Recent Developments in Community Psychiatric Nursing

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Until recently the work of a nurse was considered as bed-side nursing only. Conversly many nurses also did not feel that any other help to a patient or health care in relation to a community was nursing. Unless a person was sick enough to be admitted to a hospital to be nursed, he was not considered to be in need of nursing. Preventive aspects and rehabilitation were comfortably ignored.

Today ideas about nursing have undergone drastic changes and nursing has broken out into other fields like community health and community psychiatry. The factors that influenced the development of community based psychiatric service are :

1. **Recognition that prevention is better than cure** : Many promising and useful lives have been made worthless and listless due to lack of proper mental health. Modern knowledge in various fields like medicine, psychiatry, anthropology, psychology and sociology have shown that a lot could be done to prevent or reduce emotional disorders.

2. **Emotional Disorders** : Sickness of any type—more so emotional disorders—affects the individual as well as a lot of people around him. Sometimes one person's sickness may affect a whole community.

3. **Man is not an isolated being** : Everything around the man affects him emotionally, physically and socially. Community plays an important role in the causation of illness. There may be many things faulty or lacking that contribute to the illness of individuals in the community.

4. **Community's Responsibility** : The Community has a responsibility of the sick and help them to return to normalcy.

5. **Researches** : It is important to find out the problems in a community to remedy them. Researches, surveys and special study are necessary for this. Much remains to be known of the various factors that influence mental health and illness.

6. **Environmental Care** : Even those born with certain defects or handicaps could be helped to be of greater usefulness to the society if proper environmental care and training are given. Camprehensive and continuous care is needed even after discharge to maintain an optimum level of performance and to prevent relapses or deterioration.

7. **Isolated Hospitalisation** : Several studies have shown that patients removed from the community for a long time have difficulty to readjust to community life. So isolated hospitalisation for long periods is not the right way.

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Community Mental Health Services

It is an organised service to meet the entire mental health needs of a given community. The level of development of this service is a sign of the development of the community.

Even in developed countries Community Mental Health (C.M.H.) work is a recent development. The degree of development and extent of involvement varies from country to country and community to community, depending on the needs, availability of resources—men, money and material.

The C.M.H. is an offshoot of Community Health Services Though the objectives are identical in both, methods, resources and effect vary. Community Health have effective methods of prevention the results of which are quickly evident. CMH lacks such proven or quickly effective methods. The preventive aspects are aimed at long range objectives, results of which may not be quickly seen. So it is difficult to make comparison.

However, modern CMH could offer a variety of services to prevent mental illness, after care and follow up and rehabilitation in many ways.

Statistics have shown that since CMH services have been started there has been rapid reduction in the number of hospitalised patients and length of stay. These have reduced a lot of suffering and loss. Rehabilitation has been quicker and return to usefulness much faster with less strain. Chances of deterioration or relapse have been minimised.

These achievements are due to the cumulative effect of all psychiatric modern facilities and other allied services. So in CMH there is nothing alien. It is an all encompassing, all pervading service which affects every aspect of human life. Centres for comprehensive mental health care are being set up in every community all over the world. In developed countries there are very few communities without a CMH centre. In fact there are no teaching institutions without one.

Some sort of understanding about mental health and the causes of morbidity were known from primitive times. They were mostly speculative or shrouded in mythology, folk-lore, taboos and rituals. One can find references to these in writings in early religious books, philosophy and medicine. But a systematic study of mental health and various aspects of it and their application in practical terms are recent developments and its origin can be traced back to a centrury ago.

First in the field was Dorothy Linda Dix, an American missionary, (who herself suffered from pulmonary tuberculosis) who undertook a single handed global