- **Validating:** It is a technique, which the nurse uses to confirm the accuracy of data or information given by the patient.

- **Reflectating:** In reflection, the nurse highlights the effective content of the patient, communication that is the feeling or attitude, which is implicit expressed.

- **Providing Information:** Providing personal, social and therapeutic information increases the patient's resources.

- **Clarifying:** The nurse formulation of a patient statement or expression of feeling in accurate and clear terms with out indicating approval or disapproval.
- **Paraphrasing:** In paraphrasing the nurse restates what ever she is heard from the patient.

- **Pinpointing:** The nurse pays attention to important statements made by the patient. She pinpoints the difference in what the patient says and what be does.

4.5.1. General Abilities:

- Ability to read
- Ability to write and express one's feeling, beliefs and ideas.
- Ability to speak.
- Ability to listen and interpret.

4.5.2. Special Abilities: Patients behaviour.

- Ability to control and guide nurse relationship and infraction in order to accomplishment of goals.
- Ability to recognise the situation when to speak and when to be silent.
- Ability to wail.
- Ability to evaluate participation of the patient in the nurse patient interaction (relationship).

4.5.3. Technique of Therapeutic Communication

Various techniques can be used for effective communication. During interaction with the patient nurse can use different technique to complete the communication.

4.5.4. Technique used in Communication: Patient says what he does.

- **Linking:** The nurse tries to link the patient's two events feeling and activities.
- **Questioning:** Questioning is used when the nurse wants clear information. Too many questions should be avoided. The nurse can be uses open-ended or close-ended questions.
- **Focusing:** Concentrating on one single point.
- **Sharing:** If nurse share and interact with patient positively that provide the warmth and patient feels that the nurse caring for him.

- **Summarizing:** The nurse highlight the main theme of what has been discussed. Summarizing is useful in focusing the patient's attention on what he has discussed. Some time patient may add or delete anything.

4.6. Communication Failure

In some situation communication may be failure due to following factors.

- Failure to perceive the patient as a human being.
- Failure to recognize the level of meaning in communication.
- Failure to listen.
- Failure to interpret with knowledge.
- Use only close-ended question.
- Conflicting and ambiguous verbal and nonverbal messages.
- Giving false reassurance.
- Changing the subject of discussion.

4.7. Activity

A client attends the out patient department with psychological disorder. A nurse attended the patients; list the possible skills and techniques used by the nurse for therapeutic communication.

4.8. Exercise

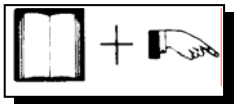
4.8.1. Write "T" for true and "F" for false statement

a) Meta communication refers how the receiver understands the message.
b) Ability and skills are not the same things.
c) During interaction with the patients, nurse only use a single technique.
d) Communication failure never happens during therapeutic communication.

4.8.2. Short and broad questions

1. Define therapeutic communication. Describe the purpose of therapeutic communication.
2. Describe the techniques of therapeutic communication.

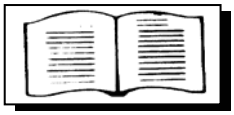
Lesson 5: Collection of Patient History



5.1. Learning Objective

At the end of this lesson you will be able to-

- state the importance of taking history from a psychiatric patient
- use the proforma for taking psychiatric history of the patient.



5.2. Importance of Taking Patient's Psychiatric History

Patient's psychiatric history talking is an art. Establishment of rapport is an important point to collect data or history of the patient. Positive emotional relationship with the patient and his relatives absolutely necessary to obtain a good history. Assurance about the strict confidentiality of the information obtained is a basic requirement. The patient and his emotionally related persons like family members, close friends, near relatives, colleagues at the place of wok and people with whom he stays must be interviewed separately allowing them enough time to narrate the entire biographical data.

The history and symptoms of the patient condition should be recorded in the informant's words with interpretations.

The following plan of data collection is suggested, more as a guide than as a comprehensive scheme.

5.2.1. Identifying Data, Martial Status, and Occupation

Name:	Bed No:	Education:	Nationally:
Age:	Reg. No:	Income:	----------
Sex:	----------	Address:	Religion
Mother tongue:	----------	Date of admission:	
Native Palace:	----------	----------	----------
Address:	Permanent:	Present:	Final diagnosis:

2.5.2. Informent: Relationship with patient.

2.5.3. Like: Patient himself, father, mother, or other relatives.

2.5.4. Chief complaints with origin: Duration and severity

2.5.5. History of present illness.

- Detailed account of the present illness.
- When symptoms are noticed.

- Is there any change in the patient's mood and behaviour?
- Any change in personal habit.
- Any loss- financial or significant person.
- Attitude of the patient and his relatives towards illness.
- Change in thinking.
- Any physical illness.

6. 2.6. Past history: It includes past medical and past psychiatric history.

i. Medical Illness

- Name of medical problem.
- Hospitalised for treatment.
- Taking medicine or continuing.
- Any addiction.
- Any surgical treatment has done.

ii. Psychiatric Illness

- Suffered from mental illness and undergone psychiatric treatment
- Any history of hospitalisation for psychological problem.
- Nature of treatment.

5.2.7. Personal History

It can be collected from the antenatal period to the appearance the symptoms.

- Wanted or unwanted child (Pregnancy)
- Normal or obstetrical labour. Delay in establishment of respiration/ crying
- Milestone development. Establishment of mother child relationship.
- Bottle or breast-fed.

a) Childhood

- Relationship with his parents and other family members
- Patient was an affectionate, genovossur, trusting selfish, aggressive.

- Initial stage of schooling.
- Fight to over come the problem.
- Avoid the situation.
- Relationship with peers classmates and teachers as a child.
- Methods of coping with stressful situation.
- History of illness during childhood.

5.2.9. Response to any Illness

b) Adolescence: Expected physical changes occurred during the period of adolescence.

- Reaction of the patient towards physical changes.
- Adequately prepared for the acceptance of changes.
- Relationship with peers and seniors.
- Develop sexual interest.
- Feel part of group or separated or isolated.
- Response to any illness.

c) Adulthood

- Scholastic performance.
- Status of the patient in his working place.
- Attitude towards job.
- Changes of job why?
- Did the patient get married?
- Relationship with spouse.
- Areas of agreement and disagreement with spouse.
- Marital and sexual relationship.
- Relationship with children.
- Habit of handing and spending momey.

d) Old Age

- Reaction to menopause.
- Separation from children and spouse.

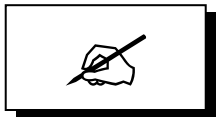
- Plan for future.
- Use of alcohol or drugs and cause of use.
- Types of family.

5.2.8. Family History

- Members of the family.
- Significant person with whom the patient lived.
- History of physical and psychiatric illness of the family members.
- Any addiction, mental returdation, epilepsy etc.

5.3. Premorbid Personility

Patient's relationships with others in relation to mood feeling interests, leisure time activities, any special attitude towards parents, siblings, spouse and any other person closely related.

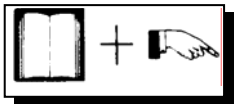


5.4. Exercise

5.4.1. Analytical question

1. Describe the importance of taking history from a psychiatric patient.

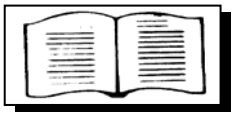
Lesson 6: Purpose of Interview



6.1. Learning Objective

At the end of this lesson you will be able to-

- define interview
- state the purposes of interview
- describe the attitude of interviewer
- describe the essential conditions of interviewing.



6.2. Purpose of Interview

- Get a clear protract of patient's personality.
- Rapport or relationship is being established through interview.
- Nurses interact with the patient to collect data on his sickness. This helps to make a nursing diagnosis and plan the care of the patient.
- Giving information on the treatment and progress of his disease condition and facilities for further contact.
- When the patient ventilates his feelings through interview it reduces the anxiety and tension of the patient.
- Nurse can take decision and evaluate the implemented care.
- Identify the coping mechanisms, which used by patient to overcome his anxiety.

6.3. Attitude in Interviewer

- Acceptance of patient.
- Control rather then absence of feeling.
- Avoid offering a false reassurance.
- Build strength in the patient.
- Avoid passing judgement of right and wrong.
- Avoid saying, "yes I understand you".
- Look for attainable goals.
- Allow the patent freedom of expression during the interview.
- Win the patient's confidence by stressing his strength.
- Try to make the interview helpful.
- Close the interview carefully.

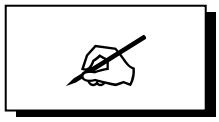
6.4. Essential Conditioning of Interviewing

a) Physical Setting

- Privacy should be maintained.
- Comfortable and relaxed atmosphere will be created to develop confidence.
- Phone calls and interruption must be avoided.
- Place and time of the interview should be prefixed.

b) Recording

- Explain the purpose of recording to the patient.
- Tape recorder can be used with the permission of patient.
- Complete the record immediately as the patient leaves.
- It should be recorded word by word.



6.5. Exercise

6.5.1. Write "T" for true and "F" for false statement

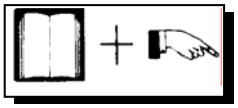
a) Interview is a goal directed interaction between two people.
b) Rapport is only established through interview.

6.5.2. Short and broad questions

1. Describe the purpose of interview.
2. What are the points you should remember during the course of interview?

Unit 4: National Mental Health Program

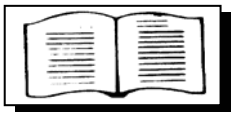
Lesson 1: Mental Health Programmes and Health Education for Mental Patient in the Community



1.1. Learning Objective

At the end of this lesson you will be able to-

- state the objectives of national mental health programme
- describe the P.H.C. approach
- state the current trends of psychiatric services
- list the members of mental health team
- describe the role of nurses in the prevention of mental illness.



1.2. Concept of National Mental Health Programme

An international conference held at Alma ata on primary health care in 12th September 1978. Where health planners and Administrators from all over the world signed the Alma-Ata Declaration, which envisages health for all by the year 2000 as the goal and primary health care as an approach. Bangladesh is signatory state to this declaration and committed to achieve this goal. Health has been defined not as merely absence of disease but as a state of well being physical, mental, social and spiritual life.

1.3. Primary Health Care is an Essential Health Care, which should be -

- Available
- Accessible
- Acceptable
- Affordable to the community.

1.4. The Principles of Primary Health Care (PHC) are

1. Equitable distribution: Health service should be accessable to all sections of the community with special attention to most vulnerable and underprivileged section of the population.
2. Encourage the population to participate in promotion of their own health and welfare including self-care.
3. Multisectoral approach (Health sector and other health related sector e.g. education, food, agriculture, social welfare, animal husbandry, housing and public works, etc.)

1.5. Health Care Services

Health care services are usually organised at three levels such as primary, secondary and tertiary care level. Each level is supported by referral services by the next higher level.

Primary level is the first level of contact between an individual and the health system. In Bangladesh, Thana health complex and union health sub-centres constitute this level and these are responsible to provide the essential elements of primary health care.

Present position of mental health services in Bangladesh is extremely inadequate. More than 90% of the population remain uncovered by the present services. There is shortage of manpower, most of the patients taking help from traditional healers like imam, hekim, kobiraj, quack etc.

Under these circumstances, it would be wise to provide mental health services through the existing primary health care delivery system.

These current trends of community care needs effective collaboration between hospital and community based health care professionals.

The primary health care physician and nurse have an important role in educating the patient and his family about mental illness. Nurse should be made aware that mental illness is like any other physical illness for which there is specific treatment and it is not “Jheene”, “Fairy”, “possession”.

The nurse can collaborate with the primary health care services and she/he can work as a member of the mental health team.

1.6. Members of Mental Health Team

- Psychiatric nurse
- Psychiatrist
- Clinical psychologist
- Psychiatric social worker.

1.7. The Objectives of the Proposed National Mental Health Plan for Bangladesh Include

i) To provide basic mental health care for the majority of the population particularly the most vulnerable and under privileged section.

ii) To integrate mental health with the comprehensive health care system with PHC approach.

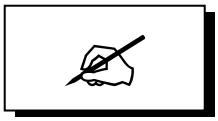
iii) It has been observed that nearly 15-30% of people who sick help in primary health care facilities (THC. RHC), general hospital or private hospitals are actually treated as mild mental health problems and considered that they have some physical illness. In these areas patients take various drugs and try different treatment methods in order to get relief, which is usually not beneficial for them.

iv) One of the current trends of psychiatric service is giving emphasis on shifting from institutional care to community care. Patients are treated out of hospital and psychiatric patient likely to be admitted in general hospital psychiatric unit rather than to a mental hospital.

1.8. Nurse have an Important Role in Prevention of Mental Illness

Prenatal and postnatal care reduces the mental retardation of child. Nurse can play significant role in the period of intranatal and post natal period. She can give health education and health information on-

- Nutrition
- Vaccination
- Health full dress
- Genetic counselling
- Healthful family, environment
- Parents child relationship
- Child rearing etc.



1.9. Exercise

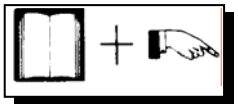
1.9.1. Write "T" for true and "F" for false statement

a) Psychiatric nurse is the member of mental health team.
b) Bangladesh Govt. is not committed to preserve the health for all.
c) Nurse can play important role in providing health education in the community.
d) Nearly 50% people sick help from Thana health complex.

1.9.2. Short and broad questions

1. Describe the current trends of psychiatric services.
2. The role of nurses in the prevention of mental disorders.

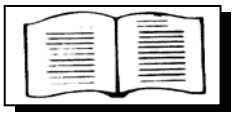
Lesson 2: Health Education



2.1. Learning Objective

At the end of this lesson you will be able to-

- give the meaning of health education
- state the 4 aspects of health education
- list the important areas of health education that can be more effective to prevent mental disorders.



2.2. Health Education

The primary prevention in mental health involves the strengthing of individuals or groups through health education. It is based on the assumption that many maladaptive behaviour are the result of a lack of knowledge.

2.3. Health Education Can be viewed as Having 4 (Four) Aspects

i) Increasing the individual's or group's awareness of issues and event's related to health and illness.

ii) Increasing One's understanding of the dimensions of potential stressors, possible out comes (both adaptive and maladaptive) and alternative coping responses).

iii) Increasing One's knowledge of where and how to acquire the needed resources.

iv) Increasing the actual abilities of the individual and group. This means improving one's coping skills such as problem solving skills, inter personal skills, tolerance of stress of frustration, motivation, hope, self stress and power.

2.4. Different Areas of Health Education and Nurses Role

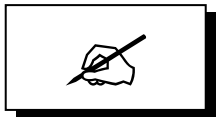
Health education by the nurses as an essential part of nursing practice. Yet it is difficult to measure the quantify and qualify of mental health education actually implemented by nurses. Nurses can give health education in any setting; it may take place formal or informal structure. It can be directed to ward individuals or groups and can be related with predisposing factors or potential stressors.

Health education directed towards strengthening an individual's predisposition of stress can take various forms. Growth groups may be formed for parents that focus on parent child relations, normal growth and development, or effective method of child rearing. Group of children or

adolescents can discuss peer relationships or potential problem areas like substance abuse. Employees grouped can be formed of discuss career burnout and related issues or a more activity centred educational program can be initiated.

Probably the most common type of health education program implemented at present is one that aids the individual in coping with a specific potential stressor. In child classes a well-known example of the type of anticipatory guidance that can be offered to high-risk group.

Mental health professionals can educate the public in the idea that health is a continuum, and illness is caused by a complex combination of factors In this way we may begin to understand that none of us is immune from mental illness or emotional problems, and that the fear, the anxiety, and even the anger we feel about people who suffer these problems may merely reflect some of our own deepest fears and anxieties.



2.5. Exercise

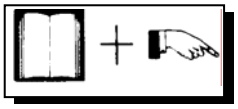
2.5.1. Write "T" for true and "F" for false statement

a. Awareness about health and illness is the important objective of health education.
b. Only problem solving skills increase the self esteem of the client.
c. Health education as an essential part of nursing practice.
d. Mental illness is caused by a complex combination of inner and outer factors of the client.

2.5.2. Short and broad questions

1. What is health education?
2. Write down the objectives of health education.
3. Explain nurses' role in giving health education.

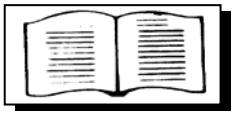
Lesson 3: Rehabilitation



3.1. Learning Objective

At the end of this lesson you will be able to-

- define rehabilitation
- discuss the functions of nurses in rehabilitation of a mentally sick patient.



3.2. Rehabilitation

It is not enough in the treatment of mentally ill persons that they reduce their symptoms of mental illness. You can not say that the treatment and cure in complete until they are able to lead a normal life again in their work, their family and their community. We have seen how mental illness affects all these areas of a patient life.

3.3 Meaning of Rehabilitation

The terms rehabilitation means the rebuilding of all these activities in a person's life.

Each individual involved in different activities depending on his life style, work etc. Activity may be-

- **Physical:** Exercise, walking or digging, cutting grass, carrying a load, cooking, washing.

- **Mental: e.g.:** Making descions, or plans for the future, thinking, doing calculation while working in a shop.

- **Social: e.g.:** Talking to friends or relatives, caring for children, attending religious functions, sitting in the teashop, taking part in meetings, going to enjoy picnic.

All of these things are a normal part of the life of an individual if he is well.

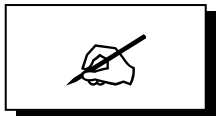
3.4. Nurses Role

After a mental illness, once the patient is recovering he will need help and encouragement to start the normal activities in his daily life and become usefully active as a social member of his family and society. This can not happen all at a time and the patient needs encouragement to slowly and gradually start these activities again. At first he will only be able to do a little

and only the more simple activities. Gradually, as he improves and as his self-confidence increases, he can do more complicated and difficult work.

It is not only the patient who needs encouragement about this. His relatives and family also need to know that this is very important and should be told to encourage him and to do daily activities.

Other people's attitudes may also need changing. They may tease the client because of his illness, not want anything to do with him or be a afraid of him. These attitudes can be very harmful to the patient as he is recovering and trying to regain a normal life. These people also need reassurance, education and explanation so that they can change their attitude.



3.4. Exercise

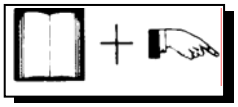
3.4.1. Write "T" for true and "F" for false statement

a. We can say rehabilitation means only treatment and care.
b. After recovery of the patient. Nurses duty to help and encourage the patient to start normal activities.
c. Relatives play an important role in rehabilitation of the mental patient.
d. Mental health related information can change the client's attitude.

3.4.2. Short and broad questions

1. Define Rehabilitation.
2. Explain the technique of rehabilitation after recovery from mental illness.

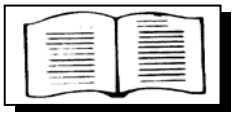
Lesson 4: National Mental Health Programme in Bangladesh



4.1. Learning Objective

At the end of this lesson you will be able to-

- discuss the national mental health programme in Bangladesh
- list the future mental health programmes
- discuss the present psychiatric services in Govt. sectors.



4.2. Introduction

1.4 million people suffering from serious and disabling mental disorders and five to 10-15 millions suffering from emotional and psychosomatic disorders. These patients are found in out patient department at general hospitals and primary health care centres but health care facilities are limited.

4.3.Mental Health Services

In 1957 a mental hospital was established in Pabna with 60 beds, which has now a capacity to treat 400 patients. Gradually psychiatric units open in medical colleges and institute of postgraduate medicine and research in 1960s in medical college hospitals, there are only 10 beds available for mental patients, with in-patient department. For 112 million population of Bangladesh, Facilities exists only 550 psychiatric beds. About 70 psychiatrists working in Govt. sectors and they are providing care in private areas. Some innovative mental health programmes were planned and executed through the institute of mental health since 1981. It was decided that mental health care would change in future from hospital care to community care. At present 8,00 doctors working in upozillas level and 300 health assistants have been trained. It is planned to continue mental health training programme for doctors and health workers in a bigger way. Bangladesh nursing council reviewed the basic nursing curriculum in 1990s and added psychiatric nursing subject for the preparation of nurses in managing psychiatric patient's in community settings. They can apply, their knowledge in promoting, preventing, curative areas and rehabilitate the clients in the society. College of nursing also reviewed the curriculum for B.Sc.(N) and PHN programme and given more emphasis on psychiatric subject, previously it was a part of community nursing for PHN and internal subject for nursing programmes. At present it is separate subject and examination of this subject is conducted by Dhaka University.

Now a day's mental health problems identified and treated at the primary levels. Medical officer in each Upozila look after the mental health problems of the rural people.
Secondary and tertiary levels of care would be developed in the districts and teaching hospitals. Future mental health service development will be based on the philosophy of community mental health care by providing-

1. In patient services
2. Out patient services
3. Promotion and rehabilitative services
4. Education and training programme
5. Creation the post for trained persons.

4.4. Psychiatric Services in Govt. Sectors

- National institute of mental health of Hospital, Sher-E-Banglanagar, Dhaka.
- Mental hospital, Pabna.
- Psychiatric unit of BSMMU.
- Psychiatric unit in all medical college hospitals.
- Psychiatric unit in 200-bed hospital at Narayangonj.

4.5. Exercise

4.5.1. Write "T" for true and "F" for false statement

a) In 1953 a mental hospital was established in Pabna.
b) In door facilities are available in all medical colleges.
c) At present Govt. has taken decision, health workers will be identified the mental health problems in village levels.
d) Nursing students in district level has less experience in managing psychiatric patients.

4.5.2. Short and broad questions

3. Discuss the mental health programme in Bangladesh.
4. List the name of organization where mental health services are available.