Al Mustaqbal University
College of Nursing

Lecture Psychiatric Nursing /1

1. History and introduction of Psychiatry and Psychiatric Nursing

2. Ethical and legal Issues in Mental Health Nursing

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Psychiatry: It is a branch of medicine that deals with the diagnosis, treatment and prevention mental illness.

Psychiatric Nursing: deals with the promotion of mental health, prevention of mental illness, care and rehabilitation of mentally ill individuals both in hospital and community.

History of Psychiatry:

1773: The **first mental hospital in the US** was built in Virginia

1812: The first American text book in psychiatry was written **by Benjamin Rush**, who is referred to as **the father of American Psychiatry**.

1912: Bleuler, a Swiss psychiatrist coined the term **Schizophrenia**

1927: Insulin shock treatment was introduced for schizophrenia

1936: frontal lobotomy was advocated for the management of psychiatric disorder

1938: **Electro Convulsive Therapy (ECT)** was used for the treatment of psychoses

1939: development of psychoanalytical theory by **Sigmund Freud** led to new concepts in the treatment of mental illness.

1949: Lithium was first used for the treatment of mania

1963: The community Mental Health centers Act was passed

20th century: There were two opposing views regarding mental illness:

- Biological view stated that mental illness was due to biological causes and could be treated with physical treatments.
- Psychological view stated that mental illness was due to factors such as social stresses.

HISTORICAL PERSPECTIVES OF THE TREATMENT OF MENTAL ILLNESS

❖ **Ancient Times**

People of ancient times believed that any sickness indicated displeasure of the gods and, in fact, was a punishment for sins and wrongdoing. Those with mental disorders were viewed as either divine or demonic, depending on their behavior. Individuals seen as divine were worshipped and adored; those seen as demonic were ostracized, punished, and sometimes burned at the stake.

❖ **Later, Aristotle (382–322 BC)**

attempted to relate mental disorders to physical disorders and developed his theory that the amounts of blood, water, and yellow and black bile in the body controlled the emotions. These four substances, or humors, corresponded with happiness, calmness, anger, and sadness. Imbalances of the four humors were believed to cause mental disorders; therefore, treatment was aimed at restoring balance through bloodletting, starving, and purging.

❖ **Possessed by demons**

In early Christian times (1–1000 AD), primitive beliefs and superstitions were strong. All diseases were again blamed on demons, and the mentally ill were viewed as possessed. Priests performed exorcisms to rid sufferers of evil spirits. When that failed, they used more severe and brutal measures, such as incarceration in dungeons, flogging, and starving

❖ **In England during the Renaissance** (1300–1600), people with mental illness were distinguished from criminals. Those considered harmless were allowed to wander the countryside or live in rural communities, but the more "dangerous lunatics" were thrown in prison, chained, and starved

❖ Period of Enlightenment and Creation of Mental Institutions

In the 1790s, a period of enlightenment concerning persons with mental illness began. **Philippe Pinel** in France and **William Tuke** in England formulated the concept of asylum as a safe refuge or haven offering protection at institutions where people had been whipped, beaten, and starved because they were mentally ill (Gollaher, 1995). In the United States, **Dorothea Dix** (1802–1887) began a crusade to reform the treatment of mental illness after a visit to **Tuke's institution** in England. She was instrumental in opening state hospitals that offered asylum to the suffering. Dix believed that society was obligated to those who were mentally ill; she advocated adequate shelter, nutritious food, and warm clothing (Gollaher, 1995).

❖**Sigmund Freud and Treatment of Mental Disorders**

The period of scientific study and treatment of mental disorders began with Sigmund Freud (1856–1939) and others, such as Emil Kraepelin (1856–1926) and Eugen Bleuler (1857–1939). With these men, the study of psychiatry and the diagnosis and treatment of mental illness started in earnest. Freud challenged society to view human beings objectively.

❖**Development of Psychopharmacology**

A great leap in the treatment of mental illness began in about 1950 with the development of psychotropic drugs, or drugs used to treat mental illness. Chlorpromazine (Thorazine), an antipsychotic drug, and lithium, an antimanic agent, were the first drugs to be developed. Over the following 10 years, monoamine oxidase inhibitor antidepressants; haloperidol (Haldol), an antipsychotic; tricyclic antidepressants; and antianxiety agents, called benzodiazepines, were introduced.

History of Psychiatric Nursing:

- **Florence Nightingale**: Her philosophy of treating a patient as a member of the family and part of the society laid the foundation of psychiatric nursing. She emphasized on:

1. **Holistic care**
2. **Therapeutic communication**
3. **Sensitivity to human emotions**
4. **Development of independence in patients**

- # Mary Adelaide

  emphasized the role of the psychiatric nurse and conceptualized nursing care in terms of:

- # Diagnosis
- # Care
- # Treatment

● **Hildegard E. Peplau**

a. She is known as the **Mother of Psychiatric Nursing**.
b. She developed the **first graduate psychiatric nursing programmer** in 1954 at USA Universities.
c. First to **identify psychiatric nursing as an essential element** of general nursing and as a specialty area.
d. First to describe the **nurse–patient relationship** as the foundation of nursing practice.
e. Her model represented a **shift from traditional treatments to interpersonal relational model of practice.**

1. Mental Health and Mental illness

Health: is not merely the absence of disease it is a condition of physical, mental and social well-being.

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of mental illness.

Mental Health: The World Health Organization (WHO) defines mental health as a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the realities of the self and that of other people and that of the environment.

Aspects of mental health:

1. Emotional Intelligence- Emotions are skills for living.
2. Important to recognize our emotions-know ourselves.
3. Have emotional self-control.
4. Recognize emotions in others.
5. Handle relationships.
6. Resiliency for negative life events.

Criteria of mental Health:-

1. Positive attitudes toward self-include acceptance of self and self – awareness.
2. Growth development and self-actualization.
3. The ability of the person to plan for his future.
4. Integration: It is the person's ability to with stand stress and copes with anxiety.
5. Autonomy: a balance between dependence and independence
6. Reality perception: The mentally healthy person can change perception in light of new information.
7. Environmental mastery: - The person can deal effectively with the world, work out personal.

Characteristics of a Mentally Healthy Person:-

1. free from internal conflicts. He is not at war with himself.
2. He is well adjusted.
3. Make effective relationship.
4. accepting criticism and is not easily upset.
5. Have a self-esteem.
6. Have a good control over his behavior.
7. He is productive.
8. He is can problems solve. (cope with stress- anxiety)
9. Clear and realistic thinking

Factors influencing a person's Mental Health can be categorized.

1. Individual, or personal, factors include a person's biologic makeup, autonomy and independence, self-esteem, capacity for growth, vitality, ability to find meaning in life, emotional resilience or hardiness, sense of belonging, reality orientation, and coping or stress management abilities.

2. Interpersonal, or relationship, factors include effective communication, ability to help others, intimacy, and a balance of separateness and connectedness.

3. Social/cultural, or environmental, factors include a sense of community, access to adequate resources, intolerance of violence, support of diversity among people, mastery of the environment, and a positive, but realistic toward view of one's world.

Mental illness: -

Defined: is a disorder of the brain that results in a disruption in a person's thinking, feeling, moods, and ability to relate to others.

Mental illness can begin suddenly or emerge slowly over a period of months or even years.

Mental illness is the result of:

1. Dissatisfaction with one's characteristics, abilities.
2. Ineffective or unsatisfying interpersonal relationships.
3. Ineffective coping or adaptation to the events in one's life as well as lack of flexibility.

The characteristics of mental illness:-

1. Person's behavior is causing distress to the individual or others around him.
2. Abnormal changes in one's thinking, feeling, memory, perceptions and judgment, resulting in change in talk and behavior.
3. Abnormal behavior causes disturbances in the person's day to activities, job and interpersonal relationship.

Causes of Mental Illness:

cause of most mental illnesses is **not known,** it is becoming clear through research that many of these conditions are caused by a combination of biological, psychological and environmental factors.

Factors Contributing to Mental Illness.

1. Individual factors include biologic makeup, intolerable or unrealistic worries or fears, inability to distinguish reality from fantasy, intolerance of life's uncertainties, a sense of disharmony in life, and a loss of meaning in one's life.

2. Interpersonal factors include ineffective communication, excessive dependency on or withdrawal from relationships, no sense of belonging, inadequate social support, and loss of emotional control.

3. Social/cultural factors include lack of resources, violence, homelessness, poverty, an unwarranted negative view of the world, and discrimination such as stigma, racism, classism, ageism, and sexism.

Factors effect mental health

1. Biological factors
2. Psychological factors
3. Social factors

Biological Factors

1. **Genetics (heredity)**: Many mental illnesses run in families, suggesting that people who have a family member with a mental illness are more to developing a mental illness.

2. **Infections**: Certain infections have been linked to brain damage and the development of mental illness or the worsening of its symptoms. For example, a condition known as pediatric

3. **Brain defects or injury**: Defects or injury to certain areas of the brain has also been linked to some mental illnesses.

4. **Prenatal damage**: Some evidence suggests that a disruption of early fetal brain development or trauma that occurs at the time of birth -- for example, loss of oxygen to the brain -- may be a factor in the development of certain conditions, such as autism.

5. **Other factors**: Poor nutrition and exposure to toxins, may play a role in the development of mental illnesses.

Psychological Factors

- Severe psychological trauma suffered as a child, such as emotional, physical or sexual abuse.
- An important early loss, such as the loss of a parent
- Neglect
- Poor ability to relate to others

Environmental Factors

- Death or divorce
- A dysfunctional family life
- Living in poverty
- Feelings of inadequacy, low self-esteem, anxiety, anger or loneliness
- Changing jobs or schools
- Social or cultural factors. Substance abuse by the person or the person's parents

Classifications of Mental health diseases

- Classification is a process by which complex phenomena are organized into categories, classes or ranks so as bring together those things that most resemble each other & to separate those that differ.

- At present there are three major classifications in psychiatry, namely ICD (International Classification of diseases) (1992), DSM (Diagnostic and Statistical Manual of mental disorders) (1994) & NANDA International (North American Nursing Diagnosis Association) (1984).

➡ Nosology or taxonomy is a branch of medical science that deals with classification of diseases. Most disciplines of medicine follow etiological classification.

➡ Since etiology is still obscure in most of the psychiatric illnesses, our classifications are primarily based on symptomatology rather than on etiology.

Classification in Mental Health disorder

Organic disorder
- Clouding of consciousness
- Disorientation
- Memory disturbances
- Known physical pathology
- Positive physical & investigatory findings
- Treat the underlying condition/s

Functional disorder
- Clear consciousness
- Well oriented
- No memory disturbance
- No known organic pathology
- Negative physical and investigatory findings
- Treat the psychiatric conditions

Acute
- Sudden onset
- Short duration
- Altered level of consciousness
- Good prognosis if cause R, reversible
- Prototype e.g.(Delirium, confusion)

Chronic
- Insidious onset
- Slow progression
- Generally conscious
- Memory disturbances
- Poor Prognosis, irreversible
- Prototype (e.g. Dementia)

Functional disorders

Psychosis
- Major Mental illness
- Incomprehensible
- Endogenous
- Usually needs admission
- Needs medication
- Poor insight
- Rehabilitation and long term care is needed in support
- Eg: Schizophrenia, Manic Depressive Disorder

Neurosis
- Minor mental illness
- Comprehensible
- Exogenous
- Could be managed outside
- Psychotherapy, relaxation
- Good insight
- Temporary- remove stress, some may need long term support
- Eg: Anxiety, Reactive Depression, somatization

Need for classification systems?

➡ To distinguish one psychiatric diagnosis from another, so that clinicians can offer the most effective treatment;

➡ To provide a common language among health care professionals;

➡ to explore the still unknown causes of many mental

Systems of classifications in Psychiatry.

   International classification in Psychiatry

- **ICD** (International Classification of diseases)

- **DSM** (Diagnostic and Statistical Manual of mental disorders)

- **NANDA** International (North American Nursing Diagnosis Association)

DSM (Diagnostic and Statistical Manual of mental disorders)

- Development of DSM - 5, more than a decade in process, has been the object of immense public and professional interest. American Psychiatric Association is working on the DSM-5 together with;

1. National Institute on Mental Health

2. WHO

3. National institute on drug abuse

4. National institute on Alcohol abuse and alcoholism

- Currently in the final stages of consultation and preparation Due for publication in May 2013

- This is the classification of mental disorders by the American Psychiatric Association (APA). The pattern adopted by DSM V is of multiracial systems.

- is the official psychiatric coding system used in the United States and for research purposes worldwide

Ethical and legal Issues in Mental Health Nursing

HISTORICALLY in the 1970s, recognition of patient's rights and changes in laws governing commitment improved the rights of clients. Nurses are constantly faced with the challenge of making difficult decisions regarding good and evil or life and death. Complex situations frequently arise in caring for individuals with mental illness, and nurses are held to the highest level of legal and ethical accountability in their professional practice. The American Nurses' Association (ANA) (2001) has established a code of ethics for nurses to use as a framework within which to make ethical choices and decisions .

Law Applied to Psychiatric Settings

- Protection of patients: legal issues common in psychiatric nursing are related to failure to protect safety of patients

- Protection of self: Nurses must protect themselves in both institutional and community settings.

LEGAL CONSIDERATIONS

Rights of Clients and Related Issues

Clients receiving mental health care retain all civil rights afforded to all people except the right to leave the hospital in the case of involuntary commitment. They have the right to refuse treatment, to send and to receive sealed mail, and to have or refuse visitors. These decisions can be made by a court or a designated decision-making person or persons, for example, a primary nurse or treatment team, depending on local laws or regulations. Examples include the following:

-A suicidal client may not be permitted to keep a belt, shoelaces, or scissors because he or she may use these items for self-harm.

-A client who becomes aggressive after having a particular visitor may have that person restricted from visiting for a period of time.

-A client making threatening phone calls to others outside the hospital may be permitted only supervised phone calls until his or her condition improves.

Involuntary Hospitalization

Most clients are admitted to inpatient settings on a voluntary basis, which means they are willing to seek treatment and agree to be hospitalized. Some clients, however, do not wish to be hospitalized and treated. Health-care professionals respect these wishes unless clients are a danger to themselves or others (i.e., they are threatening or have attempted suicide or represent a danger to others). Clients hospitalized against their will are committed to a facility for psychiatric care until they no longer pose a danger to themselves or to anyone else.

Three Lengths of Hospital Stay

1. Emergency- to control an immediate threat to self or others

2. Short-term or Observational- to diagnose and for short-term therapy

3. Long-Term is for an indefinite time or until the patient is ready for discharge. Periodic reviews may be made every 3, 6, or 12 months.

Release from the Hospital

Clients admitted to the hospital voluntarily have the right to leave, provided they do not represent a danger to themselves or others. They can sign a written request for discharge and can be released from the hospital against medical advice. If a voluntary client who is dangerous to himself or herself or to others signs a request for discharge, the psychiatrist may file for a civil commitment to detain the client against his or her will until a hearing can take place to decide the matter.

Mandatory Outpatient Treatment

Legally mandated or assisted outpatient treatment is the requirement that clients continue to participate in treatment on an involuntary basis after their release from the hospital into the community. This may involve taking prescribed medication, keeping appointments with health-care providers for follow-up, and attending specific treatment programs or groups.

Benefits of mandated treatment include shorter inpatient hospital stays, although these individuals may be hospitalized more frequently; reduced mortality risk for clients considered dangerous to self or others; and protection of clients from criminal victimization by others. In addition, after an initial financial investment, assisted outpatient treatment is more cost-effective than repeated involuntary hospital stays.

Conservatorship and Guardianship

People who are gravely disabled; are found to be incompetent; cannot provide food, clothing, and shelter for themselves even when resources exist. In these cases, the court appoints a person to act as a legal guardian who assumes many responsibilities for the person, such as giving informed consent, writing checks, and entering contracts. The client with a guardian loses the right to enter into legal contracts or agreements that require a signature (e.g., marriage or mortgage).

Least Restrictive Environment

Clients have the right to treatment in the least restrictive environment appropriate to meet their needs. It means that a client does not have to be hospitalized if he or she can be treated in an outpatient setting or in a group home. It also means that the client must be free of restraint or seclusion unless it is necessary.

Restraint is the direct application of physical force to a person, without his or her permission, to restrict his or her freedom of movement. The physical force may be human or mechanical or both. Human restraint occurs when staff members physically control the client and move him or her to a seclusion room. Mechanical restraints are devices, usually ankle and wrist restraints, fastened to the bed frame to curtail the client's physical aggression, such as hitting, kicking, and hair pulling.

Seclusion is the involuntary confinement of a person in a specially constructed, locked room equipped with a security window or camera for direct visual monitoring. For safety, the room often has a bed bolted to the floor and a mattress. Any sharp or potentially dangerous objects, such as pens, glasses, belts, and matches, are removed from the client as a safety precaution. Seclusion decreases stimulation, protects others from the client, prevents property destruction, and provides privacy for the client. The goal is to give the client the opportunity to regain physical and emotional self-control.

Confidentiality

The protection and privacy of personal health information is regulated by the federal government through the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The law guarantees the privacy and protection of health information and outlines penalties for violations. Mandatory compliance with the Final HIPAA Privacy Rule took effect on April 14, 2003, for all healthcare providers, including individuals and organizations that provide or pay for care. Both civil (fines) and criminal (prison sentences) penalties exist for violation of patient privacy. Protected health information is any individually identifiable health information in oral, written, or electronic form. Mental health and substance abuse records have additional special protection under the privacy rules.

Duty to Warn Third Parties

One exception to the client's right to confidentiality is the duty to warn. As a result of this decision, mental health clinicians may have a duty to warn identifiable third parties of threats made by clients, even if these threats were discussed during therapy sessions otherwise protected by privilege.

When making a decision about warning a third party, the clinician must base his or her decision on the following:

- Is the client dangerous to others?

- Is the danger the result of serious mental illness?

- Is the danger serious?

- Are the means to carry out the threat available?

- Is the danger targeted at identifiable victims?

- Is the victim accessible?

Insanity Defense

One legal issue that sparks controversy is the insanity defense, with insanity having a legal meaning but no medical definition. The argument that a person accused of a crime is not guilty because that person cannot control his or her actions or cannot understand the wrongfulness of the act. When the person meets the criteria, he or she may be found not guilty by reason of insanity.

Nursing Liability

Nurses are responsible for providing safe, competent, legal, and ethical care to clients and families. Nurses are expected to meet standards of care, meaning the care they provide to clients meets set expectations and is what any nurse in a similar situation would do. Standards of care are developed from professional standards, state nurse practice acts, federal agency regulations, agency policies and procedures, job descriptions, and civil and criminal laws.

Torts

A tort is a wrongful act that results in injury, loss, or damage. Torts may be either unintentional or intentional.

- **Unintentional Torts:**

Negligence and Malpractice.

1. **Negligence** is an unintentional tort that involves causing harm by failing to do what a reasonable and prudent person would do in similar circumstances.

2. **Malpractice** is a type of negligence that refers specifically to professionals such as nurses and physicians Not all injury or harm to a client can be prevented, nor do all client injuries result from malpractice.

- **Intentional Torts**. Psychiatric nurses may also be liable for intentional torts or voluntary acts that result in harm to the client. Examples include assault, battery, and false imprisonment.

1. **Assault** involves any action that causes a person to fear being touched in a way that is offensive, insulting, or physically injurious without consent or authority. Examples include making threats to restrain the client to give him or her an injection for failure to cooperate.

2. **Battery** involves harmful or unwarranted contact with a client; actual harm or injury may or may not have occurred. Examples include touching a client without consent or unnecessarily restraining a client.

3. **False imprisonment** is defined as the unjustifiable detention of a client such as the inappropriate use of restraint or seclusion.

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Prevention of Liability

Nurses can minimize the risk for lawsuits through safe, competent nursing care and descriptive, accurate documentation.

ways to minimize the risk for liability:

1-Practice within the scope of state laws and nurse practice act.

2-Collaborate with colleagues to determine the best course of action.

3-Use established practice standards to guide decisions and actions.

4- Always put the client's rights and welfare first.

5-Develop effective interpersonal relationships with clients and families.

6-Accurately and thoroughly document all assessment data, treatments, interventions, and evaluations of the client's response to care.

2. Ethics of mental Health Nursing.

Ethics: Ethics is a branch of philosophy that deals with values of human conduct related to the rightness or wrongness of actions and to the goodness and badness of the motives and ends of such actions.

Principles of ethics

1. **Beneficence**: duty to act to benefit others
2. **Autonomy**: respecting rights of others to make decisions
3. **Justice**: duty to distribute resources equally
4. **Fidelity**: maintaining **loyalty** and commitment to patient
5. **Veracity**: duty to communicate **truthfully**.
6. **No maleficence**: is the requirement to do no **harm** to others either intentionally or unintentionally.

Ethical Dilemmas in Mental Health

An ethical dilemma is a situation in which ethical principles conflict or when there is no one clear course of action in a given situation. For example, the client who refuses medication or treatment is allowed to do so on the basis of the principle of autonomy. If the client presents an imminent threat of danger to self or others, however, the principle of nonmaleficence (do no harm) is at risk. To protect the client or others from harm, the client may be involuntarily committed to a hospital, even though some may argue that this action violates his or her right to autonomy. Ethical dilemmas are often complicated and charged with emotion, making it difficult to arrive at fair or "right" decisions.

Points to Consider When Confronting Ethical Dilemmas

- Talk to colleagues or seek professional supervision. Usually, the nurse does not need to resolve an ethical dilemma alone.

- Spend time thinking about ethical issues, and determine what your values and beliefs are regarding situations before they occur.

- Be willing to discuss ethical concerns with colleagues or managers. Being silent is condoning the behavior.

Thanks for all