

PUBLIC HEALTH FORUM

Mental Health as part of Public Health in the Basic Nursing Course

When we talk of a nurse in the modern world we no longer think of her as one who gives only bedside care to the sick. Much more is now expected of her. It has become widely accepted, in theory at least that every nurse should be a Public Nurse, a nurse who is concerned with the promotion of health, the prevention of illness and rehabilitation, as well as with the care of the sick.

Perhaps the most significant trend in the health services of today is the growing recognition of the fact that mental and emotional factors are to be found in most problems. A person may be physically alright, but if worried, upset or gloomy over a long period, he cannot be considered as healthy.

Doctors and nurses are often more concerned about the patients' immediate condition than with the series of hidden causes which may have influenced the illness, and which may hamper his recovery and his return to the community.

A nurse may well ask "Why should I know about mental hygiene? I am going to work with normal people, patients who may be in severe physical difficulties due to injury or disease, but whose mind and emotions are not involved? What answer could be given? It is simple. No individual has any clear cut separation between mind and body. What affects one influences the other. When taking care of some one with a broken arm or infected lung, the nurse should consider also his social, family and economic position, his fears, hopes and aspirations. The nurse in her efforts to be professional may limit her activities to the immediate physical illness of the patient. Does she pause and think what it means to be sick? What it means to be in hospital, perhaps, for the first time? What is the effect of the illness on the relatives as well as the patient?

Mental hygiene concerns itself with attitudes, relationships and the resulting behaviour of people. This is still a relatively new concept in relation to nursing education. "It deals with those principles of living which should serve as a guide to human adjustments. It includes those patterns of living which promote in man a life in harmony with himself as well with as other people who make up his environment. Those patterns which help him to have his emotions under control, take disappointment and bear frustrations in life, to be tolerant in regard to others, to be broad-minded in his attitudes, to get along well with most people, able to give love, to be unselfish and considerate of the interest of others, and those patterns which help him to feel that he is part of a group and to have a sense of responsibility to his fellowmen."

Now-a-days we hear a lot about people suffering from mental and emotional problems all over the world. As far as our own country is concerned the situation is not fully recognised because there is no statistical data to show the number of mentally ill people or mental defectives. Provision for diagnosis, treatment and care is rudimentary. Developments in other countries have shown an increase in the neuroses with the rise of industrialisation and this presents a challenge to Indian society in its present stage of evolution. Florence Nightingale remarked that 'The Health of the nation's children will not be best served by the building of more and more childrens' hospitals', so with mental health; we must help build up emotionally stable and mature individuals and to reduce, where possible the excessive strains and stresses of a rapidly changing society, rather than plan the building of more and more mental hospitals.

This is the report of a Study Group that met during the Second All-India Refresher Course for Sister Tutors sponsored by the Government of India and assisted by WHO Nurses. It was held in Visakhapatnam in 1958. Comments from Sister Tutors and Student Nurses are invited. —Ed.

Fully realising the importance of good mental health, from what we have heard, read and our own experience, this paper attempts to discuss how we may help. In many of our nursing schools, little has been done even to include the subject in the curriculum. How best can we prepare the student nurse for her role of promoter and preserver of good mental as well as good physical health? How can we provide in our hospitals an environment conducive to the mental and physical well-being of patients and staff? All nurses must gain an understanding of the importance of the mental aspects of sickness when it is recognised, for instance, that some patients actually satisfy a need by being ill, it is easier to understand certain resistances to recovery, which may appear at first sight as rank ingratitude. The student needs help to be able to meet this sort of situation. In the overcrowded, often understaffed wards of many of our hospitals, it may be asked if the student has time to look beyond the physical requirements. It is so often the way she deals with the physical situation that makes all the difference. Is she thinking chiefly of the patient or herself? If we can help our students to be well-balanced people, gaining in maturity through their training, we will have equipped them to be good promoters of mental health. It has been suggested that in nursing education we ourselves frequently ignore two basic concepts of mental health, namely that there is a reason for all behaviour and

secondly, that we must accept a person 'at the point where he is'. How the student nurse is taught, when and by whom, may be as important as the actual content of the syllabus. It must be remembered that even with the best curriculum, the people using it are all important, it is sometimes presumed that all that is necessary is to add certain lectures to the course. Like public health, mental health is mainly a question of attitude, and it might even be said that it cannot be taught as an subject at all, but is part of all teaching. Certainly special lectures should form but a small contribution. If we believe in the saying 'Practice all you teach' how do we do this ourselves? How can we create an atmosphere which will encourage our students to practice mental health principles, which will indirectly help them to help their patients, their families and friends? A nurse who is herself full of worries and problems and ill at ease with her colleagues or authority, cannot help others as she should be expected to.

We would quote from Miss Lorna Horwood's working Paper for the W.H.O. Expert Committee on Public Health Nursing. 'It would seem that the first concern of the teacher must be for the student herself. How about her hopes and fears, her beliefs and her relationship with others? What was her reason for entering the school of nursing? Was it a means of becoming independent (or helping to support her family) which prompted her, or because she had seriously decided that nursing was the profession she wanted? Whatever her reason may have been, has she found a challenge which helps to bring modern nursing into focus for her? Has she found in her introduction and first experiences, the answer to some of her questions? Does she have the good fortune to have leaders who show her the respect which helps her to keep her own self respect and be more ready to respect others? Is she too, permitted the right to privacy? Do all those who have to do with the student's learning experiences see her as a person with certain assets and with potential for growth, as a person whose ability to learn will be influenced by the

security she feels, and the support she finds as she moves from one new situation to another?'

It is highly essential that the nursing school understands the home background of every student, so that proper guidance and help can be given throughout her stay in the hospital. If the student feels that somebody is caring for her, it makes a tremendous difference to her personally, and to her behaviour in society.

Regarding the admission of the students to the school, do we give proper instructions to them? Do we put them at ease or do they come with vague fears in their minds? Do we remember the value of small courtesies such as acquainting them with the train timings and the best possible conveyance to the hospital from the station? The reception of the new students is important too; are their rooms always welcoming and ready? Do we look as if we are expecting them upon their arrival? Is sufficient thought given to helping them to feel at home and thus to settle down easily in the hostel, school and hospital? Many will have left home for the first time and communal living will be a new and perhaps rather over-whelming experience. Care must be taken to see that the new student knows where she stands, that she feels herself as quickly as possible part of her own group and the larger group of nursing staff of the hospital. Since most hospitals now have a P.T.S. (the importance of which cannot be over emphasised) the major responsibility for laying the right foundations lies with the Nursing School.

In our hospitals, which are based on hierarchies of authority, it is felt that the attitude of both students and staff is frequently too full of tension, especially in relation to the Nursing and Medical Superintendents. That a visit to Matron's Office should be feared is not conducive to the good mental health either of the person wielding the power or of those visiting her. Staff and students should be able to feel that authority is understanding, fair and approachable and that they are thought of as individuals and not just pair of hands to be manouevred, in order to accomplish the

work.

It has been suggested that one of the greatest safeguards for good mental health, is having someone in whom a person may confide, without fear of misunderstanding, judgement or loss of self-respect. Enduring friendships frequently serve this end, but in a hospital and nursing school it is important to provide for this need. Some hospitals have a student counselling service, drawing the counsellors from the staff. In this case some inservice training for the counsellors is desirable, taken by the chaplain, hospital psychiatrist or another member of the staff particularly interested in and suited to this type of work. Some of the difficulties that students and staff get into, result from inadequate attitudes towards authority so that it is important to try to provide some counsellors (such as the swami or chaplain) who are outside the hierarchy of authority. Would it not be possible to make more use of some of the mature, socially responsible married women in the neighbourhood of the hospital who have so much that they could give the young student nurse? They would need to be familiar figures, perhaps helping with the Nurses' Recreation Club. The need for outside interests and an understanding of the joys as well as the problems and difficulties of living in the normal community, is essential if nurses are to accept their true role and really integrate the social and health aspects of nursing into the care of the sick. The importance of adequate recreational facilities for students and staff and the need for respecting off duty time are seen to be connected with good mental as well as physical health. Likewise students and staff should be encouraged to take part in the government of the Hospital and to formulate and voice their opinions through the T.N.A.I. and Student Nurses Association.

When we consider mental health teaching as part of public health integration, we realise that it applies to the nurse herself, to the patients and relatives and the relationships between them, and to the families the nurse may have in her care outside the hospital. The Out-patients Department, which is usually the busiest part of our hospitals, is

often one of the neglected spots. Efficient administration is very necessary here to sustain good relationships between the different professional workers themselves, and with the public. Here the nurse has an opportunity to meet many different types of people. Does she consider them en-masse or as individuals to whom a word of comfort or a smiling face may make so much difference?

In the wards, are the trained staff sufficiently aware of the importance of their attitudes and behaviour to patients, their relatives and the student nurses? The staff should be living examples to the students but often it seems we are inadequate ourselves. More encouragement should be given for the trained staff to learn through discussion, helping each other to understand and solve our own problems. The first difficulty to be overcome here is a reluctance on the part of many to recognise the need. Does the student nurse always understand what is expected of her on the ward and the significance of certain treatment ordered for the patient, so that she can cooperate to the full? Is she set a sufficiently high standard and helped to attain it so that she may experience real satisfaction from her work? Scolding the student in front of the patient is a thoughtless act, though meant for good. It is as likely to build up resistance, resentment, fear or discouragement in the student as an improvement in behaviour or technique. It also creates an unpleasant atmosphere in the ward and a lack of confidence on the part of the patient. Student mistakes on the ward should always be approached from the angle of teaching. They may be dealt with, on the spot when essential, but quietly, showing the proper way. Many situations however should be discussed with the student, away from the patients letting her diagnose her mistake and suggest the remedy, help being given when necessary. The importance of encouragement and praise in teaching and supervision cannot be over-emphasised.

How often we think of the patients as pets or pests and insufficiently as people who, like ourselves, have their good sides and their bad. The same applies to the relatives. Their

presence in the ward often irritates us for a variety of reasons. We lose our tempers and often also the opportunity to give some much needed teaching or human understanding. Is the student always helped to see the importance of the relative to the patient's peace of mind, and the special importance of the mother to the sick child. Do we recognise sufficiently the patients' need for occupation, recreation and cheerful companionship, as well as physical comfort, while in the hospital? With the introduction of home visiting as part of the normal practice of many nurses, we realise anew how important it is for the student to be the sort of person who can adapt easily and make good relationships. If we draw up a list of the points underlying good home visiting we find that they are almost all 'mental health' points. The public health nurse would say they were public health points, which only stresses the relevance of the title of this thesis 'Mental Health as part of Public Health Integration'. A mental health seminar for Medical Officers held in the U.S.A. has been written up in a book form, under the title, 'Public Health Is People'.

Much emphasis has been placed on the need to build up good interpersonal relationships. This term applies not only to the effect of one person on another but also the need of one person for another. The patients show by their dependence on the nurse how much they need her. But nursing them also meets her need to be useful and serve other people. The student in training is learning to come to terms with herself and with others. She cannot avoid human relationships. Even when she is working with 'things' she must always be as conscious of the person for whom 'thing' is to be used as of the technique of using it. We do not give injections to dummies or feed and bathe dolls. In the realm of Health Education, which may be thought of as particularly related to public health attitudes and ideas, here is obvious need to study the culture patterns of the people, their deep-seated beliefs and practices and the hopes and fears upon which they are founded. Unless teaching

is emotionally acceptable it will not be followed. The method of approach, and the suggestions made, are equally important. Quoting again from the Expert Committee working Paper "When one can see the nurse who has truly come to *accept with awareness* the situation in regard to the culture, the community, the family and the individual who needs help. One will also be looking at the nurse who is helping people to help themselves, who is able to give, able to receive, and who knows when one is important and when the other."

When the student first meets the neurotic demands of many of her patients she may be herself emotionally distressed. She must be helped to recognise them for what they are, otherwise she is likely to label the patients 'impossible' and take it out of them whenever opportunity allows. The same applies to her first acquaintance with immature families during her visiting. The emphasis in the world of health services is now on teamwork. This calls for good personal relationships and is not always helped by the old system of a hierarchy of authority which is controlled by domination. Inside and outside the hospital more and more people are coming into the picture of promoting and restoring health, and an understanding and acceptance of the contribution of each is very necessary. In the past nurses and doctors had to learn to work in harmony. Now the dietician, physiotherapist, medical technician and social worker are familiar figures on the wards. Many auxiliary personnel are also becoming accepted members of the ward staff. Is every effort made to see that there is cooperation and understanding between them and the nursing staff? Too often progress and harmony is retarded by a tendency to shift responsibility by blaming others.

We should now consider what may be the contribution of the theoretical training. It is important that the Psychology and Mental Health Syllabuses should be carefully planned throughout the training. In the Preliminary Training period the students should be orientated to community living and a few lectures

on the subject may not be out of place. Generally, dealing with the 'human aspect' and the interplay of peoples personalities in various situations, should be part of the lectures in nursing arts, ethics and public health. Specific lectures in psychology should be given to help the student to understand the foundations of behaviours. It is sometimes found that students find mental health concepts distressing. Just as some students imagine they are suffering from all manner of diseases when they first read lists of symptoms so some fear for their own state of mental health. Much depends upon how the subject is taught. As much discussion as possible should be included and students who show particular resistances or aggression should be given the opportunity for easy private conferences.

In the Indian Nursing Council Syllabus there is some odd repetition and interchange between the Psychology and Mental Hygiene Course Outlines. We suggest that 'Types of personality, mental and emotional development' belongs to the psychology syllabus and ties up with character and the sentiments. On the other hand Mental Mechanisms may fit better into the third year and certainly, the elementary survey of some important 'Psychological illnesses etc.' seems to belong to the Mental Hygiene Course which already includes 'common neurotic conditions.' It would seem unwise to deal with specific psychiatric states in the first when the student has not yet studied medical or surgical conditions. We feel that the Psychology syllabus should deal with normal mental and emotional development and the springs of behaviour, the realm of interpersonal relationships and the special needs of the student nurse to understand herself and others. The growth and development of children will then be studied in the second year Paediatric Syllabus and deviations from the normal mental and emotional development and the resulting major psychiatric states, in the third year Mental Hygiene syllabus.

The following are suggested syllabuses for Psychology and Mental Hygiene.

Introduction of Community Living 2-3 hrs.

Introduction to Health Education (Part of the Personal and Communal Health Syllabus in the Integration of Public Health Plan).

1st Year Senior Period—Psychology

Inborn characteristics which affect behaviour

- Chemical reactions
- Reflex actions
- Instincts
- Intelligence
- Temperament
- Basis of mental health.

Acquired characteristics which affect behaviour

- Development of the emotions and sentiments.
- Attitudes
- Character
- Personality
- Will
- Habits and skills
- Thinking and reasoning.

Unconscious mental activity which affects behaviour.

Man's Development in Society.

- The individual, the family, groups. Social and emotional security. Special adaptation. Interpersonal relationships.

Human Behaviour in Illness.

- Inter-relation of mind and body
- Reactions to illness
- Effects of being in hospital on the patient.
- Nurse-patient relationships
- Convalescence and rehabilitation.

Throughout, the teaching should be related to situations as far as possible within the student's experience and should avoid being too academic.

2nd Year (Part of Paediatric Syllabus)

Mother-child relationship.

Child's relationship with father and family; social development of the school child.

Intellectual group and limitations
Puberty and adolescence.

3rd Year Junior Period—Mental Hygiene.

Mental health and the requirements for a well balanced personality (recapitulation).

Coming to terms with living.

The mental mechanisms.

The inadequate personality.

Psycho-somatic disorders.

The Psycho-neuroses

The psychoses

The problem of mental diseases in the Community.

Mental Deficiency.

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Working Paper No. 12.

'Cultural Differences and Nursing Care' by Lyle Saunders.

W. H. O. Expert Committee Report on Psychiatric Nursing.

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