DOWNLOAD PDF THE FAMILY IN MENTAL HEALTH NURSING

Chapter 1 : Family burden, family health and personal mental health

Rowe, J. (a) 'Great expectations: a systematic review of the literature on the role of family carers in severe mental illness, and their relationships and engagement with professionals', Journal of Psychiatric and Mental Health Nursing, 19, pp

There are many types of mental health professionals. Finding the right one for you may require some research. He or she can suggest the type of mental health professional you should call. Like other doctors, psychiatrists are qualified to prescribe medication. Trained to make diagnoses and provide individual and group therapy. Trained to make diagnoses and provide individual and group counseling. Trained to diagnose and provide individual and group counseling. Certification from American Association of Pastoral Counselors. Now What Do You Do? Spend a few minutes talking with him or her on the phone, ask about their approach to working with patients, their philosophy, whether or not they have a specialty or concentration some psychologists for instance specialize in family counseling, or child counseling, while others specialize in divorce or coping with the loss of a loved one. If you feel comfortable talking to the counselor or doctor, the next step is to make an appointment. On your first visit, the counselor or the doctor, will want to get to know you and why you called him or her. The counselor will want to know-- what you think the problem is, about your life, what you do, where you live, with whom you live. It is also common to be asked about your family and friends. This information helps the professional to assess your situation and develop a plan for treatment. Feeling comfortable with the professional you choose is very important to the success of your treatment. The following are a few of the types of available therapy: Effective for persons who cannot otherwise express feelings. Drug Therapy--Drugs can be beneficial to some persons with mental or emotional disorders. The patient should ask about risk, possible side-effects and interaction with certain foods, alcohol and other medications. Medication should be taken in the prescribed dosage and at prescribed intervals and should be monitored daily. Discuss with your physician about the risks and side effects of ECT. As you progress through the therapeutic process, you should begin to feel gradual relief from your distress, to develop self assurance, and have a greater ability to make decisions and increased comfort in your relationship with others. Therapy may be painful and uncomfortable at times but episodes of discomfort occur during the most successful therapy sessions. Mental health treatment should help you cope with your feelings more effectively. If you feel you are not getting results, it may be because the treatment you are receiving is not the one best suited to your specific needs. If you feel there are problems, discuss them with your therapist. A competent therapist will be eager to discuss your reactions to therapy and respond to your feeling about the process. If you are still dissatisfied, a consultation with another therapist may help you and your therapist evaluate your work together. Self-help support groups bring together people with common experiences. Participants share experiences, provide understanding and support and help each other find new ways to cope with problems. There are support groups for almost any concern including alcoholism, overeating, the loss of a child, co-dependency, grandparenting, various mental illnesses, cancer, parenting, and many, many others.

Chapter 2 : Family Physicians Play Crucial Role in Mental Health Care

Family nurses act as referral agents to facilitate the transaction between the family and the community. National Alliance on Mental Illness (NAMI) is a great resource and offers a variety of programs and publications.

History[edit] Civilian Public Service , Harrisburg, Pennsylvania, psychiatric nursing class The history of psychiatry and psychiatric nursing, although disjointed, can be traced back to ancient philosophical thinkers. Marcus Tullius Cicero , in particular, was the first known person to create a questionnaire for the mentally ill using biographical information to determine the best course of psychological treatment and care. The medieval Muslim physicians and their attendants relied on clinical observations for diagnosis and treatment. These facilities functioned more as a housing unit for the insane. Their primary concern was befriending the melancholy and disturbed, forming intimate spiritual relationships. Today, these soul friends are seen as the first modern psychiatric nurses. Individuals with mental defects that were deemed as dangerous were incarcerated or kept in cages, maintained and paid fully by community attendants. Wealthier colonists kept their insane relatives either in their attics or cellars and hired attendants, or nurses, to care for them. In other communities, the mentally ill were sold at auctions as slave labor. Others were forced to leave town. Attendants used the most modern treatments of the time: Overall, the attendants caring for the patients believed in treating the institutionalized with respect. They believed if the patients were treated as reasonable people, then they would act as such; if they gave them confidence, then patients would rarely abuse it. Although it was a promising movement, attendants and nurses were often accused of abusing or neglecting the residents and isolating them from their families. In his publication of Treatise on Insanity, he openly stated that an established nursing practice calmed depressed patients and gave hope to the hopeless. This was the first school specifically designed to train nurses in psychiatric care. The first psychiatric nursing textbook, Nursing Mental Diseases by Harriet Bailey , was not published until It was not until when the National League for Nursing required all nursing schools to include a clinical experience in psychiatry to receive national accreditation. Overcrowding, under-staffing and poor resources required the continuance of custodial care. They were pressured by an increasing patient population that rose dramatically by the end of the 19th century. As a result, labor organizations formed to fight for better pay and fewer hours. At its peak in the s, the center housed more than 33, patients and required its own power plant. During this time, attendants primarily kept the facilities clean and maintained order among the patients. They also carried out orders from the physicians. Kennedy accelerated the trend towards deinstitutionalization with the Community Mental Health Act. Also, since psychiatric drugs were becoming more available allowing patients to live on their own and the asylums were too expensive, institutions began shutting down. Expanded roles were also developed in the s allowing nurses to provide outpatient services such as counseling, psychotherapy, consultations, prescribing medications, along with the diagnosis and treatment of mental illnesses. This standard outlined the responsibilities and expected quality of care of nurses. The expansion was continued until the economic crisis of the s. General managers were introduced to make decisions, thus creating a better system of operation. However a new training syllabus was introduced in , which offered suitable knowledgeable nurses. Please help improve this article by adding citations to reliable sources. Unsourced material may be challenged and removed. May Learn how and when to remove this template message The term mental health encompasses a great deal about a single person, including how we feel, how we behave, and how well we function. When identifying mental health wellness and planning interventions, here are a few things gathered from the Mental Health Association of Southern Pennsylvania [8] to keep in mind when completing a thorough mental health assessment in the nursing profession: Is the patient sleeping adequate hours on a regular sleeping cycle? Does the patient have a lack of interest in communication with other people? Is the patient eating and maintaining an adequate nutritional status? Is the ability to perform activities of daily living present bathing, dressing, toileting one self? Can the patient contribute to society and maintain employment? Is the ability to reason present? Is safety a recurring issue? Does the patient often make decisions without regards to their own safety or the safety of others? Does the patient show a difficulty with memory or recognizance? Nurse practitioners

can prescribe medication. Nurses will monitor for side effects and response to these medical treatments by using assessments. Nurses will also offer information on medication so that, where possible, the person in care can make an informed choice, using the best evidence , available. Electroconvulsive therapy[edit] Psychiatric mental health nurses are also involved in the administration of the treatment of electroconvulsive therapy and assist with the preparation and recovery from the treatment, which involves anesthesia. This treatment is only used in a tiny proportion of cases and only after all other possible treatments have been exhausted. A patients consent to receive the treatment must be established and defended by the nurse. Psychosocial interventions[edit] Psychosocial interventions are increasingly delivered by nurses in mental health settings. These include psychotherapy interventions, such as cognitive behavioural therapy , family therapy , and less commonly other interventions, such as milieu therapy or psychodynamic approaches. These interventions can be applied to a broad range of problems including psychosis, depression, and anxiety. Nurses will work with people over a period of time and use psychological methods to teach the person psychological techniques that they can then use to aid recovery and help manage any future crisis in their mental health. In practice, these interventions will be used often, in conjunction with psychiatric medications. Psychosocial interventions are based on evidence-based practice , and therefore the techniques tend to follow set guidelines based upon what has been demonstrated to be effective by nursing research. Spiritual interventions[edit] The basis of this approach is to look at mental illness or distress from the perspective of a spiritual crisis. Spiritual interventions focus on developing a sense of meaning, purpose, and hope for the person in their current life experience. Spiritual interventions tend to be based on qualitative research and share some similarities with the humanistic approach to psychotherapy. However, the emphasis of mental health nursing is on the development of a therapeutic alliance. The most important duty of a psychiatric nurse is to maintain a positive therapeutic relationship with patients in a clinical setting. The fundamental elements of mental health care revolve around the interpersonal relations and interactions established between professionals and clients. Caring for people with mental illnesses demands an intensified presence and a strong desire to be supportive. Conveying an understanding is important because it provides patients with a sense of importance. When subjected to fierce personal attacks, the psychiatric nurse retained the desire and ability to understand the patient. The ability to quickly empathise with unfortunate situations proves essential. Involvedness is also required when patients expect nursing staff to understand even when they are unable to express their needs verbally. Individuality[edit] Individualised care becomes important when nurses need to get to know the patient. To lives this knowledge the psychiatric nurse must see patients as individual people with lives beyond their mental illness. Seeing people as individuals with lives beyond their mental illness is imperative in making patients feel valued and respected. Different methods of providing patients with support include many active responses. Being there and being available[edit] In order to make patients feel more comfortable, the patient care providers make themselves more approachable, therefore more readily open to multiple levels of personal connections. Utilisation of the quality of time spent with the patient proves to be beneficial. By being available for a proper amount of time, patients open up and disclose personal stories, which enable nurses to understand the meaning behind each story. Being genuine[edit] The act of being genuine must come from within and be expressed by nurses without reluctance. Genuineness requires the nurse to be natural or authentic in their interactions with the patient. Similarly, Scanlon [25] found that genuineness was expressed by fulfilling intended tasks. Self-disclosure proves to be the key to being open and honest. Patients would not trust nurses who fail in complying with what they say or promise. Promoting equality[edit] For a successful therapeutic relationship to form, a beneficial co-dependency between the nurse and patient must be established. While patients need nurses to support their recovery, psychiatric nurses need patients to develop skills and experience. Equal interactions are established when nurses talk to patients one-on-one. Participating in activities that do not make one person more dominant over the other, such as talking about a mutual interest or getting lunch together strengthen the levels of equality shared between professionals and patients. This can also create the "illusion of choice"; giving the patient options, even if limited or confined within structure. Limit setting helps to shield the patient from embarrassing behaviour, [29] and instills the patient with feelings of safety and containment. Demonstrating self-awareness[edit] Psychiatric nurses recognise personal vulnerability in order

to develop professionally. The more self-aware, the more knowledge on how to approach interactions with patients nurses have.

Chapter 3 : The family in mental health: support for clinical nursing care

The Family Guide to Mental Health Care is the first comprehensive print resource for the millions of people who have loved ones suffering from some kind of mental illness. In this book, families can find the answers to their most urgent questions.

He was in active psychiatry practice providing direct care for nearly 30 years and continues to help patients with mental illness and their families by consulting on complex cases. He is a prolific writer and the mental health editor for The Huffington Post. In this book, families can find answers to help them understand a variety of disorders, assess whether doctors are really helping them, identify the right treatments, and learn how to navigate the system and pay for treatment. Sederer shares insights from his book. However, for most families that I learned from over the years, the biggest challenge was understanding and managing the mental health system, and the second challenge was helping their loved one get care when their loved one did not want care. What keeps people from getting care? As a family member, how can I get a loved one in denial about his or her mental illness to make a decision for care? It starts with understanding what the person wants. It starts with a family understanding what a person wants. Families are the biggest support that any of us can have. It starts with a doctor understanding what a person wants. Then, helping that person understand that the way they take care of their health and manage their illness will enable them to get what they want. You point out that it can be extremely difficult. You caution families not to get into fights, and to not ever give up. They turn in the right direction and people begin to rebuild their lives. In your book, you encourage a family member to talk to the doctor in advance of visit with the patient. Your book provides a powerful roadmap for families struggling with mental illness. Do you think families could also benefit from other forms of support and training? Yes, there is a tremendous amount of illiteracy about mental health in this country. Programs like Mental Health First Aid, which can be taught to so many people, are effective in advancing mental health literacy. They help people understand that these problems are common. They tell people you can have certain basic skills that enable you to reach out to support somebody. But you can make a big difference.

Chapter 4 : The Family Guide to Mental Health Care by Lloyd I. Sederer

Family Systems Psychiatric Mental Health Nursing Put your passion to help children, youth, adults and the elderly to use by pursuing your MSN in Family Systems Psychiatric Mental Health Nursing. This program prepares graduates to serve as psychiatric nurse practitioners.

In view of having a family member with mental suffering, the family would delegate the care to that relative to the mental institution, thus there should be collaboration between the nursing and medical team to organize the environment and ensure family and social isolation. With the Psychiatric Reform, based on the proposal for psychosocial care, the family becomes the center of attention for health care professionals. Family; Mental health; Nursing care; Psychiatric nursing. INTRODUCTION This is a theoretical reflection concerning nursing care provided to the families of individuals experiencing psychological suffering considering the mental health care based on psychosocial care developed in the context of the Democratic Psychiatric Reform. The family is based on cultural kinship relationships and is historically determined, including basic institutions. It is a key element not only for the survival of individuals but also for the protection and socialization of its members, transmission of cultural and economic capital and group property as well as gender relationships and solidarity among generations 1. The family is an institution in which individuals begin their developmental processes. Through the family, individuals incorporate behavioral patterns, moral, social, ethical and spiritual values, among others. According to the authors: Because its structure, composition and function is so complex, the family does not escape from experiencing multiple conflicts over its life cycle. It is subject to transformations in its existence and often needs to reconsider its positions in the face of diverse realities and adversities to which it is submitted in order to overcome and find balance. Since psychiatry emerged as a form of medical knowledge responsible for unveiling madness, the family of the individual in psychological distress has been removed from the treatment process; patients were committed to a psychiatric facility. In this modality of care, family members were alienated from the treatment, feeling guilty in the face of prohibitions regarding visits 3. It intended to prevent the remaining members from becoming contaminated with the negative influences of mental patients, a symbol of indiscipline and moral disorder, especially the most vulnerable individuals such as children, adolescents and young women. The nursing care provided in psychiatric facilities was characterized by use of repression, punishment and surveillance. The recipient of care did not receive humane care and was often treated with violence and no encouragement. Hence, they were devoid of professional autonomy, supporting their actions on the biomedical model with segregated purposes, depriving the individual of family and social interactions. Until the s the work of psychiatric nurses within psychiatric facilities was mainly focused on the administrative field, bureaucratic and based on the biological model. This situation persisted because nursing, as well as other health professions, was influenced by hegemonic productive organizations dominated by Taylorism and Fordism, and the Flexinerian model in the educational field, which is marked by an exaggerated concern with technical rationality and expertise 8. Then, nurses became psychotherapists, a role driven by the work of H. Peplau, who defined the essence of nursing through the development of this skill acquired through formal knowledge of patient counseling 9. Among the nurses who worked in psychiatric nursing, the following stand out: Peplau, who developed the Theory of Interpersonal Relationship; Trevelbee, who established the relationship of person to person; and Mizone in Brazil, who became concerned with humanization of care 9. The replacement of the concept of disease seen as a suffering existence is strengthened when care is valued and the adoption of its territory as a social space of constant search for one to fully exercise citizenship. In Brazil, the first movements of family members emerged from the visit of Basaglia to Brazil and the mobilization promoted around his conferences. The journal considered the movement frankly critical of the role of the psychiatric facilities, indicating a struggle against mandatory hospitalizations, violent practices and defense of non-biological theories for explaining mental diseases In the current context of public policies, institutionalizing practices, among them asylums, are avoided in the care delivered to chronic patients. This change occurred due to the conception of the family and community as places and actors essential to social protection The family as the ultimate expression of

privacy, is a place of intimacy, where meanings are constructed and feelings are expressed, where psychological distress, which life imposes on all of us, is externalized. It is perceived as an affective niche of relationships necessary to the socialization of individuals, who develop the feeling of belonging to a relational field initiator of relationships in society life In the current context, the process of psychiatric reform cannot be considered a simple change in physical structures, but a re-elaboration of conceptions, devices and ways for people to relate with madness, becoming committed to the interests of those to whom one provides care In relation to the theme family in mental health, one needs to focus on practices intended to be innovative, believing that deinstitutionalization only occurs with the effective participation of families. When considering mental health care, the inclusion of families is an essential element for Psychiatric Reform The process of progressive replacement of psychiatric beds by other forms of providing care requires that the role of family members in providing care to mental health patients be strengthened In this direction, health policies and social care introduce services directed to the family and community. Among the social policies that implement collective services based on the combination of modalities of care grounded in the family and community, the Psychosocial Care Center CAPS a stands out as a new space where mental health care is provided. CAPS defends the view that the inclusion of families should implement a singular dynamic in which the relationship with families should support the idea of support and coping with psychological suffering, be integrating, welcoming, caring and include the actors of this relationship in the routine spaces of life. The partnership established with the family is a guarantee that care will be continued and treatment will be developed Health professionals should reflect on the interventions implemented with individuals in psychological suffering and their family members, identifying the needs of this group. Professionals should work with the concept of recovery, one of the most recent additions in psychiatric rehabilitation, which means to reformulate life aspirations and adapt to the disease, if necessary 3. Hence, a greater concern with the individual instead of with symptoms is observed, which emphasizes the possibilities of living with limitations and increasing potentialities, both within the family and the community. Families who live with a situation of chronic disease continue with the same functions performed by other families, though they add another responsibility, that of caring for the family member with a mental disease. Such families are in a situation of risk, with greater vulnerability because the chronic disease, given its characteristics and when not under control, sucks the energies of the family because when it manifests it alters the family context and routine The family should be seen as a unit of care, that is, the caregiver in situations of health and disease of its members. The role of health professionals is to support the family and strengthen it when it becomes fragile. Hence, the approach in mental health is not restricted to medication and potential hospitalization only, but also to actions and procedures intended for the family and social reintegration We consider it essential that families become involved with the lives of users of extra-hospital services, which is ideal to understanding the limitations and potentialities of families, promoting support during rehabilitation actions and social inclusion of those involved. Care provided to families should include support during coping with daily problems, preventing the transformation of problems experienced during the disease, focusing on guidance and education to prevent and cope with the chronic health condition As health professionals, we should pay attention to the difficulties faced by some families in dealing with patients diagnosed with psychological distress. Prejudice also reflects on the family, who may deny the disease or abandon the patient. The effective participation of families as the most important group in the lives of individuals experiencing psychiatric suffering is an essential tool for achieving success in nursing care. The family is a potential source of support and cannot be excluded when one deals with individuals. It is necessary to recognize the importance of the family in the current context of health, revealing health actions based on health promotion and education for well being as a starting point for improving the conditions to which it is subject. In analyzing nursing practice in mental health and the proposition defended by the reform of psychiatric care, we reflect on the support provided to the family caregiver concerning clinical nursing care in mental health. First of all it is necessary to change concepts concerning mental disease and disability, welcoming psychosocial rehabilitation and integral care provided to all the family members. The implementation of care should be based on an ideology of citizenship, ethics and humanization 9. Nursing actions should be guided by education in health as a strategy to promote the health of

the family of the individual in psychological distress. It is the role of nurses to transmit knowledge, propose solutions for problems, and be willing to teach, learn and help the family to find the means to assuage or solve their problems. Therefore, in order to change, one needs to appropriate knowledge, humanized knowledge, in which one understands the human being in its complexity of biological, cultural and historical dimensions It is argued that families should be included in the process and share responsibility for the integral care provided to the patient, which is essential to enabling a congruent inter-relationship with the needs of the patient and family Therefore, the participation of the family in the mental health care service and care provided to the patient can favor an affective proximity among the family members, breaking with prejudice related to disability and dangerousness, debunking the idea of social exclusion Another topic relevant for the development of clinical care in mental health nursing care is team work, in an interdisciplinary sense, since issues involving mental health and family are complex and require one to look at it from different perspectives, which involves multiple disciplines and specialized knowledge approaching care needs and potential solutions to problems faced by these individuals To achieve it, interdisciplinary education in nursing requires interdisciplinary teaching programs seeking a more integrative analysis of health problems, encouraging a care practice characterized by the exchange and integration of knowledge 8. Nursing care needs to develop a new logic of work organization based on integrality, which should start with professional education committed to the acquisition of skills and competencies focused on this field Interdisciplinary work should be directed and highlighted, so that academic education is such that hierarchy or power does not prevail, rather the encounter with another is encouraged to improve the living and health conditions of individuals who experience psychological distress. The work with families should encourage individuals to transform themselves to obtain a better quality of life, which requires one to dive into themes such as conceptions in mental health, family function and structure, role distribution, considering those factors that favor the mental health-disease continuum being deemed relevant 2. It is argued that the enlarged clinic is a path to be followed in the mental health field when providing health care to the family. This proposal encompasses the object of the clinic, aggregating to it, in addition to disease, health problems, as well situations that increase the risk or vulnerability of people. The most important enlargement however, would be to come to see that there is not a health problem or disease that is not embodied in individuals, in the people. Hence, the object of clinic is the individual and not the disease Therefore, the care needs of family members living with the individual in psychological distress should provide nurses with information that not only concerns the evaluation of epidemiological risks, but also social and subjective risks. Enlarging the objective or the purpose of clinical practice is essential: Clinical care should be an instrument to empower family members so they would find alternatives to deal with psychological suffering that they experience themselves and that another experiences, whether it accrues from living together, lack of information or need for social support. Propositions of conceptualizing work with families should give priority to methodologies that generate solidarity, that facilitate ways to cope with contexts in which psychological distress is experienced, and a space where ethics is the basic value. Therefore, further research is needed to identify and implement new care technology for nurses to work with the family of the individual in psychological suffering in the diverse spaces of the mental health network, as well in the Family Health Strategy, services that specialize in mental health and community. We understand that clinical nursing care should permeate the conceptual sphere of what professional practice is as well as the concepts concerning psychiatric suffering and new paradigms instituted by psychiatric reform. Navarini V, Hirdes A. Rev Latino Am Enferm. Novos sujeitos, novos direitos: Schrank G, Olschowsky A.

Chapter 5 : Nurses for a Healthier Tomorrow

The Family Psychiatric Mental Health Nurse Practitioner (PMHNP) focal area prepares graduates to provide comprehensive mental health and addiction treatment care in hospitals, outpatient, and community settings.

Being a Full Partner in Family Care Family Care is a Medicaid long-term care program for frail elders, and adults with physical, developmental, or intellectual disabilities. People in the program receive long-term care services to help them live in their own home whenever possible. Long-term care is any service or support that a person may need because of a disability, getting older, or having a chronic illness that limits their ability to do the things that are part of their daily routine. This includes things, such as bathing, getting dressed, making meals, going to work, and paying bills. Family Care was partially based on experience in developing the Partnership Program , which integrates all health and long-term care services into one inclusive benefit. Family Care has two major organizational components: Aging and disability resource centers ADRCs , designed to be a single entry point where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities. Overview of Managed Care Organizations and the Flexible Family Care Benefit Family Care is an innovative program that provides a full range of long-term care services, all through one flexible benefit program. Members of Family Care enroll in a managed care organization to receive their services. The Department of Health Services provides the managed care organization with a monthly payment for each member. The organization uses these funds to provide and coordinate services for all of its members. Managed care organizations develop and manage a comprehensive network of long-term care providers. They are responsible for ensuring and continually improving the quality of care and services members receive. Some highlights of the Family Care benefit package are: Members receive Family Care services where they live, which may be in their own home or supported apartment, or in alternative residential settings such as residential care apartment complexes, community-based residential facilities, or adult family homes, People Receive Interdisciplinary Case Management. Each member works with a team that consists of, at a minimum, a care manager and a registered nurse. The assessment looks at areas, such as activities of daily living, physical health, nutrition, self-determination, communication, and mental health and cognition. Members or their authorized representatives have an active role in developing their care plans. Managed care organizations provide support and information to ensure members are making informed decisions about their needs and the services they receive. Members may also participate in the self-directed supports component of Family Care, in which they have increased control over their long-term care budgets and providers. These include services such as adult day care, home modifications, home-delivered meals, and supportive home care. Health Care Services that help people achieve their long-term care outcomes. These services include home health, skilled nursing, mental health services, and occupational, physical, and speech therapy. Family Care managed care organizations do not provide primary health care services, such as regular medical checkups or acute care, such as hospital stays. Members receive these services through Medicaid or Medicare. Services such as daily living skills training, day treatment, pre-vocational services, and supported employment are included in the Family Care benefit package. Other Family Care services, such as transportation and personal care also help people meet their employment goals. The managed care organization is not restricted to providing only the specific services listed in the Family Care benefit package. For a complete list of the services that managed care organizations must be offer, refer to the description of the long-term care benefit package in the Health and Community Supports Contract. Enrollment by Target Group Refer to the monthly snapshot of managed care organization enrollment data by target group for current information.

Chapter 6 : Mental Illness and the Family: Finding the Right Mental Health Care For You | Mental Health A

Nurse Psychotherapist - A registered nurse who is trained in the practice of psychiatric and mental health nursing. Trained to diagnose and provide individual and group counseling. Trained to diagnose and provide individual and group counseling.

Received Feb 18; Accepted Dec This article has been cited by other articles in PMC. Abstract Background The economic and moral implications of family burden are well recognised. What is less understood is whether or how family health and family burden relate to personal mental health. This study examines family health and perceived family burden as predictors of personal mental health, taking personal and sociodemographic factors into consideration. Measures of family burden and mental health were considered for analysis. Results Binary logistic regressions were used as means of analyses. Perception of family burden was associated with an increased vulnerability to personal mental health problems, as was the presence of mental health difficulties within the family health profile. Which member of the family kinship was ill bore no relation to prediction of personal mental health. Personal and socio-demographic factors of sex, age, marital status, education and household income were all predictive of increased vulnerability to mental health problems over the last 12 months. Conclusions Certain elements of family health profile and its perceived burden on the individuals themselves appears related to risk of personal incidence of mental health problems within the individuals themselves. For moral and economic reasons, further research to understand the dynamics of these relationships is essential to aid developing initiatives to protect and support the mental health and wellbeing of relatives of ill individuals. Mental health, Family burden Background A great moral and economic importance must be attached to understanding the health of the public, and biopsychosocial factors which may relate to it. Such information is essential to informing health policies in their objective of putting practices and interventions in place to improve wellbeing within the community. Proportions of elderly individuals within the population are increasing [1]. Old age, disability, frailty or illnesses often require long term care and support [2 , 3]. Also, more individuals survive adverse medical conditions due to advances in medicine and health services [4]. However, periods post illness can involve physical and cognitive limitations, which also often require long term assistance [often unpaid] from family members, friends or neighbours [4]. The primary responsibility for the provision of long term care and support for vulnerable individuals such as the ill and elderly often falls with the family [5]. This is due to the fact that alongside increasing needs for care, governmental trends have moved towards reduced availability of professional resources as a result of financial restrictions, and an increasing reliance on solutions within the community [5]. Due to the practical and economic importance of family care for vulnerable individuals [10 , 11], understanding the relationship between family burden and mental health and working towards the protection of the wellbeing of the relatives of ill individuals is essential. Also, caregiver quality of life relates to patient outcome; for example, perceived high burden amongst caregivers of bipolar patients can adversely affect patient outcome [12]. Consequences of caregiving are typically explained through theoretical stress and coping models [13]. Perceived burden is positively associated with many difficulties amongst caregivers [14]. Adverse social outcomes associated with caregiving stress or family burden include financial costs, exclusion and discrimination at work, and social isolation [15]. Adverse physical outcomes include poor health [15 , 16], often through stress and physical injury [15], which may be especially evident among older carers, dementia caregivers and men [16]. Higher risk of stroke has also been shown, particularly among male spouse caregivers [9]. Longitudinal evidence shows the caregiver depression levels elevate with increases in caregiver stressors such as caregiver physical health symptoms, activity restriction etc. The mental health of caregivers is essential to consider, as depression in caregivers is the main cause of a premature or acute ending of home care for dementia sufferers [20]. The need for effective intervention strategies and support services for those caring for ill individuals has been identified as a pressing issue for public policy [10], and as was noted earlier, the burden of this often falls within the family. However, scientific research within this domain has suffered from several caveats, which are addressed by the current study. Firstly, due to

financial and logistical issues [10], studies have been primarily based on convenience as opposed to random samples. However, random samples may be best practice as convenience samples possibly overestimate the strength of associations between caregiver burden and physical and mental health [10 , 21]. Secondly, the current study uses psychometrically valid measures of mental health to focus on the broader domain of family burden as opposed to focusing exclusively on the experience of primary caregivers. Thirdly, examinations of family burden have typically focused on one category of illness [21], whereas preliminary comparisons suggest the importance of considering differences in burden across categories of illnesses [13 , 21 - 23]. The authors themselves have each acknowledged limitations with their sample selections, however upcoming research from the NCSR suggests confirmation of this trend [24]. Finally, the evidence suggests the importance of considering kinship with regard to perceived burden, with a meta-analysis of relevant studies concluding that care of spouses is associated with greater burden in comparison with care of children, parents or siblings [25]. Although based on studies involving limited convenience samples, findings from the NCSR suggest confirmation of this influence [24]. The majority of the past research has not considered differences in kinship. Overall, the current study overcomes these caveats by using a large scale representative sample NCS-R to examine two hypotheses. Hypothesis one proposes that health problems within the family may represent a predictor of increased likelihood of reporting a mental health difficulty. Hypothesis two proposes that perceiving family burden may represent a predictor of increased likelihood of reporting a mental health difficulty. In examining both of these hypotheses, personal and sociodemographic factors of sex, age, education, marital status and household income will be considered, as will the nature of the illness reported and the kinship within which illness is reported. Many demographics have been found to be unrelated to burden [13]. However, other research suggests that gender roles, age and income all interact with the wellbeing of caregivers, with special attention needed to male caregivers [5]. Interventions may be warranted to forestall or prevent poor quality of care [18]. Data was collected between February and April [26]. Participants were selected from a nationally representative multi stage clustered area probability sample of households [26]. The principles align with those of the declaration of Helsinki for ethical principles for medical research involving humans. Recruitment protocol took the form of an advance letter and study fact brochure, followed several days later by interviewer contact [26]. Interviewers used a standardised method to select a random respondent within each household, and obtained verbal informed consent [26]. If the initially selected participant declined, the invitation was extended to another person within the household [26]. The number of occasions on which this happened is not reported [26]. Reports are not given on how many households were contacted but then did not uptake participation in the survey [26], however persuasion letters were sent; and 60 days before the end of the closeout period, a special effort was made by sending a letter offering an increased financial incentive to complete an abbreviated interview either in person orby telephone [26]. It is however reported that interviews were only broken off by out of initial NSCR respondents, and that the overall response rate was For methodological reasons, interviews were administered face to face in the homes of respondents using laptop assisted personal interview methods by professional survey interviewers [26]. Quality control procedures checked accuracy of responses recorded by interviewers and showed no evidence of any problems, with diagnoses being determined by computer algorithms [26]. In the current analysis no account was taken of co-morbidity, thus an individual may have had one disorder or several. The instrument used to assess family burden was constructed for the purposes of the World Mental Health study, and considered elements of both objective practical and subjective emotional burden. No details of the psychometrics of the questionnaire are available. The list included both physical illnesses cancer, serious heart problems, permanent physical disability such as blindness or paralysis, or any other serious chronic physical illness as well as mental illnesses serious mental problems like senility or dementia, mental retardation, alcohol or drug problems, depression, anxiety, schizophrenia or psychosis, manic depression, or any other serious chronic mental problem. These were all included within the mental health category given their inclusion in DSM. Participants responded indicating which of their kin experienced each condition. If a participant indicated that any of their first degree relatives had any of the above conditions, they were then asked about family burden. This was indicated through a question in which participants rated the extent to

which their own life was affected by the health problems of their relative. These details regarding format of burden type were not included in the current analyses due to the fact that the questions were only asked to those individuals who reported perceiving burden. The grouping of physical and mental illnesses has been outlined above. Demographics such as age, sex, marital status and education and household income were also included for consideration, as were the earlier described measures of family burden and personal mental health. Household income was recoded as those above and below the mean household income. Descriptive statistics are reported, using crosstabs to obtain the appropriate level of detail. Binary logistic regressions were used to examine both hypotheses. All analyses were conducted within SPSS. The minimum level for statistical significance was. As the data to be analysed include some variables from part 1 and others from part 2, the part 2 sample and weights are used [26]. Hypothesis one proposed that health problems within the family may represent a predictor of personal mental health. Elements of family health examined included whether or not any illnesses are present within their parents, their spouse, their children, or their siblings, whether or not any physical illnesses are present within their family and whether or not any mental illnesses are evident within their family.

Chapter 7 : What Do Psychiatric and Mental Health Nurses Do? - blog.quintoapp.com blog.quintoapp.com

Family Psychiatric/Mental Health Nursing As a Psychiatric/Mental Health Nurse Practitioner, graduates will be qualified to diagnose and treat clients with a wide variety of mental illnesses. Students graduate with an advanced practice nursing (APN) degree and are eligible to take the family psychiatric/mental health nurse practitioner exam.

The need for psychiatric mental health nursing has its roots near the end of the 19th century when it was believed that patients in mental hospitals should receive nursing care. Psychiatric mental health nursing has since come a long way, with psychiatric-mental health content incorporated into all diploma and baccalaureate nursing programs. As new needs for services developed in the health care arena, the role and function of the psychiatric-mental health nurse expanded, leading to advanced practice registered nurses in psychiatric-mental health nursing APRN-PMH. Psychiatric-mental health nurses are a rich resource as providers of psychiatric-mental health services and patient care partners for the consumers of those services. The clinical practice of psychiatric nursing occurs at two levels - basic and advanced. At the basic level, registered nurses work with individuals, families, groups, and communities to assess mental health needs, develop diagnoses, and plan, implement, and evaluate nursing care. Basic level nursing practice characterized by interventions that promote and foster health, assess dysfunction, assist clients to regain or improve their coping abilities, and prevent further disability. These interventions focus on psychiatric-mental health clients and include health promotion, preventive management of a therapeutic environment; assisting client with self-care activities; administering and monitoring psychobiological treatment regimens; health teaching; including psychoeducation; crisis intervention and counseling and case management. Registered nurses who seek additional education and obtain a masters or doctoral degree can become advanced practice nurses in the specialty Psychiatric-Mental Health Clinical Nurse Specialists or Psychiatric Nurse Practitioners. In addition to the functions performed at the basic level, these advanced practice nurses assess, diagnose, and treat psychiatric disorders and potential mental health problems. They provide the full range of primary mental health care services to individuals, families, groups and communities, function as psychotherapists, and in some states they have the authority to prescribe medications. Psychiatric-mental health nurses in advanced practices are qualified to practice independently to offer direct care services in settings such as agencies, communities, homes, hospitals, and offices. Because of their broad background in biological, pharmacological, sociological, and psychological sciences, psychiatric-mental health nurses are a rich resource as providers of psychiatric-mental health services and patient care partners for the consumers of those services. Certification in a sub-specialty is possible through ANCC and various sub-specialty organizations. A psychiatric-mental health nurse must possess the following knowledge: Biologic and psychological theories of mental health and mental illness, psychotherapeutic modalities, substance abuse and dual diagnosis, care of populations at risk, community milieu as a therapeutic modality, cultural and spiritual implications of nursing care, family dynamics in mental health and illness, psychopharmacology, legal and technical factors, including documentation specific to the care of those with a mental illness. A psychiatric-mental health nurse must possess the following skills: Comprehensive biopsychosocial assessment, interdisciplinary collaboration, identification and coordination of relevant resources for clients and families, use of psychiatric diagnostic classification systems, therapeutic communication, therapeutic use of self, psychoeducation with clients and families, and administering and monitoring psychopharmacologic agents. Psychiatric-mental health nurses work in a wide array of inpatient and outpatient such as full or partial hospitals, community-based or home care programs, and local, state, and federal mental health agencies. A psychiatric-mental health nurse - basic RN level national annual salary range:

Chapter 8 : Psychiatric and mental health nursing - Wikipedia

Results. Binary logistic regressions were used as means of analyses. Perception of family burden was associated with an increased vulnerability to personal mental health problems, as was the presence of mental health difficulties within the family health profile.

The main aim of this conference is to bring all the Psychiatric professionals together and to focus on the regional issues related to psychiatry, mental health and nursing. Psychiatry Nursing Psychiatry is a medical specialty dealing with the prevention, assessment, diagnosis , treatment, and rehabilitation of mental illness. Its primary goal is the relief of mental suffering accompanied with the disorder and improvement of mental well-being. Psychology is the scientific study of the human mind, behavior and their functions. It aims to understand individuals and groups by establishing general principles and researching specific cases. Psychosis Psychosis is the abnormal condition of mind which results in the difficulty of telling what is real and what is imaginary. This abnormality can occur at the time of child birth and it is called as postpartum psychosis. The abnormality can be caused mental illness such as bipolar disorder , certain medications and drugs such as alcohol. The disease can be diagnosed by antipsychotic medication, counseling and social support. Psychopharmacology Psychopharmacology is the study of effects of drugs on mood, behavior, thinking, feeling and action. The psychological changes occur when the psychiatric drug interacts with the receptors found in the nervous system and the treatment is given by psycho pharmacologist using psychotropic medications. Schizophrenia and Nursing Care Schizophrenia is a ruinous disease that affects how the people think, feel, react and they cannot differentiate the real and the imaginary. Thus people with this disease react differently to the world. This disease is mostly affected to males than females. The symptoms for schizophrenia are hallucinations or delusions, unusual thinking patterns. Nursing and taking utmost care is very much important while understanding and patience are the most important characteristics of caring for this people. Psycho-Oncology Psycho-oncology is the field of multidisciplinary study and it interacts with the lifestyle, psychology and oncology. It has two important psychological dimensions of cancer: The research work on psycho-oncology includes various specializations. Geriatric Oncology Geriatric oncology is the branch of medicine which deals with the diagnosis and treatment of cancer in the elderly people, especially above the age of Just as the child consults pediatrician, elders with this disease consult geriatric oncologist. Nursing for such elders is necessary because they face many problems which includes medical histories, numerous drugs they are taking, their social situations, possible problems with cognitive dysfunction related to age, and general reduction of organ function that occurs naturally in the older population. Even if the disease is diagnosed earlier, it can be treated for a very short span of time but cannot be removed thoroughly. The symptoms of this disease can bring changes in the Memory, Communication and language, Ability to focus and pay attention, Reasoning and judgment, Visual perception. Nurses continually observe the patients by their vital signs and develop the communication skills with children and among family members. The best part of nursing is to be the support to children and their families. The Nurses analyse the health of the complete family in order to identify the disorders and risk factors , and try to improve the health of the individual and family. This makes a strong bond between the patients and health care provider. This therapy can be done alone or can be combined with medications. They are experts in evidence-based nursing practice within a specific area and managing the health care of the patients. Their responsibilities include diagnosis and treatment of disease, good health condition and risk reduction. Childhood Psychiatric Disorders Childhood Psychiatric Disorder is commonly seen in children of school-age and continues till their adolescence stage. The most common kind of mental disorder is anxiety disorder , caused due to the increased anxiety that interferes with daily life. This conference mainly focuses on bringing out new ideas for the treatment which will be benefited by many patients suffering from mental illness. For more details please visit: Psychiatric Nursing conferences provide a unique forum to bring together worldwide specialists and experts in the field of Psychology, Psychiatrists, Scholars, Scientists, Clinical Nurse Specialists to exchange their views about the art research and technologies. Aim of this Psychiatric and Mental Health Nursing conference is to bring out many

new ideas for the treatment that will be beneficial across the spectrum of Brain disorders. With the Annual Congress on Psychiatric and Mental Health Nursing, we will expect the expert gathering from Universe so that new idea or new research will come with discussion at the conference and it will be useful for the people who are suffering from mental illness and the prevention of mental disorders. Paris is the cosmopolitan capital and the most populous city in France having a population of 2. Meet Target Scientists, Professors Achieved Eminence in the Field of Psychiatric and mental health Study with members from around the world focused on learning about various concepts in psychiatry - mental health practices.

Chapter 9 : Sharing the Care: The Role of Family in Chronic Illness - California Health Care Foundation

This Session includes Psychiatric Issues, Family Therapy in Nursing, Cognitive Behavioral Therapy, Positive Psychology, Tele Psychiatry, Sexual Disorders and Mental Health, Mental Healthcare, Mood Disorders, Stress, Depression, Mental Health Disorders and Forensic Psychiatry.