Mental Health Nursing in Primary Health Care

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AS the profession of Nursing demands its development and in process of gaining maturity, moving from an isolated, closed system to an open system, interacting with, influencing and being influenced more by the environment, it is the time for speculating the Mental Health Nursing in Primary Health Care.

The internationally accepted definition of health includes positive mental health as one of the three components. However, in reality health programmes in India have largely focused on the physical aspects of health, namely, care of the physical illnesses and problems. Till recently there were no meaningful and practical approaches for the provision of mental health services at the PHC level, to meet the needs of the rural communities. Hence 'Mental Health' has not been a part of Primary Health Care in practice.

The Alma Ata Recommendation

One of the very significant milestones in the organisation of Primary Health Care (PHC) throughout the world is the Alma Ata conference organised by World Health Organisation in 1978. This forum provided an opportunity to examine the issues in PHC and develop an international commitment to the concept. It recommended that PHC should include atleast:

"Education concerning prevailing health problems and the methods of identifying, preventing and controlling them: promotion of food supply and proper nutrition and adequate supply of safe water and basic sanitation, maternal and child health care including family planning, immunisation against major infectious diseases; prevention and control of locally endemic diseases, appropriate treatment of common diseases and injuries; 'Promotion of Mental Health' and provision of essential drugs".

It is to be noted that promotion of Mental Health forms one of the eight components of PHC.

Mental Health Nurse involves in Mental Health programme at two levels—inside the hospitals and outside the hospitals for the prevention of mental illness and promotion of mental health, treatment and rehabilitation of mentally ill in the community. The commitment of mental health as part of Primary Health Care re-oriented the objectives of the mental hospital towards rehabilitation and restoration of the patient in community. It is unrealistic to expect and wait for the extension of mental health services to the majority of the population in the foreseeable future and achieve the goal of Health for All by 2000 A.D. with the currently existing mental health services in India.

Existing Mental Health Services

(*i*) *Huge Magnitude of Mental Health Problems*: Research carried out in different parts of the world suggests that at any particular time about 1% of the population are affected by mental disorder severe enough to require urgent attention and that about 10% would need such attention atleast once in their life time. No culture or society, urban or rural, is free from the crippling effects of mental illness.

(*ii*) *Limited Mental Health Facilities*: Till recently the emphasis has been on institution-based care. The presently available mental health facilities in India include about 20,000 beds in 42 mental hospitals and 2,000 to 3,000 psychiatric beds in general and teaching hospitals. For the current estimated population of 700 million, there is one psychiatric bed per 30,000 population.

It can be safely said that there are no meaningful services for the rural population. The available specialised in-patient and out-patient special facilities for children, adolescents, elderly persons and other special groups is negligible. The total existing service system is estimated to be providing care to not more than 10% of those requiring urgent mental health care.

(*iii*) *Paucity of Mental Health Professionals*: There are only 900 qualified Psychiatrists working in hospitals and in private practice, 400-500 Clinical Psychologists, 200-300 Psychiatric Social Workers and about 600 Psychiatric Nurses. In other words, for every 5000 severely ill-adult psychiatric patients, there is only one mental health professional of any description.

Considering the above facts, the responsibilities of mental health professionals, specially that of the Community Mental Health Nurse, becomes more evident in Primary Mental Health Care (PMHC) services. The existing Primary Health Care facilities attract a large number of patients suffering from neurotic disorders. Patients with psychotic conditions remain in the community. The general public often view mental disorders from religious, superstitious and magical standpoint and thus consider medical help only as a last resort. On the other side, lack of available services at their access means that tradi-

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tional healers are seen as the only source of help. It becomes the essential responsibility of Mental Health Nurse to provide the services to the unreached.

Mental Health Nursing through Community Approach

Positive Mental Health: Mental well being is a concept which cannot be clearly defined. But the characteristics of wellness can be used as:

—an Integrated personality with clear-self identity; a reality oriented perspective; a unifying force in life; ability to cope creatively with life situations; capability for open, creative relationships; being inspired with hope syndrome.

Nursing is concerned with man in his entirety. As long as the individual is able to maintain a balanced relationship between the various components like physical, biological, psychological, social, cultural, and spiritual, he is said to be experiencing wellness.

When the nurse recognises behaviours associated with wellness, she supports and encourages these behaviours. When she recognises behaviours associated with illness, she intervenes to remove or reduce the stresses and support the body's defences.

Member of the Multi-Disciplinary Team

A multi-disciplinary approach, encompassing the physical, mental, social and spiritual aspects, is most essential in the art and sciences of the healing profession, thereby to the Nursing profession. The interrelationship of various disciplines is an essential part to understand the human mind.

As a member of the multi-disciplinary team, a Mental Health Nurse is involved in planning and developing programmes as well as contributing her observations and interpretations in assessing the patient's progress. She works closely together in the planned activities of social, educational and recreational exercises aiming at returning the patients to their optimum level of functioning. She plays changing role often as she moves from situation to situation along the axis of operation.

Her services as a team member can be summarised as :

Gathering psycho-social history.

Aiding in the development of problem-solving approach and management plans.

Screening, evaluating and formulating management plans.

Providing ambulatory psycho-therapeutic services to mildly disturbed, actualy disturbed and for the chronic ill.

Referring to the appropriate agency. Partial care and rehabilitation service.

Treating the Patient in Own Setting

Mental Health Nurse works as a family therapist by treating the patient in his or her own home thereby avoiding the patient's admission into the hospital. Deteriorating family relationship frequently results in institutionalisation of children, adults or both. Her appropriate intervention in time increases the wellness.

A family may have a constellation of personality characteristics which make the psychiatric patient vulnerable to a particular stress situation. Family may also produce feelings of threat and insecurity which require compensatory change. She helps the family to develop greater self-awareness, to identify potential mental health and psychiaric problems and ways in preventive progression. In the process she gets an opportunity to participate in creating an atmosphere of mutual trust, tolerance, security and understanding which are so essential for optimum mental health. She prevents the 'close-up ranks' of her client in the family having got behavioural disorders.

While Patient is Hospitalised

When the patient cannot be treated at his own setting, Mental Health nurse seeks the help from appropriate authorities and gets him admitted in the psychiatric hospital. She involves the family members at all stages of the treatment programme. She visits the patient in the hospital and discusses the plan of care with the psychiatric team members. She maintains liaison with the other agencies like welfare, health, education depending on the appropriate referral or information they might be seeking. She also makes necessary pre-discharge plan in cosultation with the other professionals to make use of the after-care services in the community and the family's rehabilitation potentialities.

Follow-Up Care

Mental Health Nurse takes active participation in the various rehabilitation processes even after his discharge from the hospital. She makes regular home visit and provides intensive care, supportive care and monitoring the exercise as and when required. She creates homeliness feeling within his home surrounding. She encourages him for self-dependency. She makes systematic observation of his progress and communicates the same to the psychiatric team to monitor his after care programme.

Crisis-Intervention

Presently, we are not having classical crisis intervention centres. But in the existing services resembling the elements of crisis intervention like psychiatry walk-in-clinic, casualty and emergency unit and suicidal prevention squarts, Mental Health Nurse has a pivotal role. She makes use of psychological, social resources to intervene the clients in their crisis situation. She also participates in youth counselling intervention, gives sensitivity training to the individuals and to the family and participates in the emer-

gency services. She handles very effectively the mid-life transition from 'child-rearing' to the 'empty-nest'. She re-instills hope in the frustrated aged due to retirement by planning their life activities to retain usefulness in the society. She provides counselling for bereavement, marital disruption, unemployed and for the parents of mentally, physically and socially handicapped to reduce their anxiety and tension. In corporating Caplan's phases of crisis the Nursing intervention can be explained as in Chart 1.

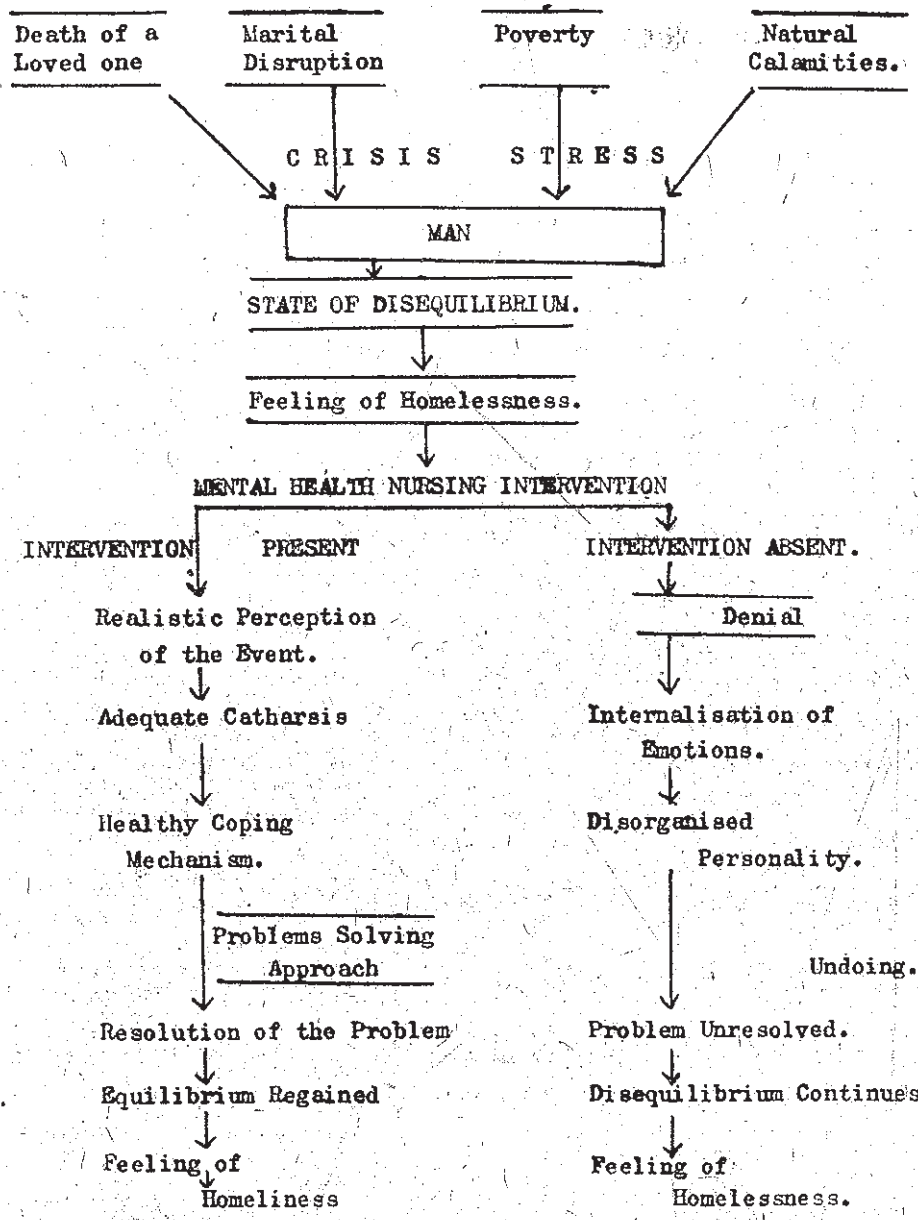

CHART 1

Consultative Service

Mental Health Nurse provides professional advice and information relating to the Nursing of the mentally ill in the Health Centres and on meeting the Social Workers and other professionals. In her educative-consultative role, she works with others to plan for training indigenous mental health workers, parent-groups, teachers, public health group and industrials.

Emancipating Social Evils

She is alert to social problems and social issues and has a responsibility for involvement in social action relating to poverty, poor housing, child abuse, prostitution and so on. She controls the elementary practices known to be harmful to mental health such as excessive alcohol consumption or neglect of young children in larger families. She encourages in providing adequate stimulation and opportunities for play to young children, particularly those showing signs of delay in psychological development.

School Mental Health Programmes

Mental health nurse involves herself either directly or indirectly often in screening the children out of emotional and social problems. She facilitates in getting them required professional consultation. Thus she serves as a link between school and mental health centres. She organises orientation programmes on emotional problems of the school children for the teachers and parents.

Services in the Mental Health Clinics

Either through independent or team approach, she helps the children and their parents in child guidance clinic, in mental retardation and rehabilitation clinic. She explores the nature of problems, like disinterest in studies, truancy, disobedience, stubbornness, over-activity, stammering, bed wetting and soiling and the emotional problems like anxiety, depression, extreme shyness, etc. She facilitates for their appropriate treatment and continues her follow-up services in their rehabilitation programme.

In Mental Retardation Clinics

She makes the clinical assessment of the slow-learned and selects the appropriate learning programme for their rehabilitation. She organises and conducts the self-help group for the parents of mentally handicapped to take care of their children in the home set-up. In rehabilitation clinic, she reviews the rehabilitative potentiality of the patients and their family members.

Rehabilitation Services for the Physically Handicapped

She encourages continuously, the emotional well being of crippled and handicapped. She makes use of community resources and social avenues for their support. She finds out the suitable job-placement for them which enables them to lead their lives independentaly, with self-esteem and social productiveness.

Education Programmes

Mass Education and Training: Mental Health Nurse effectively utilises the mass-media for mental health education programmes, arranges films depicting emotional problems of children and adolescents, modern psychiatric treatment facilities available in the community etc. She communicates mental health principles through radio, television programmes, local newspapers, magazines and journals, in order to change the negative attitude and misconceptions regarding mental illness. She organises seminars, symposia and general discussion on different aspects of mental health in the community. By involving health agencies and welfare agencies she organises different programmes like drama related to social evils and mental health problems and mental health exhibition as a part of the mental health week celebrations.

In collaboration with the psychiatrists, psychologists, psychiatric social workers, she plays an important role in the training of general practitioners, teaches indigenous mental health workers, auxiliary nurses, multipurpose health workers, traditional

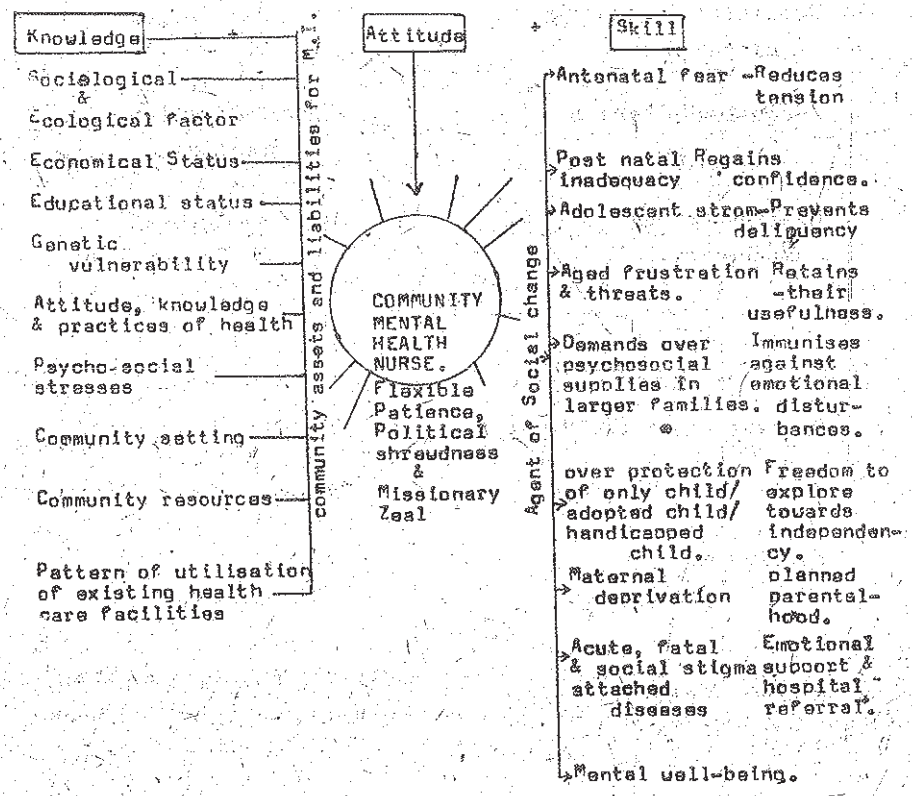

CHART 2

healers, social leaders and other volunteers in extending mental health care to the community.

She conducts educational programmes from time to time to the needy groups like pregnant women, postnatal mothers, frustrated, aged, parent-teacher associatiotins, women's associations and youth clubs through lectures and arranging seminars and group discussions on mental illness and mental health.

Preventive Role Function of Community Mental Health Nurse

The role functioning of Mental Health Nurse can be discussed at different levels of preventive psychiatry at par with Caplan's description of Primary prevention, secondary prevention and tertiary prevention in the Community Mental Health Programme. For this Community Mental Health Nurse is expected to have the knowledge of the social, cultural, economic and educational background of the community and all the other necessary information regarding the community's assets and liabilities as far as mental health problems are concerned.

Based on her assessments, she acts as an agent of social change. The ingredients like wisdom, common sense, assertiveness, flexibility, patience, political shrewdness and missionary zeal helps her to exercise her skills for the promotion of mental well being. (Chart 2).

A more direct role for Mental Health Nurse can be seen with secondary prevention activities. She makes screening and surveys to identify the factors contributing to health problems and the vulnerable group which helps for early diagnosis and appropriate referral and for adequate timely treatment.

In tertiary prevention activities, she prepares the client for his resettlement in society through rehabilitative measures and through follow-up programmes.

Her services in the preventive measures enables to achieve the objectives of reducing the occurrences of mental illness and promoting mental health.

At the National Level

Considering the importance of PHC approach for Mental Health Nursing service, it is necessary that Nursing curriculla should incorporate elements of Community Mental Health Nursing at different stages. All Nursing trainees should adequately be exposed to practical situations of the Community Mental Health programmes in urban and rural areas.

Mental Health Nursing researchers should arouse data adequately regarding the 'assets and liabilities' of mental health problems of the community. Action-oriented researches to be conducted to develop the appropriate Nursing modalities to meet the diverse needs of the community. A mental Health Nursing programme has to be formulated to ensure availability of basic mental health care for all in the foreseeable future at the national level. It should be achieved by integration of Mental Health Nursing service with the existing general health services.

The Central Council of Health and Family Welfare at its meeting held on August 18-20, 1982, recommended:

(i) 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.

(ii) realising the importance of mental health in the course curricula for various levels of health professionals, suitable action should be taken in consultation with the appropriate authorities to strengthen the mental health education components.

The Future

The major task ahead is to dispel the myths, taboos and defences surrounding this subject and to ensure the cooperation of the community in recognising and dealing with its mental health problems. In the Indian context, community approach will be the only and best suitable means of mental health care delivery. Bearing the lessons of the past, the present needs and the future trends, the Nursing profession will have a bright future if it is adequately prepared for the above mentioned tasks.

Mental Health Nursing through community approach is a practical and an propriate approach to provide the basic mental health care. What is needed is its application through professional commitment to further this area of work and the political and administrative support along with the Nursing association of India (T.N.A.I.) to make it a reality. Such a joint effort can result in meaningful basic mental health care to most of the population, with minimum of inputs and within a reasonable period of time.

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