



RAMA UNIVERSITY

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FACULTY OF NURSING
COMMUNITY MENTAL HEALTH NURSING

INTRODUCTION:

- **BORN IN 1963**
- **1st revolution : Change attitude towards mental illness in middle ages**
- **2nd revolution: development psychoanalysis**
- **3rd revolution : psychopharmacology**
- **4th revolution : CMH Nurse**

- **Clifford beers 1908- concept**
- **Adolf Mayers 1913- recommended established treatment centres in community**
- **1975 recommended the delivery of mental health services through community.**

DEFINITION:

Community mental psychiatric nursing is the application of specialized knowledge to population communities

to promote and maintain mental health,

to rehabilitate population at risk.

Psychiatric nurse must possess knowledge about community resources.



Community Health Nursing

Community Health nursing is a field that is a blend of primary health care and nursing practice with public health nursing.

- The Community health nurse conducts a continuing and comprehensive practice that is preventive, curative and rehabilitative.**
- The philosophy of care is based on the belief that care directed towards the individual, the family and the group contributes to the health care of the population as a whole.**

Goals of C M H Nursing -

- Provide prevention activities to population for the purpose of promoting mental health.
- Provide prompt interventions
- Provide corrective learning experiences
- Help individuals develop a sense of self worth and independence.



Contd...

- **Anticipate emotional problems**
- **Identify and change social and psychological factors that influence human interactions**
- **Develop innovative approach to primary preventive activities**
- **Provide mental health education and how to assess the mental health.**
e.g.. SIGECAPS

National Mental Health

Program

Came into force : 2nd August 1982

Aims

to provide mental health care to total population within the available resources.

OBJECTIVES

Basic mental health care to all the needy.

Encourage application of mental health knowledge

Promote community participation.

Prevention and treatment of mental and neurological disorders and their associated disabilities.

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OBJECTIVES

- ❑ Use of mental health technologies to improve general health services.
- ❑ Application of mental health principles in total national development to improve quality of life

Specific Approaches for implementation---- (NMHP)

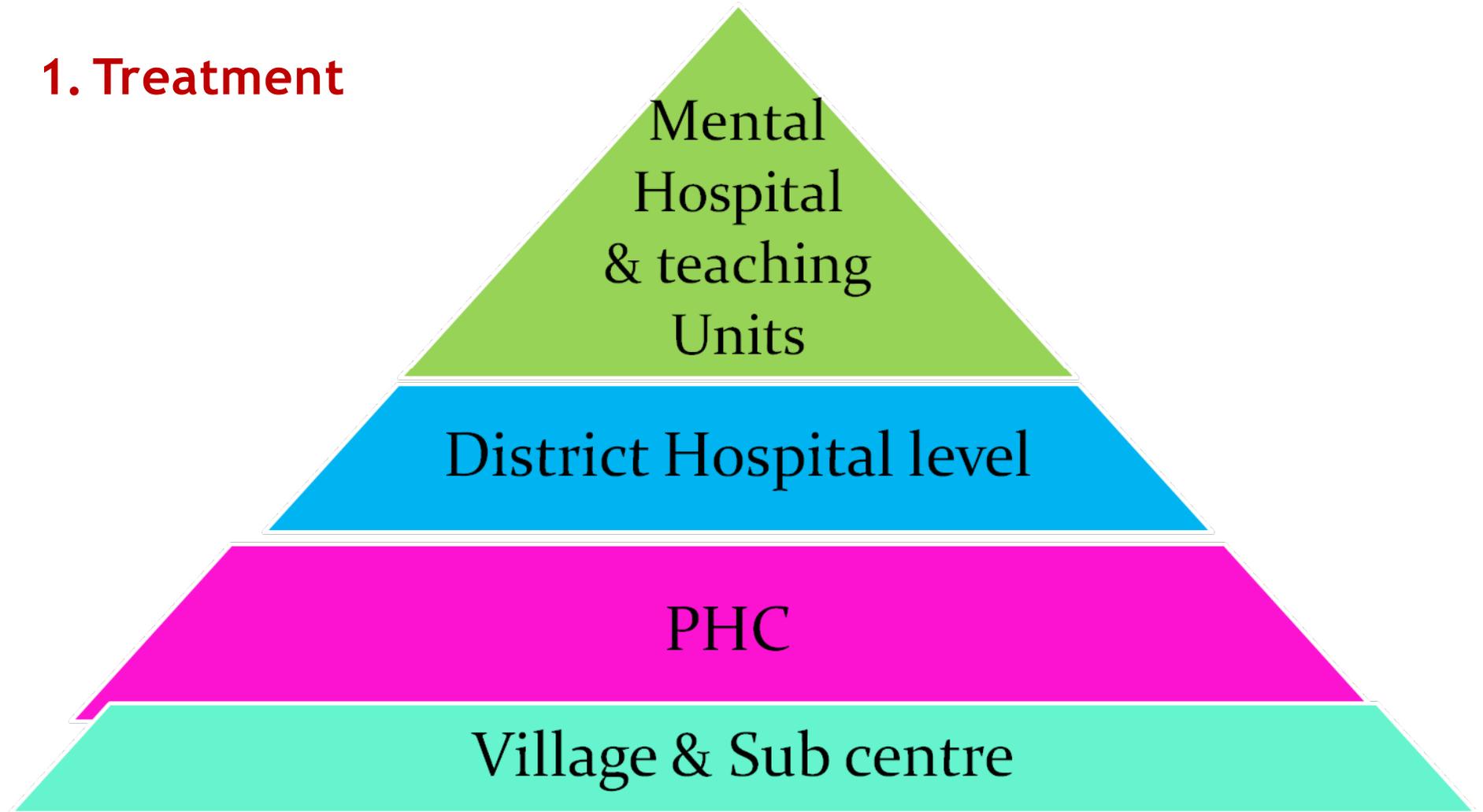
1. Diffusion of mental health skills to the periphery
2. Appropriate appointment of task in care
3. Equitable and balanced distribution of resources
4. Integration of basic mental health care into general health services
5. Linkage to community development.
6. Utilization of existing infrastructure to deliver minimum mental health care services.
7. Provision of appropriate task oriented training to the existing staff.



Component of National Mental Health program

Component of National Mental Health program

1. Treatment



2. Rehabilitation & Prevention

A Community Mental Health

Program should-

- Provide mental health care in the community itself.
- Focus services on total community
- Focus on preventive and promotive services
- Provide continuing and comprehensiveness of services
- Provide indirect services like consultation, mental health education etc.

Community Mental Health Program

The overall goal of community mental health as outlined by Mrs. Indira Gandhi in May 1981 is

- Services must begin where people are, where problems are**
- to provide mental health care through multidisciplinary approach and collaborative services.**

Features of Community Mental **Health Centers -**

- Commitment
- Services
- Long term care
- Case Management
- Community Participation
- Evaluation and Research

DISTRICT MENTAL HEALTH **PROGRAM**

- GOI launched DMHP in 1996**

Following objectives :

- Provide basic mental health services and integration of existing services**
- Early detection and treatment**
- prevent long distance travelling for pts**
- To take pressure off mental hospitals**
- Reduce stigma attached to mental illness thru IEC**
- To treat and rehabilitate discharged pts**



ROLE OF NURSE

- Provide basic care to patients**
- Conducting therapies and health education to pts n family**
- Training of professionals and non professionals I at taluka and PHCs about mental health**
- Supervise MPWs in mental health care delivery.**
- Assist psychiatrists in research activities.**

Community Facilities for **Mentally Ill** -

- Suitable well supported caregivers
- Suitable accommodation
- Suitable occupation
- Arrangements to ensure patients collaboration and treatment
- Regular reassessment
- Effective collaboration among carers

Community Mental Health

Facilities Available -

- Hospital Services
- Partial Hospitals
- Quarter way homes
- Half way homes
- Self Help Groups
- Suicide prevention centers

Hospitals

- Part of continuum of mental health services.
- Offer variety of treatment facilities

Partial Hospitals

- Innovative alternative
- suitable for chronic psychiatric syndromes
- Include day care centres, day hospitals and day treatment programs

Quarter Way Homes

- Located within the hospital campus
- Lack regular services of hospital
- Most of the care by patients themselves.

Half Way Homes

- Transitory residential center
- Patients are not completely independent
- maintains a climate of health
- Aids to develop individual capacities.

Objectives of half way

Homes -

- To ensure smooth transition from the hospital to the family.
- To integrate the individual into the mainstream of life.

Activities

- Monitor the progress of discharged patients for
 - medications regimen
 - coordination of other facilities

Self-help Groups

- **Composed of people having problem of life crises**
- **have improved emotional health of people**
- **don't explore individual psychodynamics in depth**
- **don't change personality functioning**
- **People have same disorder.**
- **Share their good/bad experiences**
- **work together using their strengths**
- **Educate each other**
- **Provide mutual support**
- **alleviate sense of isolation**
- **based on the principle that those who have experienced a particular problem are able to help others with same problem.**

Self-help group -

- Individual does not feel lonely**
- Aids to generate alternate ways to view and resolve problems**
- Emphasize cohesion**
- Strong emotional bond among members**
- promotion of dialogue, self disclosure and encouragement are used by leaders**
- psycho-education, mutual support, self disclosure, self affiliation, learning self control and modeling to cope with stress.**

Self-help Group -

- E.g. A.A., in Bangalore
- Deesha at Nagpur & Manas at Akola

Suicide Prevention Centers

- Helping hands and MPA in Bangalore
- Sneha in Chennai
- Sahara in Mumbai

Shraddha : Nature of Innovation

- **Shraddha's innovation lies in two areas**
- **Client Segment Definition**
 - In focusing on one single segment of the mentally ill viz. the roadside destitute.
- **Innovative Psychosocial Intervention**

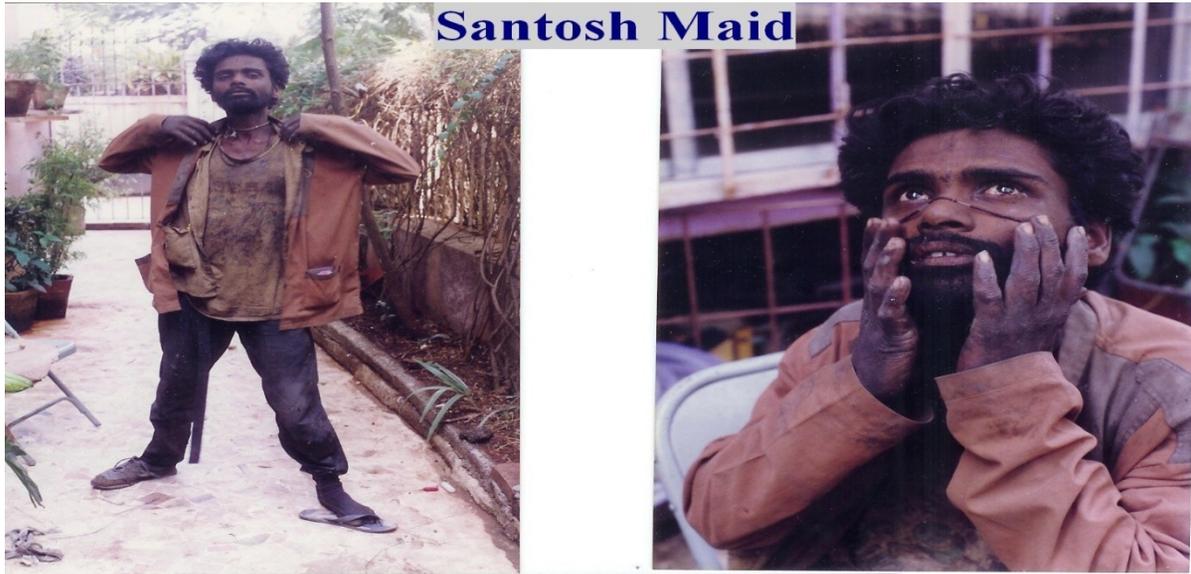


1001 Tales of Hope

Pappu/Gujrat



1001 Tales of Hope



1001 Tales of Hope

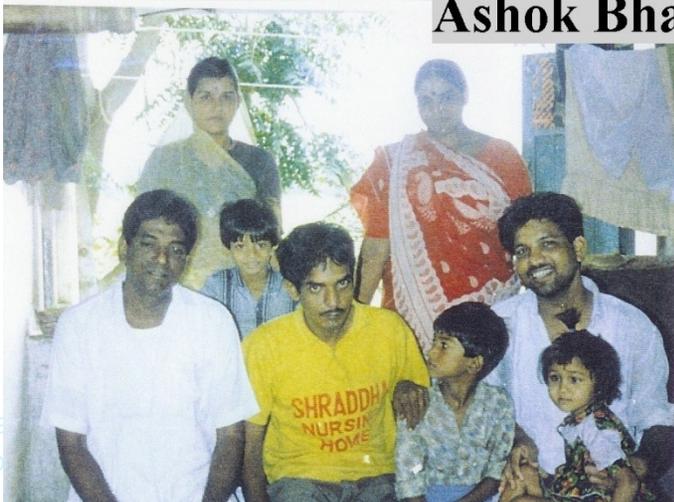
Sanjay Dhakane (Before/After)



1001 Tales of Hope



Ashok Bhatti/Rajkot



Community Mental Health Nursing -

- PN possesses knowledge about community resources
- Is flexible in approach to individual, family, support systems, basic living needs like housing and financial support.

Attributes of CPN -

- **Awareness of self, personal and cultural values**
- **Non-judgmental attitude**
- **Flexibility**
- **Problem solving skills**
- **Knowledge of community resources**
- **Understanding of social, cultural and political issues that influence mental health and illness**

Community Mental Health Nursing Process –

- **Psychological assessment**- Impairment due to mental illness symptoms e.g. hallucinations, social withdrawal, negative symptoms.

- **Social assessment** - assessment of family support, attitude of family members and economic status of family like poverty, homelessness, stigma etc

- **Vocational assessment** - retaining existing job and developing skills for alternative job
 -
 - Assessing community resources
 - Personal reaction to illness like low self esteem,
 - hopelessness, poor motivation etc.

Interventions -

- Reduction of impairment, elimination of symptoms by cognitive therapy & medication
- Remedies for disabilities through skill training and vocational training
- Psycho-education related to housing, nutrition, medication, side effects, treatment modalities etc.
- Assess the continuing mental health problem
- Plan and implement within the confines of resources
- Flexible and individualized approach

Community Mental Health Nsg.

Points to be kept in mind -

Identification of patient in community -

- Talk to important people in the community
- Find out those -
 - who talk nonsense
 - who don't mix with others
 - Who claim of hearing voices/seeing things
 - who claim that others are trying to harm them

Refer if-

- Severely ill

- Violent

- Client threatening to commit suicide

- disturbed behavior due to alcohol or other intoxicating substance.

- Follow up care - medical regimen adherence, improvement made, side effects, patients occupational status etc.

Be prepared to answer -

- Is mental illness hereditary?
- Is mental illness contagious?
- Do ghosts, black magic cause mental illness?
- Is mental illness treatable?
- Can patient take responsibilities after recovery?
- Can marriage cure mental illness?

Principles of Mental Health -

- Mental illness can be treated with medication and psychosocial methods.
- Behavior modification, counseling, activity therapy, family therapy, group therapy, occupational therapy are other therapies in addition to medications.
- Continuity of treatment is very important
- Regular treatment completely cures certain mental illness
- Early detection and prompt treatment leads to social productive life.



Remember -

- Don't give false assurance
- Don't make any decisions for the family
- Don't criticize or blame
- Develop their confidence in their abilities
- Don't make them dependent on you.

Outcome

- Successful return of the client to his previous activities
- prevention of relapses
- prevention of economic losses

Through counseling

MENTAL HEALTH SERVICES AVAILABLE AT THE PRIMARY, SECONDARY AND TERTIARY LEVELS

AT PRIMARY LEVEL:

- SUB CENTRE
- PHC
- CMHC
- Activities :
- First aid
- Nursing care of outpatients and inpatients
- Mental health education
- Identification of cases and referral in community
- Follow up

Secondary level

- General hospitals and psychiatric units**
- Government & Pvt. Psychiatric hospitals**
- Voluntary organizations**

Activities :

- Out patient treatment**
- Inpatient treatment**
- Education and training**
- Research and rehabilitation**
- Refferal and follow up**
- Mental health education**
- Community out reach programs**

Tertiary level

- Rehabilitation centers of Govt. and Pvt. hospitals**
- Voluntary organizations**
- Non-governmental mental health organizations**

Activities :

- Rehabilitation**
- Family and pts mental health education**
- Community outreach program**
- Follow up**
- Training and education**
- Research**

Levels of prevention :

Primary Prevention

Seeks to prevent the occurrence of mental illness by strengthening individual and group coping abilities.

Nurse's Role -

- Individual centered interventions
- Interventions oriented to child in school
- Family centered intervention to ensure harmonious relationship
- Interventions to keep families intact
- Interventions for families in crises
- Community health education
- Society centered preventive measures

SECONDARY Prevention

Targets people who show early symptoms of mental health disruption but regain premorbid level of function through aggressive treatment.

Nurse's Role -

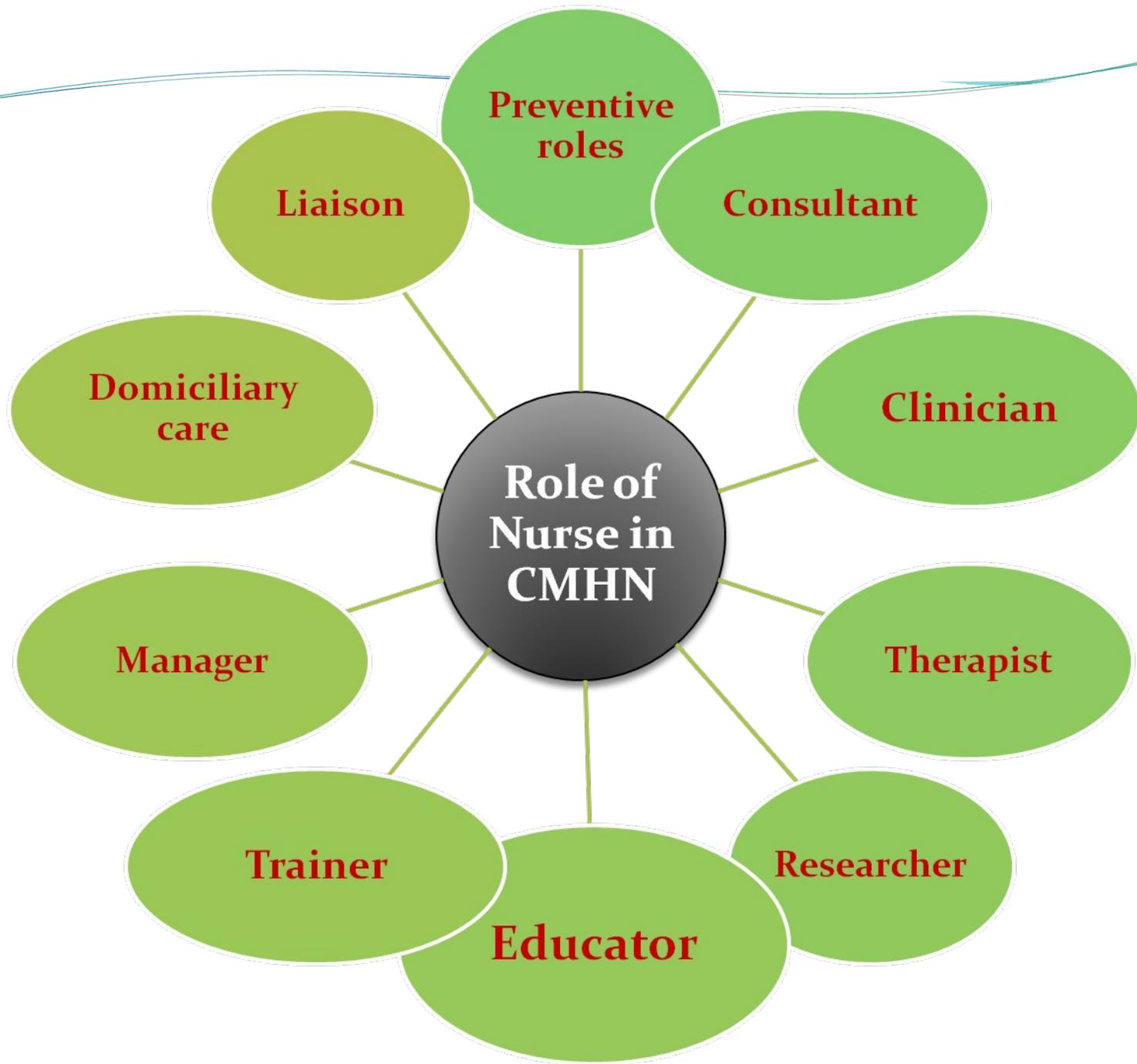
- Early diagnosis and case finding
- Early reference
- Screening programs
- Training of health personnel
- Consultation services
- Crisis intervention

Tertiary Prevention

Targets those with mental illness and helps to reduce the severity, discomfort and disability associated with their illness.

Nurse's Role -

- Involve family members
- Address the stigma issues & concealment
- Help cope with guilt and improve self-esteem
- Foster healthy attitudes



OTHER ROLES

- Social skill training
- Anxiety management and relaxation
- Assertive training
- Bereavement counselling
- Group meetings
- Community outreach work services
- Child care services
- Adult care and elderly care services

. ANY QUESTION?????

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