MENTAL HEALTH Part I

REQUIRED READINGS:

Ernstmeyer, K., & Christman, E. (Eds.). (2022). *Nursing: Mental Health and Community Concepts* by Chippewa Valley Technical College is licensed under CC BY 4.0. ****FREE Open Educational Resource-** OpenRN | XanEdu

- Chapter 1: Foundational Mental Health Concepts
- Chapter 2: Therapeutic Communication and the Nurse-Client Relationship
- Chapter 3: Stress, Coping, and Crisis Intervention
- Chapter 4: Application of the Nursing Process to Mental Health Care
- Chapter 5: Legal and Ethical Considerations in Mental Health Care
- Chapter 9: Anxiety Disorders
- Chapter 11: Psychosis and Schizophrenia

OPTIONAL READINGS:

Kaplan Nursing. (2020). *The basics: A comprehensive outline of nursing school content* (8th ed.). New York, NY: Kaplan Publishing.

- pp. 533-543, 547-551, 563-569

Silvestri, L. A., Silvestri, A. E. (2023). *Saunders comprehensive review for the NCLEX-RN examination* (9th ed.). St. Louis, MO: Elsevier Saunders.

- Ch. 65: Foundations of Psychiatric Mental Health Nursing
- Ch. 66: Mental Health Problems
- Ch. 68: Crisis Theory and Intervention

OBJECTIVES:

1. Summarize possible signs and symptoms of mental illness.
2. Relate the evolving role of psychiatric nursing in the acute care and community settings.
3. Distinguish physical and psychosocial aspects of the mental health assessment and apply these skills in case study analysis and in the clinical setting. **(1)**
4. Summarize therapeutic and non-therapeutic communication techniques; including specific examples of each. **(9)**
5. Demonstrate therapeutic communication techniques in clinical practice and in classroom role play.
6. Summarize common defense mechanisms; including specific examples of each. **(3)**
7. Analyze cultural elements and cultural sensitivities that influence attitudes in mental health nursing.
8. Differentiate between the various stages of a nurse-client relationship (pre-interaction, orientation, working, and termination). **(1)**
9. Summarize the legal parameters and nursing responsibilities related to: **(1)**
    a. Client's rights
    b. Confidentiality
    c. Psychological competence
    d. Informed consent
    e. Right to refuse treatment
    f. Involuntary hospitalization
    g. Professional negligence
    h. Violent or self-destructive clients
10. Analyze use of the ethical decision-making model for making ethical decisions in psychiatric nursing arena.

11. Examine the use, purpose, assessment, and nursing management for a client with restraints. **(2)**
12. Summarize possible underlying causes of threatening behavior (medication, physiologic, unmet needs, cognitive, environmental, behavioral, psychological, etc.).
13. Relate the goal of therapeutic community/ milieu therapy.
14. Summarize the 4 stages of anxiety, including clinical manifestations, priority nursing interventions, and medical management related to each stage of anxiety. **(1)**
15. Apply the nursing process when planning care for clients experiencing crisis and/or severe anxiety; to include key components of crisis intervention. **(5)**
16. Summarize the pathophysiology, etiology, clinical manifestations, nursing interventions and medical management for clients with various anxiety disorders (Generalized Anxiety Disorder, Panic Disorder, Phobias, Obsessive-Compulsive Disorder, Post-Traumatic Stress Disorder). **(4)**
17. Summarize the pathophysiology, etiology, clinical manifestations, nursing interventions and medical management for clients with schizophrenia. **(8)**
18. Differentiate between the positive and negative symptoms of schizophrenia. **(1)**
19. Accurately prioritize nursing assessments, interventions, and lab values for clients experiencing mental illness, including accurate decision making for patient care assignments, prioritization, and delegation. **(4)**

INTERPERSONAL TECHNIQUES

Therapeutic Communication Techniques	***Examples***
Active Listening	Silence, eye contact, attitude of being fully present
Using Silence	Not breaking the quiet, 3 seconds or more
Accepting	Yes, I am hearing what you are saying Uh hmm I follow what you said (nodding)
Giving Recognition	Good morning, Mr. __I notice that you've combed your hair, you look very nice.
Offering Self	I'll sit with you until it's time for your family session. I'll stay here with you. I have 30 minutes I can spend with you right now. I'm interested in your comfort.
Giving Broad Openings	What would you like to talk about today? What are you thinking about? Where would you like to begin? Tell me how you are feeling today?
Offering General Leads	Go on Oh? And then? Uhh… ha, uhh…hmmm Tell me about it? Yes
Placing the Event in Time or in Sequence	What seemed to lead up to . . . ? Was this before or after . . . ? When did this happen . . . ?
Making Observations	You appear tense. You are clenching your fist. Are you uncomfortable when you . . . ? I notice that you are biting your lips. "It sounds like you may be upset" You look upset. Tell me how you are feeling? "I hear sadness in your voice"
Encouraging Description of Perceptions	Tell me when you feel anxious. What is happening? What does the voice seem to be saying? (*only if not acutely psychotic*)
Encouraging Comparison	Was this something like . . . ? Have you had similar experiences?

Restating	Client: I can't sleep. I stay awake all night. Nurse: You have difficulty sleeping. Client: The fellow that I was going to marry went to war and was killed. Nurse: You were going to marry him but he died during the war.
Reflecting	Client: Do you think I should tell the doctor . . . ? Nurse: Do you think you should? Client: My brother spends all my money and then he has the nerve to ask for more. OR Client: I had a terrible night last night. I didn't sleep a wink. Nurse: You were awake all night? You didn't sleep well?
Focusing	Nurse: This causes you to feel angry. This point seems worth looking at more closely. Tell me more about that. Would you describe it more fully? What kind of work? Client: Nobody likes me here Nurse: Who is it that you think doesn't like you?
Giving Information	My name is . . . Visiting hours are . . . My purpose for being here is . . . I'm taking you to the . . .
Seeking Clarification	I'm not sure that I follow, could you help me better understand? Could you explain more about that to me? What would you say is the main point of what you said? Client: They are always bothering me. Nurse: What do you mean by they?
Presenting Reality	I see no one else is in the room. That sound was a car backfiring. Your mother is not here; I'm the nurse.
Seeking Consensual Validation	Tell me whether my understanding of it agrees with yours. Are you using this word to convey the idea . . . ?
Verbalizing the Implied	Client: I can't talk to you or anyone. It's a waste of time. Nurse: Is it your feeling that no one understands?
Encouraging Evaluation	What are your feeling in regard to . . . ? Does this contribute to your discomfort?

Attempting to Translate	Client: I'm dead. Nurse: Are you suggesting that you feel lifeless? Or is it that life seems without meaning?
Suggesting Collaboration	Perhaps you and I can discuss and discover what produces your anxiety. Have you considered the alternative of a self-help group for weekly support?
Summarizing	Have I got this straight? You said that . . . During the past hour you and I have discussed . . .
Encouraging Formulation of Plan of Action	What could you do to let your anger out harmlessly? Next time this comes up, what might you do to handle it?

Nontherapeutic Techniques	***Examples***
Requesting an Explanation	Why do you think that? Why do you feel this way? Why did you do that?
Indicating Existence of an External Source	What makes you say that? Who told you that you were Jesus? What made you do that?
Belittling Feelings Expressed	Client: I have nothing to live for . . . I wish I were dead. Nurse: Everybody gets down in the dumps. (or) I've felt that way sometimes.
Making Stereotyped Comments	Nice weather we're having. I'm fine and how are you? It's for your own good. Keep your chin up. Just take part in activities . . . you'll be home in no time.
Giving Literal Responses	Client: I'm an Easter egg. Nurse: You're something. Everybody is somebody. Client: I'm dead. Nurse: Don't be silly
Interpreting	What you really mean is . . . Unconsciously you're saying . . .
Introducing an Unrelated Topic	Client: I'd like to die Nurse: Do you have visitors this weekend? "How about that snowstorm out there"
False reassurance (Clichés)	"Don't worry. It will be OK" "I'm sure you will feel better soon" "Hi, how are you?"
Advising	"I think you should divorce your husband" "I've had depression too, what worked for me was Lexapro"
Double/ Multiple questions	"What makes you feel that you should stay? How would you get along if you left? Tell me more about that?
Focus on nurse	"When I was getting a divorce…I" "I've had some loss in my life too…."
Close-ended questions	Do you feel sad? "Can you tell me more about how you are feeling"
Approval/ disapproval	"Why" questions can cause patient to feel defensive or feel sense of disapproval

DEFENSE MECHANISMS

Compensation: Covering up a real or perceived weakness by emphasizing a trait one considers more desirable, or making up for a frustration in one area by overemphasis in another area. This is learned early in childhood and may be easily recognized in adult behavior, for example, the physically handicapped individual who is an outstanding scholar.

Denial: Refusal to face reality; refusing to acknowledge the existence of a real situation or the feelings associated with it. The ego protects itself from unpleasant pain or conflict by rejecting reality. Denial of illness is a common example; people wait to see a doctor because they don't want to know the truth.

Rationalization: Attempting to make excuses or formulate logical reasons to justify unacceptable feelings or behaviors. For example: John tells the nurse, "I drink because it's the only way I can deal with my bad marriage and my worse job."

Displacement: The transfer of feelings from one target to another that is considered less threatening or that is neutral. Discharging pent-up feelings from one subject to a less dangerous object. A fairly common mechanism—your supervisor yells at you, you yell at your husband.

Projection: Placing the blame for difficulties on others or attributing feelings or impulses unacceptable to one's self to another person. For example, the child who says to a parent, "You hate me," after the parent spanked the child. Another example: Sue feels a strong sexual attraction to her track coach and tells her friend, "He's coming on to me!"

Fantasy: Gratification by imaginary achievements and wishful thinking; an example is children's play. Sometimes in order to satisfy a need, we relieve the tension by anticipating the pleasure of gratification.

Regression: Responding to stress by retreating to an earlier level of development and the comfort measures associated with that level of functioning.

Repression: Unconscious involuntary process whereby we keep undesirable and unacceptable thoughts from entering the conscious. This repressed material may be the motivation for some behavior. The superego is largely responsible for repression; the stronger, more punitive the superego, the more emotion will be repressed. The child who is frustrated by a parent may rebel in later life against authority.

Suppression: Voluntary blocking of unpleasant feelings and experiences from one's awareness.

Sublimation: Rechanneling of drives or impulses that are personally or socially unacceptable into activities that are constructive. This adjustment pattern is at least partly responsible for many artistic and cultural achievements, such as painting and poetry.

Identification: The process of taking on the desirable attributes in personalities of other people whom we admire. Identification plays an important role in the development of a child's personality, for example the child who mimics mother or daddy. We can derive a kind of satisfaction from sharing the success or the experience of others, such as the nurse who feels sick watching a traumatic procedure on her client.

Isolation: Separating a thought or memory from the feeling tone or emotion associated with it. The walling off of certain ideas, attitudes, or feelings. Isolation is separating the feelings from the intellect, by putting our emotions concerning a specific traumatic event into a lock-tight compartment; for example, the individual who talks about a significant situation such as an accident or death without a display of feelings. This pattern can be positive if used temporarily to keep the ego from being overwhelmed.

CULTURAL COMMUNICATION POINTS TO CONSIDER

Culture	Communication Style	Use of Eye Contact	Meaning of Touch
African American	• Personal questions asked on initial contact may be viewed as intrusive • Head nodding by the client doesn't necessarily mean agreement or understanding	• Direct eye contact may be interpreted as rude or aggressive	• May be comfortable with close personal space when interacting with friends and family
Asian Cultures	• Consider feelings and emotions to be private and an open expression of emotions is regarded as a weakness • Silence is valued by the client • Criticism or disagreement is not expressed verbally by the client • Head nodding by the client doesn't necessarily mean agreement or understanding • Client may interpret the word "no" as disrespect to others • Client does not use hand gestures	• Eye contact is limited and may be considered inappropriate or disrespectful	• Prefer formal personal space except with close friends and family. Nurse should avoid physical closeness • Usually do not touch others during conversation • Touching is unacceptable with members of opposite sex • Prefer same gender care provider • The head is considered sacred therefore touching someone on the head may be considered disrespectful
European (White)	• Silence can be used by the client to show respect or disrespect for another	• Eye contact may be viewed as indicating trustworthiness	• Tend to avoid close physical contact • Nurse should respect the client's personal space
Hispanic	• May use dramatic body language such as gestures or facial expressions to express emotion or pain • May tend to be verbally expressive, yet confidentiality is important • May believe that direct confrontation is disrespectful, and expression of negative feelings is impolite	• May believe that avoiding eye contact with a person in authority indicates respect and attentiveness	• Comfortable with close proximity of family, friends, and acquaintances and value physical presence of others • Nurse needs to protect the client's privacy • Very tactile, use embraces and handshakes • Ask if it is OK to touch before examining

Native American	• Silence indicates respect • May speak in low tone of voice and expect others to be attentive • Body language is important • Obtaining input from family members is important	• Eye contact may be viewed as sign of disrespect • Nurse should understand that the client may be attentive even when eye contact is absent	• Personal space is very important • May lightly touch another person's hand during greetings • Massage is used in newborn infant to promote bonding • Touching a dead body may be prohibited in certain tribes

Therapeutic and Non-therapeutic Communication Skills Matching Game

Therapeutic Techniques

Exploring, Restating, Silence, Broad Opening, Offering Self, Focusing, Accepting, Offering General Leads, Making Observations, Giving Recognition

1. Giving the client minimum of 3 seconds to gather thoughts (Saying nothing)
2. Making oneself available on an unconditional basis ("I'll stay with you during lunch")
3. Allowing client to take the initiative in introducing a topic ("What would you like to talk about today")
4. Verbalizing what is observed ("I notice you are pacing a lot")
5. Conveys an attitude of reception and regard ("Yes, I understand what you said")
6. Offers the client encouragement to continue ("Yes, I see" or "go on")
7. Repeating the main idea of what patient said. (Patient-"I'm really angry at my husband", Nurse-"You are angry with your husband")
8. Taking notice of single idea or word, especially if patient is moving quickly through ideas ("This point seems worth looking at more closely")
9. Delving further into a subject, idea, experience, relationship, especially good if patient trying to remain on superficial level ("Tell me more about that particular situation"
10. Acknowledging action/ behavior ("Mr. Jones. I see you made your bed")

Non-Therapeutic Techniques

Close-ended questions, Giving advice, Requesting an explanation, Introducing an unrelated topic, Agreeing or disagreeing, Giving false reassurance

1. Telling the client what to do or how to behave ("I think you should….)
2. Indicating accord with or opposition to client ideas or opinions ("That's right. I agree)
3. Indicating to the client that there is no cause for anxiety, thereby devaluing feelings ("I wouldn't worry about that if I were you")
4. Asking the client to provide reasons for thoughts, feelings, behaviors ("Why do you feel this way")
5. Changing the subject (Patient-"I don't have anything to live for. Nurse-"Did you have visitors this weekend")
6. Not allowing a broad answer ("Do you feel sad)

Mental Health Part II

REQUIRED READINGS:

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- Chapter 1 (1.6): Establishing Safety
- Chapter 7: Depressive Disorders
- Chapter 8: Bipolar Disorders
- Chapter 10: Personality Disorders
- Chapter 12: Childhood and Adolescence Disorders
- Chapter 13: Eating Disorders
- Chapter 14: Substance Use Disorders
- Chapter 15: Trauma, Abuse, and Violence
- Chapter 17: Vulnerable Populations

OPTIONAL READINGS:

Kaplan Nursing. (2020). *The basics: A comprehensive outline of nursing school content* (8th ed.). New York, NY: Kaplan Publishing.

- pp. 553-555, 557-559, 571-575, 577-579

Silvestri, L. A., Silvestri, A. E. (2023). *Saunders comprehensive review for the NCLEX-RN examination* (9th ed.). St. Louis, MO: Elsevier Saunders.

- Ch. 66: Mental Health Problems
- Ch. 67: Addictions
- Ch. 68: Crisis Theory and Intervention

OBJECTIVES: Test Blueprint in Red- 35 Questions on Final Exam

1. Summarize the pathophysiology, etiology, risk factors, clinical manifestations/ danger signs, nursing interventions and medical management for clients with mood disorders/ depression. **(8)**
2. Assess and evaluate the conditions and circumstances that make an individual at high risk for suicide (Role play assessment for level of suicidality). **(2)**
3. Develop an individualized plan of care with prioritized nursing interventions that ensure client safety for a suicidal client. **(3)**
4. Summarize the indications for use, effects, and nursing interventions for electroconvulsive therapy (ECT). **(1)**
5. Differentiate between mania and depression, including their cyclical relationship.
6. Summarize the pathophysiology, etiology, clinical manifestations, nursing interventions and medical management for clients with bipolar disorder. **(6)**
7. Summarize the pathophysiology, etiology, clinical manifestations, nursing interventions and medical management for clients with somatic symptom disorder, illness anxiety disorder (formerly hypochondriasis), conversion disorder (functional neurologic symptom disorder), and factitious disorder. **(4)**
8. Differentiate between the 3 main clusters of personality disorders (dramatic and emotional; odd and eccentric and anxiety and fear-based).
9. Formulate nursing diagnoses, goals, and priority nursing interventions that are specific to clients with personality disorders in each of the 3 personality disorders clusters. **(1)**

10. Differentiate between the terms tolerance, withdrawal, dependence, craving and addiction.
11. Summarize the effects, withdrawal symptoms, patterns of abuse, and means of treatment for alcohol and substance abuse. **(1)**
12. Analyze the relationship between chemical abuse and family dysfunction and formulate nursing diagnoses, goals, and interventions that support client/family-centered health promotion plan. **(1)**
13. Analyze the cycle of domestic violence and relate effective crisis intervention techniques and community resources that can be implemented to prevent and/or end abuse and violence. **(2)**
14. Summarize the pathophysiology, etiology, clinical manifestations, nursing interventions and medical management for children with conduct disorders. **(1)**
15. Summarize the pathophysiology, etiology, clinical manifestations, nursing interventions and medical management for clients with sleep disorders and eating disorders (anorexia nervosa and bulimia). **(3)**
16. Examine major mental health needs and concerns of the adolescent population; including age-appropriate nursing care. **(1)**
17. Accurately prioritize nursing assessments, interventions, and lab values for clients experiencing mental illness, including accurate decision making for patient care assignments, prioritization, and delegation. **(1)**

Mental Health Pharmacology

REQUIRED READING:

Ernstmeyer, K., & Christman, E. (Eds.). (2022). *Nursing: Mental Health and Community Concepts* by Chippewa Valley Technical College is licensed under CC BY 4.0. ****FREE Open Educational Resource**- OpenRN | XanEdu

- Chapter 6: Psychotropic Medications
- Chapter 7 (7.4): Treatments for Depression
- Chapter 8 (8.3): Treatments for Bipolar
- Chapter 9 (9.4): Treatments for Anxiety
- Chapter 11 (11.3): Schizophrenia Treatment

OPTIONAL READING:

Kaplan Nursing. (2020). *The basics: A comprehensive outline of nursing school content* (8th ed.). New York, NY: Kaplan Publishing.

- pp. 544-545, 556, 560-561, 566-567, 576, 589-590, 594-598, 624-625, 627-629, 636-637

Silvestri, L. A., Silvestri, A. E. (2023). *Saunders comprehensive review for the NCLEX-RN examination* (9th ed.). St. Louis, MO: Elsevier Saunders.

- Ch. 69: Psychotherapeutic Medications

ASSIGNMENT DUE DATES:

Kahoots Game- must play the challenge ~20 questions (see 2540 Schedule for due date)
Watch Zoom Lecture Recording and take notes on PowerPoint (prior to 1st day of MH Pharmacology)
Refer to Medication List in Study Guide (common meds to study)

OBJECTIVES: (Test Blueprint in Red)

1. Differentiate between the various drug classifications; to include indication for use, action, safe dosage range, side effects, and priority nursing considerations.
   - **a.** Antianxiety **(2)**
   - **b.** Antidepressants- tricyclic, SNRI, SSRI, MAOI, other antidepressants **(4)**
   - **c.** Mood stabilizers- lithium **(4)**
   - **d.** Antipsychotics/ Neuroleptics/ Psychotropics & Anticonvulsants **(5)**
   - **e.** Sedative-hypnotics **(1)**
   - f. Anticholinergic- cogentin
2. Summarize the major side effects of antipsychotic agents, including anticholinergic effects and extrapyramidal side effects such as Pseudoparkinsonism, Akinesia, Akathisia, Dystonia, Oculogyric Crisis, Tardive Dyskinesia, and Neuroleptic Malignant Syndrome. **(4)**
3. Summarize preventive measures to reduce or limit adverse effects of antipsychotics.

Instructions for Psychiatric Pharmacology Preparation

- For each drug category: KNOW Indications for use, Action, Example of drug names in that category, Drug/food interactions, Side effects, and any other pertinent nursing interventions/considerations.
- Watch You-Tubes (posted to D2L). Extrapyramidal Symptoms, Tardive Dyskinesia, Akathisia, and Acute Dystonia (approx.15 minutes total for all videos- Very important to know what these side effects look like!). Please take notes on these side effects on page 3 of Study Guide (prior to class).

Psychiatric Pharmacology Medications List

Antipsychotics

aripiprazole (Abilify)
clozapine (Clozaril)
chlorpromazine (Thorazine)
olanzapine (Zyprexa)
quetiapine (Seroquel)
ziprazidone (Geodon)
risperidone (Riserdal)
asenapine (Saphris)
lurasidone (Latuda)
haloperidol (Haldol)

Antidepressants

bupropion (Wellbutrin)
escitalopram (Lexapro)
fluoxetine (Prozac)
mirtazapine (Remeron)
paroxetine (Paxil)
sertraline (Zoloft)
venlafaxine (Effexor)
citalopram (Celexa)
duloxetine (Cymbalta)
amitriptyline (Elavil)
trazodone (Desyrel)
phenelzine (Nardil)

Mood Stabilizers

lithium carbonate (Lithium)

Anticonvulsants (Used as Mood Stabilizers)

valproic acid (Depakote)
carbamazepine (Tegretol)
gabapentin (Neurontin)
lamotrigine (Lamictal)
topiramate (Topamax)

Antianxiety

alprazolam (Xanax)
clonazepam (Klonopin)
lorazepam (Ativan)
diazepam (Valium)
midazolam (Versed)
buspirone (Buspar)
clonidine (Catapres) *Antihypertensive but can be used for treatment of anxiety prn or ADHD

Sedatives

diphenhydramine (Benadryl)
hydroxyzine (Vistaril)
zolpidem (Ambien)
ramelteon (Melatonin), zaleplon (Sonata), prazosin (Minipress), trazodone (Desyrel)

3 Major Adverse Drug Reactions of Psychotropic Medications (Should know what the condition is, what it looks like, and how to treat it)

i. Lithium Toxicity
   b. S/S

   c. Treatment

i. Atropinic Overload
   d. S/S
      i. Red as a Beet
      ii. Dry as a Bone
      iii. Mad as a Hatter

   e. Treatment

i. Neuroleptic Malignant Syndrome
   f. S/S

   g. Treatment

Extrapyramidal Side Effects (EPS) or Movement Disorders (Should know what the condition is, what it looks like, and how to treat it) **View You-tubes on D2L!**

i. Dystonia

ii. Tardive Dyskinesia

iii. Akathisia

iv. Pseudo Parkinsonian disorder