

A New Venture in Psychiatric Nursing

at C.M.C.H. Vellore

by

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Everybody will accept the fact that a patient is a person. As a human being he is subject to many sentiments, idiosyncrasies, fears, anxieties and concerns over many things. His fears and concerns often have basis in reality. He is often not able to understand the seriousness of his illness and the outcome, hence his concern over the future. To this is added the increased financial, physical and emotional burden on the rest of the family. This is true in any illness but more so in psychiatric illnesses, as it is the emotional rather than the physical aspect that is affected. Our Indian tradition that the whole family suffers and shares the burden of illness, is true of the less educated and unsophisticated people who form the bulk of our population.

Our mental hospitals, and even some of the general hospitals, are so planned that the family is shut out from contact with the patient except for a few visiting hours. This cuts across our Indian traditions and way of life. It is difficult for any one to adjust immediately to new patterns especially when one is ill. This artificial separation of the family and the patient is a very unfortunate Western pattern. But even the West have realised their shortcomings and are now encouraging the public to learn more about the workings of hospitals so that they need not fear the mysterious.

Most of our mental hospitals have a jail form of administration and even use much of the vocabulary used in jails such as "parole" etc. This closed door aspect of mental hospitals and the inability of the public to see and experience for themselves what is going on inside, produces suspicion and distrust. Every relative of psychiatric patients I have met have been really anxious to give the best to the patient and the thought of leaving the

patient behind closed doors is often hard to bear.

Secondly it has been proved here, and in the West, that patients, particularly children, recover more quickly if treated in their own homes rather than in institutions. This fact is being understood more and more, and even in Western countries the families are encouraged to spend more and more time with patients. They have started plans to give relations easier access to patients.

It is truly said that when one member of the family is ill, the rest are anxious and troubled. They need the help that, the satisfaction of seeing for themselves what is being done for their sick relatives. This allays their anxiety and encourages confidence in the institution.

The attitude towards mental illness, the enthusiasm for good and early treatment, is very poor in our country. The more the family learn and experience for themselves about what is being done, and why, the more co-operative and understanding they will become.

Again by making the family actively participate in the nursing care of the member, we are able to teach the family how to handle the ill member. Last but not least is the need to impart sound knowledge and encourage attitudes in the rest of the family, so that when the patient finally goes home, they will know how to take care of him, how to avoid precipitating causes, and how to promote his final recovery. From the public health point of view, the family will be keenly receptive to mental health information and the nurse should take the opportunity to educate the public along these lines.

With these objects in view, and due to the encouraging reports from fields of nursing in family participation of patient

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