

Varcarolis's Canadian Psychiatric Mental Health Nursing

Chapter 01: Mental Health and Mental Illness

Instructor's Manual

Thoughts About Teaching the Topic

The instructor will probably devote an hour or less to this material and will probably emphasize (1) the mental health–mental illness continuum; (2) the mental health assessment, using both the factors that influence mental health and the five criteria of mental health; and (3) the importance of becoming conversant with the *DSM-5*.

The learning activities found on the Evolve Web site will assist students to operationalize this general knowledge. Activities can be used in class or assigned as independent work.

Key Terms and Concepts

clinical epidemiology

co-morbid condition

Diagnostic and Statistical Manual of Mental Disorders, fifth edition (*DSM-5*)

electronic health care

epidemiology

evidence-informed practice

incidence

mental health

mental illness

Nursing Interventions Classification (NIC)

Nursing Outcomes Classification (NOC)

prevalence

resilience

Objectives

1. Describe the two conceptualizations of mental health and mental illness.
2. Explore the role of resilience in the prevention of and recovery from mental illness, and consider your own resilience in response to stress.
3. Identify how culture influences our view of mental illnesses and behaviours associated with them.
4. Define and identify attributes of positive mental health.
5. Discuss the nature/nurture origins of psychiatric disorders.
6. Summarize the social determinants of health in Canada.
7. Explain how findings of epidemiological studies can be used to identify areas for medical and nursing interventions.

8. Identify how the *DSM-5* can influence a clinician to consider a broad range of information before making a diagnosis.
9. Describe the specialty of psychiatric mental health nursing.
10. Compare and contrast a *DSM-5* medical diagnosis with a NANDA nursing diagnosis.

Chapter Outline	Teaching Strategies
Mental Health and Mental Illness	<p>The validity of several concepts is explored, beginning with the idea that mental illness is what a culture regards as unacceptable and that mentally ill individuals are those who violate social norms. This is shown to be an inadequate definition by pointing out that political dissidents are not necessarily mentally ill. Another misconception to be discussed is that a healthy person must be logical and rational, with the point being made that each of us has irrational dreams and experiences irrational emotions. All human behaviour lies somewhere along a continuum of mental health and mental illness.</p> <p>Mentally healthy persons are those who are in harmony with themselves and their environment. Such individuals may possess medical deviation or disease, as long as this does not impair reasoning, judgement, intellectual capacity, and the ability to make harmonious personal and social adaptations. Instead of a definition of <i>mental health</i>, traits possessed by the mentally healthy are identified as happiness, control over behaviour, appraisal of reality, effectiveness in work, and a healthy self-concept. The misconception that mental illness is incurable or treatment is unsuccessful is refuted by contrasting people with cardiovascular disease with people with mental illness.</p>
Contributing Factors	<p>Many factors can affect the severity and progression of a mental illness, as well as the mental health of a person who does not have a mental illness (Figure 1-3). If possible, these influences need to be evaluated and factored into an individual's plan of care.</p>
Resilience	<p><i>Resilience</i> is associated with <i>adaptation</i> and means that rather than falling victim to negative emotions, resilient people recognize their feelings, readily deal with them, and learn from experience. Accessing and developing resilience assists people to recover from painful experiences and difficult events. It is characterized by optimism and a sense of mastery and competence.</p> <p>According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2011), a recovery process includes the following components: self-directed, individual, empowering, holistic, nonlinear, strengths-based, peer-supported, respect, responsibility, and hope.</p>

Culture	In determining the mental health or mental illness of an individual, we must consider the norms and influence of culture. Cultures differ in their views of mental illness, the meaning ascribed to experiences of health or illness, and the behaviour categorized as mental illness. Although some disorders such as bipolar disorder and schizophrenia are found throughout the world, other syndromes are culture bound (e.g., running amok, pibloktoq, and anorexia nervosa). The <i>DSM-5</i> provides information about cultural variations for each of the clinical disorders, a description of culture-bound syndromes, and an outline of cultural formulations for evaluating and reporting the impact of the individual's cultural context.
<i>Perceptions of Mental Health and Mental Illness</i>	
Mental Illness Versus Physical Illness	A distinction between mental and physical illnesses is often made. It frequently implies that psychiatric disorders are all "in the head," whereas the majority of physical illnesses are considered to be beyond personal responsibility.
Nature Versus Nurture	<p>The most prevalent and disabling mental disorders have strong biological influences. Examples are schizophrenia, bipolar disorder, major depression, obsessive-compulsive and panic disorders, post-traumatic stress disorder, and autism. Nurses are cautioned to remember that we do not treat diseases; rather we care holistically for people.</p> <p>Factors that affect a person's mental health include support systems, family influences, developmental events, cultural or subcultural beliefs and values, health practices, and negative influences impinging upon one's life. Each must be evaluated and factored into a plan of care. Figure 1-3 identifies some influences that can affect a person's mental health. Currently, the diathesis–stress model, in which diathesis represents biological predisposition, and stress represents the environmental aspect, is the most accepted explanation for mental illness.</p>

<i>Social Influences on Mental Health Care</i>	
Self-Help Movement	Groups of people with mental illnesses began to advocate for their rights and the rights of others with mental illness; they fight stigma, discrimination, and forced treatment.
Decade of the Brain	The last decade of the 1900s was designated as the Decade of the Brain” by then U.S. president George H.W. Bush. The goal was to make legislators and the general public aware of the advances that had been made in neuroscience and brain research (Tandon, 2000).
Mental Health for Canadians: Striking a Balance	One of the first national reports, <i>Mental Health for Canadians: Striking a Balance</i> (Epp, 1988), sought to review mental health–related policies and programs. Three challenges in mental health were identified at that time: (1) reducing inequities, (2) increasing prevention, and (3) enhancing coping. These challenges continue, and the more recent Mental Health Commission of Canada strategy (2012) identified similar challenges: (1) promoting mental health across the lifespan; (2) fostering recovery and well-being for people while upholding their rights; (3) providing timely access to treatment and supports; (4) reducing disparities; (5) recognizing the distinct circumstances, rights, and cultures in addressing mental health needs of individuals and communities; and (6) ensuring effective leadership and collaboration across sectors, agencies, and communities.
Human Genome Project	This project lasted from 1990 to 2003 and strengthened biological and genetic explanations for psychiatric conditions (Cohen, 2000). Although researchers have begun to identify strong genetic links to mental illness (as you will see in the chapters on clinical disorders), it will be some time before we understand the exact nature of genetic influences on mental illness.
<i>Changing Directions, Changing Lives: The Mental Health Strategy for Canada</i>	The Mental Health Commission of Canada released a report titled <i>Toward Recovery & Well-Being: A Framework for a Mental Health Strategy for Canada</i> in 2009. Up to this time, Canada did not have a national plan for the development of a mental health strategy. This put forward the vision and broad goals for the strategy that was released in 2012: <i>Changing Directions, Changing Lives: The Mental Health Strategy for Canada</i> . The aim of the strategy is to improve the mental health and well-being for all Canadians. Six key strategic directions (see Box 1-2) were outlined in the report.
Epidemiology of Mental Disorders	The <i>epidemiology of mental disorders</i> may be defined as the quantitative study of the distribution of mental disorders in human populations. Epidemiologists can identify high-risk groups and high-risk factors associated

	with illness onset, duration, and recurrence. The further study of risk factors for mental illness may then lead to important clues about the causes of various mental disorders. <i>Incidence</i> —the number of new cases of mental disorders in a healthy population within a given period—and <i>prevalence</i> —the total number of cases, new and existing, in a given population during a specific period of time, regardless of when the subjects became ill—provide information that can be used to improve clinical practice and plan public-health policies.
Applications of Epidemiology	<i>Clinical epidemiology</i> is briefly explained as a broad field that addresses what happens to people with illnesses once they are seen by providers of clinical care.
Classification of Mental Disorders	Presently there are two major classification systems for mental disorders in Canada: the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM-5)</i> and the <i>International Statistical Classification of Diseases and Related Health Problems</i> , tenth revision (ICD-10-CA) (WHO, 2011).
<i>DSM-5</i>	In the <i>DSM-5</i> , each of the over 350 mental disorders is conceptualized as a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. <i>DSM-5</i> supports accurate diagnostic assessment by providing information about culturally diverse populations.
<i>ICD-10-CA</i>	This document helps to identify epidemiological trends among populations in an effort to report and manage the global burden of disease.
What is Psychiatric Mental Health Nursing?	Psychiatric mental health nurses work with knowledge, skill and compassion alongside people throughout the lifespan. They assist healthy people who are in crisis or who are experiencing life problems, as well as those with long-term mental illness. Their patients may include people with concurrent disorders (e.g., a mental disorder and a coexisting substance disorder), homeless people and families, people in jail, individuals who have survived abusive situations, and people in crisis. Psychiatric mental health nurses work with individuals, couples, families, and groups in every nursing setting: in hospitals, in patients' homes, in halfway houses, in shelters, in clinics, in storefronts, on the street—virtually everywhere.
Nursing Classifications/ <i>NIC/NOC</i>	The <i>Nursing Interventions Classification (NIC)</i> is a tool used to standardize, define, and measure nursing care. The <i>Nursing Outcomes Classification (NOC)</i> is a reference

	that provides standardized outcomes, definitions, and measures to describe patient outcomes influenced by nursing practice (Moorhead, 2008, p. 15).
Evidence-Informed Practice	The nursing diagnosis classification systems form a foundation for the novice or experienced nurse to participate in evidence-informed practice—that is, care based on the collection, interpretation, and integration of valid, important, and applicable patient-reported, clinician-observed, and research-derived evidence.
Levels of Psychiatric Mental Health Clinical Nursing Practice	Levels of psychiatric mental health nursing clinical practice are differentiated by educational preparation, professional experience, and certification.
Basic Level	A psychiatric mental health registered nurse holds a diploma or baccalaureate degree in nursing or psychiatric nursing and may become certified. Certification demonstrates that the nurse has met the profession's standards of knowledge and experience in the specialty.
Advanced Practice	An advanced-practice registered nurse–psychiatric mental health (APRN-PMH) will have preparation at the master's degree or higher level in psychiatric nursing and will have the designation clinical nurse specialist or nurse practitioner.
Future Challenges and Roles for Psychiatric Mental Health Nurses	<p>Future trends for psychiatric nursing indicate the need to strengthen current roles and develop novel approaches to patient care. Key trends will affect the future of psychiatric nursing: the aging of the population, increasing cultural diversity, ever-expanding technology, and advocacy for broader social determinants of mental health.</p> <p>The growing number of older Canadians with Alzheimer's disease and other dementias will require increased skilled nursing care in institutions. Healthier older adults will need services at home, in retirement communities, or in assisted-living facilities.</p> <p>Cultural diversity is steadily increasing in Canada. Recent immigrants represent about 16% of Canada's population (Ali, 2002).</p> <p>These new Canadians add to and form an important part of our social, cultural, and economic institutions. Going forward, psychiatric mental health nurses will need to increase their cultural competence—that is, their relational practice and awareness of the unique experiences and views of their patients regarding mental health, illness, and response to treatment.</p>

	<p>Technology is also important in areas of the nurse's communication, patient care, and patient teaching. The Internet and telehealth can provide individuals with health lines to care from a totally new perspective. This will mean that psychiatric nurses must remain current and become more active in providing patient care in new and innovative ways.</p> <p>Psychiatric nurses will also need to remain current with technological advances that can shape their practice. There will be an increased need for nurses to understand research and help promote and propose research areas that addresses prevention of mental illness and early treatment and intervention, as new methodologies become available.</p> <p>Finally, the psychiatric nurse will have an advocacy role in protecting the rights of patients with psychiatric disabilities, particularly those rights that concern the broader social determinants of health and mental health. This role needs to continue to evolve. The nurse must be vigilant about provincial or territorial and national legislation affecting health care to identify potential detrimental effects on the mentally ill.</p> <p>We know that mental health care looks much different today from how it looked a half century ago. We have more and better services for more individuals, but we also know that we still have individuals who do not receive decent mental health care. As concerned professionals, we need to continue to make required improvements toward the goal of serving those who are in need of mental health care in local, rural, and remote geographical areas.</p>
--	---