

Some Special Problems In Psychiatric Nursing

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MANY years ago, in 1552 B.C., people believed that evil spirits were the causes of human sufferings; therefore the leader of the society acted as priest-magician-physician and tried to protect his people from evil spirits and bestow on them the blessings of good spirits. Later on people believed, that the body of man is controlled by a special demon or God, so the healers and their helpers began to perform their magic in the spiritual atmosphere of the temples, in order to remove the demon from the body of a diseased person.

There developed two groups of healers during the dark ages (476 A.D. to 13th century)—the religious group and non-religious group. The former treated the sick with its religious miracles and the latter brought forth the idea of treating the sick with what is known as "Signatures", i.e., a sign of representing another thing. It was believed that the natural substances when used as signatures were helpful in curing the diseases, e.g., Lilies of the valley for apoplexy, red for fever and yellow for jaundice, etc. However, the treatment of the mentally ill had become so bad, that they were turned out of their homes, persecuted, tortured and killed. The church at this critical moment opened its doors to give shelter to these unfortunate people, who were condemned by their relatives and society.

During the 15th and 16th centuries the Renaissance brought in its trail the science of anatomy and development of the microscope; and along with these scientific principles of medical treatment, the treatment of nervous disorders could be carried out in a more scientific way.

It was during the 18th century, that the mental asylums came into existence. From then onwards several such asylums were opened.

Philippe Pinel (1745-1826) saw the necessity of treating these insane people in a more humanitarian way. He freed the mental patients from the chains and cells, and earned for himself the title of "liberator of the insane".

By the 19th century people began to recognise insanity as a kind of illness. Emil Kraepelin (1856-1929) classified mental diseases, which classification is valid even today in many cases. Sigmund Freud (1856-1939) made considerable progress in modern treatment of mental ill by means of Psychoanalysis. Adolf Meyer, Eugen Bleuler, Alfred Adler and G. C. Jung are among those who contributed much to psychiatry during the present century.

At present we are having many mental hospitals in our country where modern methods of treatment and nursing care are successfully carried out, but still many people believe that working in a mental hospital is dangerous. Of course, the nurses working in a mental hospital hardly pass a working day without problems or difficulties, but it is interesting to see how the problems are handled and solved, and how the occurrence of untoward incidents is prevented.

Following are some of the special problems met with in mental nursing:

1. Refusal of food
2. Escape
3. Suicide
4. Seizures

Refusal of Food

Refusal of food is very common in mental hospitals, and to make the patient eat his food is a difficult nursing problem. Refusal to eat may be due to several causes.

Physical conditions. Physical symptoms are many times not reported by the patient due to his

mental condition. So nursing observation is very helpful to find out the physical symptoms of a mental patient. Patient may refuse to take his food because of bad taste in his mouth, sore tongue, bad teeth, fever, diseases like cancer or tuberculosis and loss of appetite caused by some changes in the digestive system.

Mental conditions. Very commonly a patient refuses his food when he is mentally depressed, agitated or confused. In the case of a patient having delusions, he believes that his food is poisoned (delusion of persecution), that he has no stomach (hypochondriacal delusion), that he is not worthy enough to eat food (delusion of self-accusation), etc. A patient suffering from hallucinations may be directed to refuse food by imagined voices. An overactive patient is so busy that he finds no time to take his food. Many patients use starvation as a means of committing suicide. A patient in stupor is unable to eat due to extreme psycho-motor retardation.

Apart from specific mental syndromes, there are some other reasons as well, like allergies to specific food, certain likes and dislikes on religious or other grounds.

Solution to the problem. Before forcing the patient to eat his food, it is important to pay attention to the condition and environment of the place where he eats his food. The dining hall should be clean, well ventilated, decorative and of a cheerful and homely atmosphere. It is also important that necessary alterations must be made in the diet, according to the taste and likes of the patient.

Eventually, it is not very difficult to get through this problem when we know the definite reason why the patient is not taking his food.

Patients suffering from physical illness, will take meals after the physical condition is attended to. Patients with delusions, believing that the food is poisoned may be treated by supplying them food like uncut fruits and eggs in shells. The patient is shown that the same food is served to all. The nurse may taste his food in front of him. Hallucinated patients may be studied in detail to note the time when they are free from hallucinations. Patient will take his food when it is served to him at the time when he is free from hallucinations, as these are not continuous. Depressed, overactive and stuporose patients are treated with drugs or certain therapies to improve their mental conditions. Taking food properly is considered to be a sign of improvement.

Nasal feeding with nourishing fluids is given in certain cases when other methods are not successful. Hypodermic injection of 10 units of insulin, half an hour before meals is also helpful in increasing the appetite of the patient.

Personal supervision during the time of meals by nursing staff, periodical physical check up and maintenance of monthly or in certain cases weekly weight record is very important in handling the problem of refusal of food.

Escape

Many people are under the misconception that mental patients are kept behind bars or restrained all the time, which is not at all true. Of course, a mental hospital has a protective wall around it, but most of the patients are as free as the patients in general hospitals, except for a few unmanageable ones who are temporarily confined or restrained.

Escape of a severely ill mental patient from the hospital may be a serious matter. It may result in suicide, homicide or public nuisance.

The practice as followed in the Hospital for Mental Diseases, Kanke, Ranchi, in handling suicidal or absconding risks is that any patient showing absconding or suicidal tendency is placed on Absconder's or F.D.S. list as the case may be (F.D.S.—"FELO DE SE" meaning, self-murderer). Their names are

entered in various registers like administration book and charge book. The nursing report sheet is marked on the top in red ink as "ABSCONDER" or "F.D.S." as the case may be. All F.D.S. and absconders are kept in a few select wards where they are watched carefully by the Ward attendants and nursing staff.

Reasons for escape

1. **Prolonged hospitalisation.** Hospitalisation of the mentally ill is longer, so the patients get disgusted by staying in one place for a long time and they try to escape.

2. **Lack of insight.** Most of the psychotics do not know that they are ill, so they refuse to stay in the hospital and try to escape.

3. **Fear of treatment.** Many patients have feelings of fear towards the treatments given in mental hospitals, especially the Electro-convulsive Treatment, so they try to escape in order to avoid the treatment.

4. **Home sickness.** The urge to see children or loved member of family makes a patient escape from the hospital.

5. **Mental state.** Patient may run away from the hospital due to mental confusion, hallucinations or delusions.

6. **Suicidal tendency.** The suicidal patients are often found escaping to avail of the opportunity to kill themselves by drowning or by throwing themselves in front of oncoming vehicles or other methods.

Every effort is taken by the nursing staff and ward attendants not to give the patients an opportunity to escape. Strict handing over and taking over is done by counting each and every patient by the ward attendants while changing each shift.

If the patient is found missing from the ward, this information is sent immediately to the Deputy Medical Superintendent, Medical Officer on duty and Matron. A thorough search is made for half an hour inside the hospital compound, including vegetable garden, occupational therapy department and library. If the patient is not found even after a thorough search, the hospital siren is sounded in a particular manner to inform all the

workers about the patient's escape. After hearing the siren, all off-duty workers rush to the hospital and gather near the gate. They are then distributed in groups and sent in various directions for searching the patient, while on-duty workers remain on their jobs. Police stations, Railway stations and Bus stands are also informed by telephone. Patient's guardian is informed by telegram or telephone if available.

When the patient is found he is brought back to the hospital. Warm bath is given to him and during this time his body is examined for any injuries, cuts or bites. Every effort is taken to lessen his tension and fear. Patient is then sent to observation ward and watched carefully.

Suicide

Suicide is a constant danger and a problem unique to mental hospitals.

The main reasons for suicidal tendencies are to escape from unbearable emotions, hallucinations, delusions or it may be due to mental confusion or impulsive act. In many cases the patient thinks that his disease is incurable or he is not worthy enough to live in society. He gets worried about the security of his job or difficulties in the marriage of his son, daughter, brother or sister due to his illness etc. He feels defenceless and thinks of ending his life.

Burning, cutting with sharp instruments, hanging, drowning, jumping from high places, poisoning, falling in front of passing vehicles and refusing to eat are some of the common methods of committing suicide.

The prevention of suicide is one of the greatest responsibilities of the nursing staff. The patient with suicidal tendency is placed in F.D.S. list and kept in the observation ward for careful observation.

Prevention of suicide : Following are some of the special points which are very helpful in preventing suicide :

1. Suicidal patient is never kept alone in a locked room. The beds are placed near each other at night in a well lighted ward, where all of them can be watched.