Integrating Mental Health with General Health Care Nursing

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THE internationally accepted definition of health includes positive mental health as one of the three components. But in practice health programme both in the hospital and community settings in India have largely focussed on physical aspect of health namely care of physical illness. The neglect of psychosocial aspect of physical illness in general health care delivery is due to many reasons.

One of the foremost reasons is the neglect of mental health itself in our country due to the greater focus on illness of high mortality. Till recently there was no adequate epidemiological data relating to prevalence of mental disorders in the country and so the magnitude of the mental disorders including the psychosocial problems were not relatively perceived by the Health professional. The limited mental health manpower and inadequate facilities were also to some extent responsible for the poor emphasis on psychosocial needs and mental health in general health care.

One of the milestones in the organisation and planning of primary health care is the Alma Ata conference organised by World Health Organisation in 1978. It is to be noted that promotion of mental health forms one of the eight components of health.

The National mental health programme for India (1982) ensures decentralization and integration of mental health into the general health care propramme.

The central council of health and family welfare in its meeting held from 18-20th August, 1982 recommended that (1) Mental health must form an integral part of the total health programme and as such should be included in all National policies and programmes in the field of health education and social welfare. (2) Realising the importance of mental health in the course curricula for various levels of health professionals, suitable action should be taken in consultation with appropriate authorities to strengthen the mental health education components.

Why mental health care important for nurses working in general health settings ?

Psychiatric problems in general hospital settings are quite prevalent. Psychiatric patients, physically ill patients with psychomatic problems and various other chronic physical conditions with a need for psychosocial aspects of care are known to be present in various medical and surgical departments as outpatient and inpatients. (Sriram *et al* 1986).

Studies conducted in both developed and developing countries, Prakash and Sethi (1978) in medical outpatient clinics, Teja *et al* (1971), Agrwala *et al* (1973), Gautam (1976) in psychiatric out patient, Harding *et al* (1980) in a primary health care setting, Carstairs and Kapur (1976) in the community have reported that patients with multiple somatic complaints form an important group. 15-20% of individuals attending primary health care facilities belong to this group (German 1972, Harding *et al* 1980). Studies have shown that patients with multiple somatic complaints have psychological distress and need psychosocial intervention in the form of psychosocial support. Studies conducted in Bangalore indicated that not less than 30.9% of the General practitioners clients have treatable psychiatric condition. (Shamsunder *et al* 1986). 40% of the orthopaedic out patients of a General hospital were identified as having recognisable psychiatric illness. (Vijay *et al* 1988).

Same percentage of the patients present in various departments of general hospitals. 50% of medical patients have significant psychiatric distress. (Sriram et al 1986). They present in the guise of medical problems, chest pain, back pain, headache etc. Many of the patients are often not immediately recognised as psychiatric problems. They are often extensively investigated before their exact nature is known.

Several factors have been identified which enhance the likelihood of psychiatric morbidity in physically ill clients. Some of these include the chronicity of the condition, rapidity of progression of the illness, premorbid personality factors, compensation problems, the quality of the patient's interpersonal relationships, the family members' reaction of the patients illness, problems in the area of sex, economic problems and staff-patient relationships. (Taylor, 1978 and Abrams 1972).

Secondly, many patients with various medical disorders have associated psychological problems, eg., chronic respiratory disease, hypertension, diabetes, chronic disabling conditions etc. Often the physicians and nurses pay attention predominantly to physical problem, but rarely to psychological problems. This may be due to the lack of proper psychiatry or mental health orientation/training to the general health professionals like nurses and Doctors in their basic training. One has to note that

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'It is not only the quantity of life that is important but also the quality.'

In spite of the enormous psychiatric needs of the people, there is a gross shortage of both mental health facilities and manpower in the country. Also not every psychiatric problem needs to be managed by the specialists. Psychiatric hospitals are necessary to manage only the severe or difficult cases. Many of the psychiatric problems can be easily handled at the primary health care or General hospital settings without the need of an intervention. In view of this in the National Mental Health programme (1982) increased emphasis is given for decentralisation and integration of mental health into general health care by various methods one of which is training of various cadres of health professionals in mental health care.

What is the role nurses can play in the integration of mental health to General health care? Is it necessary ?

Nurses have an important role in the integration of mental health in the General health care as they have certain unique advantages/opportunities.

They already have adequate background of medical knowledge.

They are in close contact with the patient and his family.

They have sound preparation of intervention techniques in general health problems.

Though the training in mental health is inadequate, they have been exposed to various psychosocial network of the patients sufferings with physical condition.

In view of their large number, they can ensure a greater degree of coverage.

These advantages make the training of nurses an important aspect of integrating mental health care in general health care.

When there are doubts about diagnosis they can spend more time with patients and gather additional information and thus help in diagnosis of such problems.

They can discuss with the patient's various problems, difficulties and provide psychotherapeutic interventions. Such help will not only alleviate the psychological distress but also will enable faster recovery from physical illness.

They can convince difficult patients to comply with various treatment procedures. For example, regularity of drug intake and followup.

They can observe and study the reaction of the patient and their family members and educate them about the nature of the problems/illness, treatment etc. and thus have a significant role in making the patients aware of their problems especially psychosocial problems.

They can play an active role in health education and involving the family in the total management of the patients.

They can also pay a vital role in the training of other para professionals in basic mental health care delivery.

Management of such problems depends upon early recognition that somatic complaints are emotionally based where the nurses can play a vital role. The management of emotional distress particularly should focus on recent life events of the clients. It is necessary to interview patients and the family members

Nurses have a unique opportunity to do this as they work closely with the patients and the family members.

Psychotherapy

Psychological support technically termed as 'Psychotherapy' in lay terms helping the patient through talking to him so that the patients helps themself in solving his problems can be better done by the nurses compared to other health profesionals in view of the nurses being with the patients most of the time.

Where there are significant problems arising out of environment in the hospital and in the community, e.g , anxieties in patients undergoing surgical operations, or in the situation of orthopaedic problems, patients with chronic physical disorders might suffer from depression or loss of some physical capacity, patients with multiple trauma due to accident or burns and patients suffering with cancer or life threatening conditions may suffer from severe anxiety, tension and fears of death. And in areas of child bearing, Antenantal wards, Mothers need to be prepared for acceptance of the pregnancy itself and understanding of process of labour and in the postnatal wards mothers need to be prepared for understanding of the process and consequences of normal growth and development of their children. All these facts highlight nurses to include psychiatric aspects of management in their package.

Likewise, the areas in General health care with the need of psycho-social intervention by the nurses goes on widening with an enormous amount of need for nurses to prepare themselves to cope with the arising situation where Nursing personnel serve as a first level of contact by providing psychological support to the patients and their families and thus can play a vital role in the integration of mental health care into the General Health Care.

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(Continued on page 252)

Subarachnoid Haemorrhages

(Continued from p. 233)

rally 4-6 weeks bed rest is needed. During this period fluid balance is maintained by I.V. or orally. Muscles relaxant is given such as Inj. Calmpose.

Spinal tapping is done till bleeding is controlled. I.V. manitol and oil enema can be given to reduce intracranial pressure. If decision is taken to treat on surgical therapy. It is rather difficult. Vessels can be ligated on both sides of aneurysum. Aneurysum may be 5-6 mm or 10 cm in diameter.

Nursing to Promote Fast Recovery: Most of the patients will be unconscious, semi conscious, restless and disoriented. Use comforted bed. Restrain for the time being. If possible use intensive care unit bed. Protect from falling down. Flat on bed with small pillow or rolled towel under the neck. Frequent position to be changed as necessary. Check bleeding and CSF leadage. Suction to throat. Eye care with sterile paraffin or ophthalmic ointment. Vitals are checked till condition is satisfactory. Sponging, mouth care and pressure points to be taken care of. Nutrition or feeds will be started after I.V. fluids. Maintained 2500-3000 calories. Avoid constipation and use retention catheter. Physiotherapy to be given. Wheel chair ambulation encouraged. Psychological support and rehabilitation to be started. After 4-6 weeks patient will be better to discharge from hospital. Subarachnoid Haemorrhage patient needs intensive and comprehensive nursing care.

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Mental Health and General Care

(Continued from p. 232)

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Readers' Views

(Continued from p. 245)

course, by rotation. The 3 Ng. colleges in the state may be assigned to prepare the curriculum & conduct the course without which no nurse can aspire for promotion as Head Nurse.

6. Head Nurses must have Diploma in Hospital administration. INC. prescribed M.Sc. (N) for this post becomes Nsg. supdt. in teaching Hospitals. In short, seniority cum merit (higher qualification) should be the criteria for promotion.

7. Practical and meaningful on going continuing in-service education should be started in every medical college, Hospital and continued.

8. Senior nurses and tutors needs to have refresher courses sometimes to upgrade, to update their knowledge.

9. Continuing education programme run by the institution needs review periodically.

10. Ng. care in the Hospital needs to be organised on set criteria.

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Scroll of Honour for Mrs. A. Malhotra

Mrs. Anjana Malhotra, retired Deputy Director (Nursing), Directorate of Health Services, Haryana, received a Scroll of Honour on June 17, 1989 from the Academic Council, National Institute of Primary Health Care, a voluntary health agency devoted to promotion of Primary Health Care Research, Education and Information Dissemination in recognition of Humantarian Services rendered to the Community with devotion in the field of Primary Health Care through a distinguished career dedicated to the discipline of Nursing.