

Mental Health and Illness

Mental Health

- Success adaption to stressor from the internal or external environment observed as thoughts, feelings, and behaviors that are age appropriate and congruent with local and cultural norms

Mental Illness

- Maladaptive (inappropriate) responses to stressor from the internal or external environment evidenced by thoughts, feelings, and behaviors that are incongruent with local cultural norms and interfere with the individual's social, occupational, and or physical functioning

Risk Factors

- Nature (family history and genetics)
- Nurture (environment)

Factors to Consider

- Normal vs. abnormal, age, situation/environment, culture, baseline, genetics, Erikson stag
- Ability to: think rationally, communicate appropriately, learn, grow emotionally, be resilient, have a healthy self-esteem
- What factors affect this: support system, family influence, cultural beliefs and values, negative influences, environmental perceptions of mental illness, labeling of people

The DSM-5

- Primary diagnosis: see in clinical and is reason for admission
 - Example: eating disorder
- Secondary diagnosis: follows primary but isn't the focus of treatment plan
 - Example: anxiety
- Affects ability to function and inability to cope with crisis/stressor
- This is how patients are diagnosed – based on symptoms

Defense Mechanism

Defense Mechanism

- Why are they used: respond to conflict, help protect people from anxiety, not feel certain feelings
- How are they used: adaptative and maladaptive
- When are they used: hide a variety of thoughts
- Chronic use is when it becomes a problem

Types of Defense Mechanisms

- Rationalization “justifying”: creating an acceptable reason for unacceptable behavior
 - Example: “I wanted restraints because the nurses need more practice”
 - Example: “I drink when I’m bored because I have nothing else to do”
 - Example: “I failed the test because the questions were stupid”
- Suppression “stuffing”: stuff feelings – conscious denial and don’t want to deal with it at this moment
 - Example: “I’m not going to talk about that”
 - Example: “I’m not going to focus on planning my wedding because I have to study”
- Denial “refusing”: to accept reality

- Example: grief, loss, substance abuse
- Displacement “shifting”: feelings from one thing to another – taking it out on someone else that isn’t related
 - Example: “boss yells at you and you pick a fight with husband or yell at kids
 - Example: “patient doesn’t get discharged and goes in room and gets into fight with roommate
- Projection “reverse”: somebody else feels that way to you – not me it’s you
 - Example: patient hates going to group – I don’t want to go to group because everyone hates me
 - Example: romantic feelings for coworker – that coworker is sexually harassing them or coworker like them
- Altruism “helping”: meeting the needs of others through helping to meet your own self- satisfaction and not dealing with your own issues
 - Example: nurses when they tell people to diet, sleep, and take meds but don’t do it themselves
- Reaction formation “opposite”: treat the exact opposite of how you feel – kill them with kindness
 - Example: family comes to visits and patient has been complaining about them then acts all happy when they are here
- Repression “removal”: blocking something out – unconscious and not intentional
 - Example: abuse (sexual)
 - Example: traumatic experience at the dentist and forgets to make appointments
- Undoing “cancel”: bad behavior done and then do a good behavior thinking it will undo behavior
 - Example: eat a bunch of food then go workout
 - Example: husband and wife huge argument and then next day buys wife a nice gift
- Regression “backwards”: resort to an earlier stage of development when faced with stressed
 - Example: adult throws tantrum, sucking thumb
- Compensation “covering up”: real weakness or flaw or perceived weakness or flaw by emphasizing a different trait
 - Example: student isn’t smart and struggling in school, so they focus on body building instead
- Sublimation “substituting”: angry at someone/something then go do another activity
 - Example: angry at boss so go exercise

Legal & Ethical

Basic Ethical Principles

- Autonomy: the client has personal choice and the ability to make decisions about care
 - Example: the client prescribed medication but declines to take it
- Beneficence: “be good”, advocating for the client, doing what is in the client’s best interest
 - Example: the nurse intervenes when a family member makes a harmful decision on behalf of the client
- Nonmaleficence: “no harm” ensuring client safety and the absence of harm

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- Example: the nurse removes restraints from a client who is calm
- Justice: “judge” providing the same care to all clients
 - Example: the nurse cares for a client who is homicidal in the same manner as all others
- Veracity: being truthful, providing clients with information unless it inhibits recovery
 - Example: the nurse explain that schizophrenia is a lifelong mental illness and has no cure

Treatment/Refuse Treatment

- Commitment to inpatient: someone with a suicidal plan or homicidal plan
 - Voluntary admission: patient signs document (18 and over)
 - Cannot sign themselves out and cannot physically leave
 - 5-day release form (patient would like to leave – given to physician)
 - Minor voluntary admission: guardian or parent signs them in
 - Involuntary admission: in state of IL – patient doesn’t want to be admitted and doesn’t sign anything but legally to keep them two documents are needed (petition and certificate)
 - Minor involuntary admission: intake and admitting psychiatrist agree then minor can be admitted against parent wishes
 - Temporary medical protective custody: psychiatrist takes custody over minor until discharge and guardian doesn’t have rights
- Informed consent: what they are getting themselves into (locked doors, clothes off, no phone, etc.)
 - FOID card – have to be informed of temporary loss

Privacy

- HIPPA and PHI
- Duty to warn: if patient verbalizes that homicidal with a plan the confidentiality rules and laws go out the door – duty to warn the person at risk
 - Applicable for any age/situation
- 12 and up considered an adult in terms of confidentiality and can sign for who they want to share information with

Least Restrictive Environment

- Try to verbally deescalate first with redirection
 - If that doesn’t work then a PO medication is offered – injection is next
 - Can refuse both but safety needs to be a priority – able to give injection against will (restriction of rights form needs to be filled out)

Restraints and Seclusion

- Nurse present, 4-point restraint: nurse must get verbal order from physician within 1 hour of putting restraints on
- Rational for use: actively and currently a danger to self and others and all other methods did not work
- Evaluated by MD: w/in the first hour – physically has to assess the patient
- Continuous monitoring: sitter, Q15 circulation, pain, vitals, food, fluids, bathroom
- Documentation: Q15 and response to restraints and medication – sleeping then out of restraints

Relationship Development

Relationship Development

- Hildegard Peplau: therapeutic nurse-patient relationship
 - Being fully present, listening, communication hope, and developing trust
 - Focus and foundation of what psychiatric nursing was established on
- Goals of therapeutic relationship: to promote a climate of healing, growth, and/or illness prevention
 - Built on trust, facilitating communication of thoughts and feelings, goal-orientated, promoting self-care and independence, assist with problem solving, and clear boundaries
- Therapeutic use of self: ability to use one's personality consciously to establish rapport and structure interventions
- Factors that affect the therapeutic relationship
 - Enhance: genuineness, empathy (understanding without experiencing), sympathy (feeling), time, trust, respect, listening, self-advocacy
 - Inhibit: judgement, transference and countertransference, boundaries
- Transference and countertransference
 - Inappropriate (positive or negative), not conscious, boundary crossing
 - Needs to be addressed
 - Transference: patient unconsciously displaced emotional reactions and patterns of behavior onto others
 - Example: you remind me of my mother
 - Countertransference: nurse displaces feelings related to people in nurse pasts onto the patient
 - Example: nurses husband is an alcoholic and now caring for an intoxicated male patient

Phases of the Nurse-Patient Development

- Pre-interaction: gather client information through report, team, family members, and chart
- Orientation phase: will become acquainted with the client to begin to establish trust
- Working phase: where most of the therapeutic work is completed
- Termination phase: occurs when a patient is discharged, or a treatment plan goals have been reached

Therapeutic Communication

Techniques with Examples

- "You must think I am an idiot for crying. I miss my mother so much"
 - Exploring: tell me more
 - Reflection: it sounds like you miss your mom or it sounds like you are sad (think of a feeling)
- "I hate my mom and dad for making me stay here! They're the ones who need to be hospitalized, not me!"
 - Observation: I noticed you are angry about being hospitalized (I notice or I see then followed by a behavior)
 - Reflection: you seem upset about being here (think of a feeling)