Objectives:

1. Define the seriously and persistently mentally ill.
2. Discuss the scope of psychiatric disabilities.
3. Discuss the Public Health Model or Community Mental Health 3 Levels of Prevention.
4. Discuss the history and transition of care for chronically mentally ill people in the community.
5. Discuss components of Community Support Programs for the seriously and persistently mentally ill in the community.
6. Discuss the nurse’s role in home care for the seriously and persistently mentally ill.

Reading Assignment:

Townsend, Chapter 42 = Community Mental Health Nursing
Chapter 43 = Psychiatric Home Nursing Care
Townsend Pocket Guide = Chapter 20 = Psychiatric Home Nursing

Lecture Outline:

Introduction:

What is the goal of community based mental health care? TO ENABLE PEOPLE WITH A SEVERE MENTAL ILLNESS TO REMAIN IN THE COMMUNITY AND FUNCTION WITH OPTIMAL LEVEL OF INDEPENDENCE

Who are the seriously and persistently mentally ill?

What kind of services support the overall quality of life and how have these services evolved?

Are there special subgroups who have specific needs?

I. Seriously and persistently mentally ill

A. Definition

1. The illness impinges or affects major role functioning and does so over a period of time.
B. Core features that define seriously and persistently mentally ill
1. Severe impairment
2. Long term course - a pervasive disturbance in multiple areas of functioning
3. Previously chronically mentally ill (CMI)
4. Clinically diverse, disabling - schizophrenia provides the prototype for seriously and persistently mentally ill due to the disabling effects on an intermittent or ongoing basis. Bipolar and recurrent chronic depression can be just as disabling. These illnesses require services/resources
Chronic mental illness interferes with one’s ability to provide for one’s economic and daily living needs

II. Psychiatric Disability
A. Definitions
   1. Impairment - changes in structure or functioning: signs and symptoms. The etiology of the disorder known or unknown causes.
   2. Handicap - when the impairment or disability places the person at a disadvantage within the community, a handicap occurs
   3. Disability - impairment that alters function or behavior and produces disability

B. Psychiatric Disability - Classification of levels/phases
   In 1980 World Health Organization (WHO) developed and published a classification for the phases of long term illness. This classification helps to identify common factors among seriously and persistently mentally ill
   1. Primary Disability - signs and symptoms of illness, for example, difficulty organizing thoughts or interpreting perception
   2. Secondary Disability - person’s reaction to illness or disability, for example, low self esteem, loneliness
   3. Tertiary Disability - social handicaps that result with severe mental illness, for example, discrimination with housing and employment.

III. Public Health Model/ Community Mental Health Model
A. Primary Prevention
   1. Defined as reducing the incidence of mental disorders within the population
   2. Nursing in primary prevention is focused on targeting groups at risk and the provision of educational programs

B. Secondary Prevention
   1. Reducing the prevalence of psychiatric illness by shortening the course (duration) of the illness
   2. Accomplished through early identification of problems and prompt initiation of effective treatment
C. Tertiary Prevention
1. Reducing the residual defects that are associated with severe or chronic mental illness
2. Accomplished by preventing complications of the illness and promoting achievement of each individual’s maximum level of functioning

IV. Transition of Care for the Seriously and Persistently Mentally Ill in the Community
C. The changing focus of care
1. Before 1840, there was no known treatment for the mentally ill who were removed from the community to a place where they could do no harm to themselves or others or not be seen
2. In 1841, Dorothea Dix, a school teacher, started campaign that resulted in the establishment of hospitals for the mentally ill
3. The mentally ill population grew faster than the number of hospitals, creating over-crowdedness and poor condition.
4. In the 40's and 50's, a number of constitutional acts were passed, attempting to improve the quality of care for the mentally ill
5. In 1963, the Community Mental Health Centers Act passed. It called for the construction of community health centers
6. 1950's psychotropic (neuroleptic) drugs were introduced to control psychotic symptoms. THIS WAS THE MOST INFLUENTIAL
7. Deinstitutionalization (the closing of state mental hospitals and discharging of mental ill individuals)
8. But, federal funding was reduced, and the number of community health centers diminished
9. Cost containment affected the amount of reimbursement for health care services
10. Patients were discharged with greater need for aftercare than in the past, when hospital stays were longer. Outpatient services have become an essential part of the mental health care system- examples of these are Birches, Hope House, GAIN Program, Pinnacle House and others
11. 1990's Americans with Disabilities Act affirmed the rights of those with psychiatric disabilities
V. Community Support Programs
   A. Community Mental Health Movement
   B. Components of Community Support Program

Community Support Programs are a network of caring and responsible people. The central goal or theme is EMPOWERMENT.

1. Case management- designed to control the balance between cost and quality care. IN PSYCHIATRY THE CASE MANAGER IS RESPONSIBLE FOR LONG TERM COORDINATION OF NEEDED SERVICES BY MULTIPLE RESOURCES/PROVIDERS to obtain services for member. The GAIN Program is an example of case management.

2. Support for basic needs, income and money management

3. Residential services - community residence or boarding arrangements encourage autonomy

4. Medication management- MAINSTAY OF TREATMENT

5. Outpatient treatment-mental illnesses require broad range of support services to facilitate functioning in community

6. Crisis stabilization- this population is at risk for acute exacerbation of an illness, especially during times of stress or transition. Twenty four hour emergency crisis houses are best where chronically mentally ill can seek and obtain psychiatric help and safety. Hope House at BSC =example

7. General health care- CMI are medically under-served group with specific needs in primary health care such as dental and vision. Nurses and physicians sometimes have lack of understanding of psychiatric illnesses

8. Vocational programs - the mentally ill usually indicate a desire to work. Work provides income, creates a sense of self worth and social belonging. But, psychiatric disability limits access for employment because of social stigma attached to a mental disorder diagnosis. The disabilities Act guarantees people with psychiatric disabilities the right to reasonable accommodation in the work place

9. Day programs - maximizes opportunities for meaningful activities, socialization and focus on strengths rather than pathology

10. Family and network support - directed at reducing stress in the patient’s interpersonal environment and minimizing the burden of care for family members. SUPPORT THE SUPPORTERS

11. Community education and advocacy- this is what we hope to gain with this course. To make YOU a mental health advocate! Many of the difficulties that the chronically mentally ill face in the community reflect a poor understanding of mental illnesses. Teach and be a mental health advocate!
B. Rehabilitation Model
2. Goal = improvement of capabilities
3. Mission = to increase the functioning of persons with psychiatric disabilities, so they can be successful in their environment with least amount of ongoing professional intervention

C. Clubhouse Model - the typical organization of a group home based on psychosocial rehabilitation model. The clubhouse is a place to belong, a place for meaningful work opportunities and a place that offers opportunity for members to help themselves and each other develop productive and satisfying lives

D. Vocational Training: Blue Ridge House - as with the Clubhouse Model facilitates social and vocational adjustment. This model empowers its members to adapt to living in the community after hospital stays, to develop social supports, increase functioning and independence and to learn skills needed to become employed. Emphasis on vocational rehabilitation

VI. Psychiatric Home Nursing Care - Home care for seriously and persistently mentally ill patients
Home care has created a way to provide quality, cost effective care for psychiatric patients

A. Home Care
1. Definitions
   a. A bridge for patients who move from a setting of greater restriction to their homes, which is least restrictive.
   b. Services that are delivered at home to recovering, disabled, chronically or terminally ill persons in need of medical, nursing social, or therapeutic treatment and/or assistance with essential activities of daily living
   c. Psychiatric home nursing - expounds upon the definition of home care to include the delivery of mental health services to patients in their home setting
   d. Goals - improve quality of life, prevent unnecessary hospitalization, and maximize potential for people to live in their homes

B. Nurse’s Role in Home Care
1. ANA definition of home health nursing: the practice of nursing applied to a patient with a health deficit in patient’s place of residence
2. Medicare requires that psychiatric home nursing care be provided by “Psychiatrically trained nurses” which they define as “nurses who have special training and/or experience beyond the standard curriculum required for registered nurses”

3. Must be highly adept at performing biopsychosocial assessments
   a. Biopsychosocial assessment
   b. Mental status exam
   c. Global assessment of functioning (GAF) scale rating

4. Must be able to recognize signals in behavior that the client is decompensating either psychiatrically or medically

5. Monitor compliance with psychotropic medication regimen

6. Collaborate with other health team members of the health team

7. Assess and evaluate care giver role strain
   a. Referrals
   b. Participation in support groups

8. Remember in home care to delay hands on assessment until trust established. Why? They perceive touch as threatening

9. Legal Issues - confidentiality
   a. Patients have a legal right to the information contained in their medical record. The original record stays with the home health agency, but the patient may request a copy
   b. Permission must be granted by the patient for the nurse to share information with other health team members
   c. Some instances that require reporting, regardless of confidentiality
      i. Child abuse
      ii. Adult abuse
      iii. Possession of illegal substance
      iv. Specific communicable diseases
      v. Injuries that appear to have been cause by a dangerous weapon
      vi. Deaths of uncertain nature
      vii. Animal bites

10. Informed consent
    a. Information from physician assists the patient to make decisions about health care or treatment
    b. Must not assume that mental illness infers lack of capacity to make independent decisions about treatment
    c. Use language patient can understand
    d. Level of competence can be assessed by asking patient to paraphrase the information or by questioning the patient specifically about the information
    e. Careful documentation is critical
Abandonment

a. Is a unilateral severance of the professional relationship between health care provider and patient without reasonable notice at a time when there is still a need for continuing health care

b. Can occur for several reasons
   i. Client refuses to cooperate in the provision of home care
   ii. Reimbursement for services has been denied, the agency has ceased to be a Medicaid or Medicare provider, and the patient will not pay for the service
   iii. Patient is unruly, obnoxious, or difficult to treat to the point that it is in the best interest of all concerned that the agency discontinue service
   iv. Environmental factors exits that endanger agency staff, such as physical threats, a dangerous dog, or sexual harassment. Good to give reasonable amount of notice if discontinuing
   v. Ongoing communication with the physician and detailed documentation is critical