

Modern Trends in Psychiatric Nursing

By

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First of all it may be as well for me to define Psychiatric Nursing. By this we mean the nursing of mentally ill patients, whether they belong to the Neurosis group or Psychotic group.

The modern trend in psychiatric nursing treatment is to try and get the patient into hospital early and give systematic physical treatments. I suppose that most of us would be very loath to enter a Mental Hospital for treatment should we be so advised. This fear or dislike of Mental Hospitals has kept many people from receiving early treatment, so today we have the General Hospital which specializes in neurosis or early psychotic states. The patients enter such a hospital willingly knowing that they will receive treatment without having the stigma of having been in a Mental Hospital.

The borderline states, between the healthy individual and the psychotic, may take the form of Anxiety, Hysteria, and Anxiety Neurosis, Obsessional Neurosis and Schizophrenia. Many of the neuroses states present symptoms similar to physical, medical and surgical diseases and are often difficult to diagnose.

Attached to many Out-Patient Departments in Hospitals there is now a Psychiatric Clinic with a qualified Psychiatrist. He is able to recognise and send for treatment many early cases of neuroses. So the modern psychiatric treatment aims at early recognition and early treatment. The co-operation of the patient is most essential.

In the General Hospital specializing in neuroses treatments, the old system of whistles, keys and locked doors are entirely done away with, and the patient has complete freedom.

The modern treatments given to these patients vary and the nursing of them is very specialized. The nurse must be ever on the watch for small changes in the patient's behaviour.

It is difficult to divorce nursing from the actual physical treatments which are given and I will outline them to show what is now being done for the relief of neurosis sufferers. There must be the utmost co-operation

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between medical and nursing staffs. One word out of place by a nurse may undo all the work of the Psychiatrist so that personnel for Psychiatric training must be carefully chosen.

Physical treatment given to the patients include :

- Insulin Shock Therapy.
- Modified Insulin Shock Therapy.
- Continuous Narcosis.
- Electro-Narcosis.
- Electro-convulsive Therapy.
- Abreactive Technique.
- Hypnosis.
- Pre-frontal Leucotomy.
- Psycho-therapy or Analysis.

Insulin Shock Therapy.

Patients suffering from some form of Schizophrenia respond very well to this treatment.

The patient is given about thirty treatments which consist in varying amounts of insulin given intramuscularly. Hypoglycoemia is produced and the patient relapses into a coma in which he or she is kept for half an hour.

The coma is then interrupted by giving large amounts of glucose intravenously or intranasally. When given by the intravenous route the patient comes out of the coma within a few moments, but when given orally or nasally the return to consciousness is

much slower, may be up to 15-20 minutes.

During the whole of the time from when insulin is given until the patient recovers, a doctor is present. A constant check is made of the pulse and breathing for fear of irreversible coma.

Once consciousness has been regained the patient is given a meal of which carbohydrates is the main constituent. Later he is able to get up and walk about. Care is taken to see that he eats the correct amount of food for the rest of the day and that should he desire to go for a walk he is accompanied by a nurse. This treatment is carried out on five consecutive days of each week, the sixth day only half doses of insulin are given and the seventh is a rest day.

Modified Insulin Shock Therapy.

This is given to certain patients suffering from Anxiety states, Hysteria and Mild Depressive states.

Smaller doses of insulin are given and as soon as the patient is seen to be going into a coma he is given large drinks of highly sweetened tea which immediately brings him into consciousness. Then follows the meal of carbohydrate foods and supervision for the rest of the day is carried out.

Continuous Narcosis.

This treatment is given chiefly in anxiety neuroses, agitated depressed patients and those who are extremely over active.

Sleep is induced by drugs and then the patient kept in a continuous drowsy state for from 10 to 21 days. The dosage of the drug is gradually decreased over a period of three days.

During this continuous narcosis the patient is roused, given food and drink at regular intervals, and attention given to excretory functions. This treatment ensures complete mental and physical rest.

Electro-convulsive Therapy.

Patients known to benefit from this treatment are those suffering from Involutional Depression and Schizophrenia.

This treatment consists in causing the patient to have fits. This is done by the application of Electrodes to the head and 70-90 voltage electric shocks being given according to how much voltage is required to produce the fit.

The overall number of fits given is up to 12, beginning with one fit the first week increasing up to three per week.

Abbreiative Technique.

This treatment is given for some forms of Hysteria and Anxiety states.

This form of treatment aims at helping the patient relive some experience which has sunk into his sub-conscious mind. Under open ether or an injection of Pentothal, the patient is questioned about the period in his life which appears to be the all powerful sub-conscious motive for his present form of Hysteria or Anxiety.

By reliving these experiences, the patient gradually remembers and becomes alive to the necessity of overcoming the fears and anxiety which have resulted in the present crisis.

Hypnosis.

This can also be used to relieve anxiety states.

Pre-frontal Leucotomy.

This operation is performed by inserting a brain knife or leucotome through a trephined hole in the skull and cutting the nerve fibres of the pre-frontal lobe of the brain.

Patients who may benefit from this operation are chronic schizophrenia, mania depressives and obsessional neurotics. This treatment is still in an experimental stage.

Group Therapy or Treatment Within a Group or Community.

One such Unit specializing in this particular treatment is now a very

special department of research in the Belmont Hospital, Surrey, and is the only one of its kind in the world.

The people admitted to this Unit are those who present a serious problem in Industry. They are industrial misfits through some underlying neurosis. Others are those who present social problems, aggressive personalities, those who have come into the hands of a probationary officer and appear to be definitely in need of some treatment.

The patient admitted to this Unit becomes one of a group of people. In such a group he learns to know himself better. Daily contact with a number of other people suffering from some form of neurosis sets him thinking and analysing his own thoughts and actions. The daily routine for patients being treated in the Group Therapy Unit is one of productive employment, followed by games and social activities in the evenings.

The aggressive or retiring individual who does not conform to this mode of life, finds himself one of a small group called together each morning to discuss their difficulties. The doctors and nursing staff also attend this group meeting. They are one with the patients, they do not assert authority, merely there to help the patients.

Letter to the Editor

Madam,

I was very much interested in the "Letter to the Editor" on page 202 of the August number of the Nursing Journal, and I am sure that the Golden Rule does need enforcing again and again. I find that the nurses who work under me are inclined to get very slack about detail, and I intended to give all of them the Letter to read. However, it has struck me that if they do not read it in English it might lose a great part of its force, as I am sure they seldom think in English although our routine papers, reports etc., in the wards, are written in English.

I wonder whether it would be possible for this Letter to be translated

One patient may say why he does not wish to work and co-operate, another patient will tell him what he thinks he ought to do and very often this leads the latter patient to become alive to his own needs; or some other patients' sub-conscious mind may be awakened.

Impromptu sketches are devised by staff or patients to show how passed life for them may have been the basis for their present trouble.

Once a week a patient is the centre of a Psycho-drama to which outside groups of people are admitted as a matter of interest. The life history of a patient will be enacted by patients and staff showing what his life has been from childhood up to the present breakdown. All other patients are present and they, with any of those interested, will ask questions at the conclusion. The centre figure of the Drama will then be helped, one hopes, by the different arguments arising. Many of the other patients see themselves in the same situation and will say how they felt.

The enacting of such a Drama is to help the patient to bring out sub-conscious thoughts and cramped feelings which have been or may have been the cause of the present breakdown.

* into Marathi and be published in the Journal again? I do not know whether you would consider it worthwhile, or whether other Sisters-in-Charge or Nursing Superintendents would care to make a point of showing it to their nurses. It is only a suggestion on my part, but I thought it might be worthwhile just mentioning it to you.

HELEN MONICA C.S.M.R., POONA.

We regret the inability to print this Letter in the various vernaculars but we whole-heartedly endorse your suggestion that Nursing Superintendents (and we add, Sister Tutors) discuss any interesting article with their staff. In this way, our members might do much to disseminate news, and share with others the professional material that appears in the Journal. Here is a challenge to our bilingual members!

Ed.