

**PRINCIPLES**

**OF**

**MENTAL**

**HEALTH**

**NURSING**

# Introduction

- There are general principles that apply to the care of all who show behavior disorders every one has certain basic needs that must be met no matter what disease he is suffering from the principles are general which are applicable to mentally ill patients as well as physically ill where his illness is usually associated with emotional disturbance to some degree.
- These principles are based on the concept that each individual has an intrinsic worth and dignity and he has potentially to grow.
- The following principles are general in nature & from guidelines for emotional care of a patients.

# 1. ACCEPT THE PATIENT EXACTLY AS HE IS.

- Acceptance conveys the feelings of being loved and care: it provides the patient with an experience, which is emotionally neutral, where he finds unlearning of his sick behavior is less threatening before he can relearn the art of living with himself with others. Acceptance does not mean complete permissiveness, but setting of positive behavior to convey to him the respect as an individual human being acceptance is expressed in the following ways:

# Acceptance is expressed in following ways:

- A. Being non judgemental & non punitive
- We don't judge patient's behavior as right or wrong, good or bad. Patient is not punished for his undesired behavior.
  - All direct and indirect methods of punishing must be avoided.
  - Chaining, restraining, putting him in a separate room are some of the direct punishment.
  - Ignoring his presence or withdrawing his importance is few ways of giving indirect punishment.

## B. Being sincerely interested in the patient.

- This can be demonstrated by:
- Studying patient's behavior pattern.
- Making the patient aware in a in a manner that you are interested in him.
- Seeking out a patient.
- Using time spent with him on these things he is interested in.
- Being aware of his likes and dislikes.
- Explains when his demands can not be met.
- Dealing with his comments, complaints, and expressions of approval realistically.
- Accepting his fears as real to him.
- Avoiding subjects on which he feels sensitive.
- Listening to him.

## C. Recognizing & reflecting on feeling which patient may express.

- The nurse acts as a sounding board for patients strong or negative feelings.
- The nurse develops skill identifying the feelings actually expressed for e.g. When a patient says 'I would like to break someone's neck; we understand that he is angry at somebody and is expressing the anger.

#### 4. Talking with a purpose.

- Nurse's conversation with a patient must revolve around his needs, wants and interest.
- Direct approaches like reflection, open – end question, focusing on a point, presenting reality is more effective when the problems are not obvious
- Avoid evaluative, hostile, probing responses, which may help the patient to
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#### E. Listening

- Listening is an active process. Two ears required for what the patient says verbally and ‘
- Third ear’ is required for what patient is otherwise none verbally saying.

## F. Permitting patient to express strongly held feelings

- Strong emotions bottled up are potentially explosive and dangerous .it is better to permit the patient to express his strong feelings without disposal or punishment.
- Feeling of anxiety, fear, hostility hatred or anger should be expected, tolerated and allowed to express.
- The nurse must accept the expression of patient's negative feelings quietly and calmly.

## 2) USE SELF UNDERSTANDING AS A THERAPEUTIC TOOL

- Self understanding leads to understanding to others.
- Patient's behavior can produce lot of anxiety or fear in the nurse, and she ought to understand why she is anxious or frightened.
- We can understand ourselves better by
- Exchanging personnel experience freely with our colleagues
- Discussing our personal reaction with an experienced
- Participating in group conference regarding our patient care.
- Introspective on why we feel or the way we do.

### 3) USE CONSISTENT BEHAVIOUR TO INCREASE PATIENT'S EMOTIONAL SECURITY.

- Patient to be consistently and continuously exposed to an atmosphere of quiet acceptance.
- Permissiveness to be limited e.g. with homicidal, suicidal, hyperactive and suspicious patients.
- Patient is allowed to feel as he does but limitations are put on his behavior.
- Attempt to win patient's liking is most disastrous for the patient.

## 4) GIVE REASSURANCE TO PATIENTS IN ACCEPTABLE MANNER

- Reassurance is building patient's confidence or restoring his confidence. While giving reassurance, we must avoid saying to the patient 'you will get well, "nothing to worry"

Reassurance can be given in following manner :

- Be truly interested in patient's problem.
- Pay attention to the patient matter however significantly it may be.
- Allow him to be as sick as needs to be.
- Be aware how the patient actually feels.
- Sit beside patient when he does not want to talk.
- Accept patient's silence.
- Listen to problem without showing surprise.
- Agree with his problem and think with him to solve the problem.

## 5) Change patient's behavior through emotional experience and not by rational interpretation.

- Major focus in psychiatry is on feeling aspect and not on intellectual aspect. Telling and advising the patient is not effective in changing behavior.
- Role play and emotional drama and transactional analysis are few ways of creating emotional experience in a patient.
- When an alcoholic is told that his drunkard behavior is more hurting to his wife and children he does not agree to our interpretation. What the same acted by a role of his wife, children and alcoholic, he gains more understanding.
- Understanding cannot be forced as insight and understanding one's own behavior is painful. Interpretation is only done when patient is ready.

## 6) AVOID UNECESSARY INCREASE IN PATIENT'S ANXIETY

- Anxiety is a feeling of fear for an unknown object or event.
- It is a threat to biological integrity of a person.

Psychiatric patients have already some amount of anxiety so psychiatric nurses should not further increase their anxiety by:

- Contradicting his psychotic ideas.
- Demanding the patient to complete set task.
- Making him to face repeated failure.
- Using big sentences, professional terms while talking with him.
- Care less conversation with patient
- Calling attention to patient's defect.
- Being insincere
- Giving no orientation to ward co-patient's staff policies routine and procedures.
- Treats passing sharp commands and showing in difference.
- Asking questions about family, friends, and home in first meeting.
- Showing nurses own anxiety.

## 7) DEMONSTRATE OBJECTIVE OBSERVATION TO UNDERSTAND AND INTERPRET THE MEANING OF PATIENT'S BEHAVIOUR

- We need to observe the patient when he says or does.
- Analysis of the observation should be done to draw the motivation or purpose behind his talk or action.
- While working with patient learn his basic problems guess what he will do. Keep asking yourself what is the goal of patient and why he behaves like this.
- Be objective.
- Objectivity is not coldness but it is indifference and absence of feelings and ability not to let your own judgment confused

The indications for lack of objectivity in nurse's observation are:

- Nurse is critical of patient
- Defending or justifying herself
- Demanding that the patient should be in a certain way
- Evaluating the patient's behavior right or wrong

## 8) MAINTAIN REALISTIC NURSE PATIENT RELATIONSHIP

- Realistic and professional relationship focuses on the personal and emotional needs of patient.
- It is therapeutically oriented and planned
- It is always based on patient's needs
- Nurse differentiate between patient's demands and actual needs
- It is for purpose or bringing adaptive ness, integration and maturity in relations.

## 9) AVOID PHYSICAL AND VERBAL FORCE AS MUCH AS POSSIBLE

- Any kind of force results in psychological trauma in patient
- Restraining the violent patient is an e.g. of physical restraint.

If all needs to be used, use the following points to be kept in mind:

- Carry out procedure quickly, firmly and effectively
- Do not show anger while tying
- Tell him the reason and tell that he will be allowed to mix with others when he gets the control on him.
- Attend his needs as usual never show him that he is being punished
- After he becomes controlled never remind him again about the incidence.

## 10) NURSING CARE IS CENTERED ON THE PATIENT AS A PERSON AND NOT ON CONTROL

- Every is caused, understand the meaning behind the behavior.
- Two patients showing the same symptoms may have different needs .e.g. one may have headache due to sleeplessness and other may have due to hypoglycemia
- Analysis and study of symptoms is necessary to reveal their meaning and their significant to patient

## 11) EXPLAIN ROUTINE PROCEDURE AT PATIENT'S UNDERSTANDING LEVEL

- Every patient has right to know what is being done and why it is being done on him
- Every procedure should be explained at his understanding level to reduce his anxiety
- Character of explanation depends on: patient's attention, level of anxiety, and level of ability to decide.

## 12) MANY PROCEDURES ARE MODIFIED BUT BASIC REMAINS UNALTERED

The nursing principles remain same such as:

- Safety
- Comfort
- Individuality and privacy
- Maintain therapeutic effectiveness , workmanship during procedure
- Economy of time, energy and material