Lecture Objectives: The student will

1. Be able to trace the development of psychiatry from primitive civilization to the present and compare the difference in Middle Eastern countries from Europe.
2. Be prepared to discuss the development of psychiatry in America.
3. Be prepared to discuss the emergence of psychiatric mental health nursing.
4. Know the roles played by Hippocrates, Linda Richards, Dorothea Dix, Hildegard Peplau, Benjamin Rush and Sigmund Freud.
5. Know and be able to utilize the definitions for bioethics, moral behavior, values, values clarification, and right.
6. Understand the concepts of ethical theory encompassed under the theories of Christian Ethics and Natural Law Theories.
7. Be able to define ethical dilemma
8. Understand the ethical principles of autonomy, beneficence, nonmaleficence, justice, and veracity.
10. Be prepared to discuss the use of confidentiality, right to privacy, informed consent, restraints and seclusion, voluntary admissions, and involuntary admissions in the field of psychiatry.
11. Be able to define libel, slander, assault, and battery.
12. Compare and contrast the clinical psychiatric disorders listed in Axis I and Axis II.
13. Be prepared to discuss the Global Assessment of Functioning (Axis V) and its significance.
14. Know and be prepared to utilize the six principles for delegation and the criteria for delegation.

STUDY GUIDE

1. Know the material covered by the objectives.
2. Test questions will be from the objectives and will be in the lecture notes or in the textbook.
HISTORY

I. Primitive times
   A. Those with mental illness had been dispossessed of their soul.
   B. Evil spirits or supernatural or magical powers had entered the body. Cure by
eorcism - beatings, starvation, other tortures.
   C. Individuals had sinned against God - ritualistic purification - sometimes involved
being burned at stake.

II. 400 B.C. - Hippocrates associated insanity and mental illness with an irregularity in the
interaction of the four body fluids - blood, black, bile, yellow bile and phlegm. (Humors).
Treated with catharsis.

III. Middle ages - A.D. 500 to 1500
   A. Europeans continued to believe them like witches. Burn. Put out to sea.
   B. Middle Eastern Islamic countries established hospitals to house the insane.

IV. America
   A. Colonial America - followed European beliefs.
   B. First hospital in America - Philadelphia - middle of 18th century. Physician was
Dr. Benjamin Rush - father of American psychiatry. Used kindness, exercise,
socialization, bloodletting, purging, physical restraints, extremes of temperature in
treatment.
   C. 19th century - state asylums, started due to lobbying of Dorothea Dix. She
believed mental institutions should be humanistic.
   D. These institutions gradually became more crowded, mostly custodial care was
utilized. Bellevue Hospital in New York. (Bedlam Hospital in England).
Arkansas State Hospital for the insane - insane asylum - was on Markham. Did
perform lobotomies in the 1950s.
   E. Psychiatric nursing - began in 1873 - Linda Richards graduated from nursing
school at New England Hospital for Women and Children in Boston - known as
American’s first psychiatric nurse. Instrumental in the establishment of a number
of psychiatric hospitals and the first school of psychiatric nursing at the McLean
Asylum in Waverly, Mass. They were trained for CUSTODIAL care.
   F. 1955 - incorporation of psychiatric nursing into nursing school curricula became a
requirement. Importance of nurse-patient relationship and therapeutic
communication were emphasized.
   G. National Mental Health Act of 1946 - provided funds for education of
psychiatrists, psychologists, social workers and psychiatrists.
   H. Antipsychotic medications discovered.
   I. Hildegard Peplau - published Interpersonal Relations in Nursing in 1952. Died
1999.

association.” Published Interpretation of Dreams in 1900. Fled Nazis in 1939. Died in
London.
I. Definitions
A. Ethics
B. Bioethics
C. Moral behavior
D. Values - service, professionalism, respect, stewardship, honesty
E. Values clarification
F. Right - just, honorable

II. Ethical considerations
A. Ethical theory - set of principles to determine what is right or wrong
B. Utilitarianism - greatest happiness principle - end result
C. Kantianism - not the end but the reason
D. Christian ethics - do unto others - treat others as moral equals
E. Natural law - do good, avoid evil. Human good
F. Ethical egoism
G. Ethical dilemmas - reasons supporting each side of the argument for action are logical and appropriate. Evidence is inconclusive.

III. Ethical Principles
A. Autonomy - right to determine own destiny should always be respected.
B. Beneficence - duty to benefit or promote the good of others
C. Nonmaleficence - requirement that health-care workers do no harm to clients, either intentionally or unintentionally.
D. Justice
E. Right of individuals to be treated equally regardless of race, sex, marital status, medical diagnosis, social standing, economic level, or religious belief.
F. Veracity - to always be truthful.

IV. Ethical Issues
A. Right to refuse medication - 1992 Patient’s Bill of Rights: “The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his action.” Medical consequences may include involuntary commitment, a legal competency hearing, or client discharge from hospital. Medication may be forced if client exhibits behavior that is dangerous to self or others; the medication .......... must have a reasonable chance of providing help to the client; and clients who refuse medication must be judged incompetent to evaluate the benefits of the treatment in question.
B. Right to least restrictive treatment alternative

1. Treatment
   a. Outpatient
   b. Day hospital
   c. Voluntary admission
   d. Involuntary admission

2. Symptom treatment
   a. Verbal rehab
   b. Behavioral techniques (timeout, seclusion, no smoking)
   c. Chemical interventions
   d. Mechanical restraints
   e. Electroconvulsive therapy

V. Patient’s Bill of Rights - Table 5.4

VI. Legal Issues

A. Confidentiality and right to privacy - 4th, 5th, and 14th amendments

B. Informed consent - preservation and protection of individual autonomy in determining what will and will not happen to the person’s body. Permission is granted for a therapeutic procedure after due consideration based on information provided by physician, to include treatment alternatives available, why the physician believes this treatment is most appropriate; the possible outcomes, risks and adverse effects; the possible outcome should the client select another treatment; and the possible outcome should the client choose to have no treatment.

Exceptions:
1. Mentally incompetent
2. Refusing treatment endangers the life or health of another
3. During an emergency
4. Client is a child
5. Case of therapeutic privilege. Full disclosure would
   a. Hinder or complicate necessary treatment
   b. Cause severe psychological harm
   c. Be so upsetting as to render a rational decision by the client impossible.
6. The nurse acts as patient advocate. Witnesses to
   a. Knowledge
   b. Competency
   c. Free will.

C. Restraints and seclusion

1. Less restrictive means are tried first
2. Utilized to protect the physical safety of both the patient and the staff.
3. Restraints never used as punishment.
4. Guidelines for restraints or seclusion - p 85!!
D. False imprisonment - the deliberate and unauthorized confinement of a person within fixed limits by the use of verbal or physical means.

VII. Commitment issues
   A. Voluntary admissions
   B. Involuntary commitment - subject to 14th amendment.
      1. Justification
         a. Emergency - client danger to self or others
         b. Observation
         c. Unable to care for basic needs
   C. Emergency commitments - time limited, usually to 72 hours. Court decides if further commitment warranted.
   D. Involuntary outpatient commitment - compel treatment on outpatient basis.
   E. Gravely disabled - condition in which an individual, as a result of mental illness, is in danger of serious physical harm resulting from inability to provide for basic needs, such as food, clothing, shelter, medical care, and personal safety.

VIII. Nursing liability
   A. Malpractice and negligence
      1. Negligence - failure to do for another
      2. Malpractice - failure to render professional services

IX. Lawsuits in psychiatry
   A. Breach of confidentiality
   B. Defamation of character
      1. Libel
      2. Slander
   C. Invasion of privacy
   D. Assault
   E. Battery

DSM IV

I. DSM IV - (Diagnostic and Statistical Manual of Mental Disorders) - developed by the American Psychiatric Association. Holistic view of patient.
   A. Axis I - Clinical disorders (schizophrenia, bipolar, substance abuse) other than personality disorders.
   B. Axis II - Personality disorders and mental retardation (developmental disorders).
   C. Axis III - General medical - physical disorders and conditions.
   D. Axis IV - Psychosocial and environmental problems - stressors experienced within the past year or that pertain to the current disorder.
   E. Axis V - Global Assessment of Functioning (GAF). See p. 26!
I. Delegation and the Psychiatric Nurse
   A. Six principles of delegation (Hansten, 1991)
      1. Know yourself and your team members well.
      2. Assess strengths, weaknesses, job descriptions, the situation, and the skills of yourself and the team members.
      3. Understand the state practice act, practice limitations, and job descriptions.
      4. Know the job requirements.
         a. Assess the assignment.
         b. Diagnose the situation
         c. Plan appropriate strategies
      5. Keep communication clear, complete, and constant.
         a. Communicate expectations
         b. Validate understanding
         c. Provide ongoing communication
      6. Evaluate
         a. Review what happened
         b. Measure the results
   B. Criteria for delegation (ASBN Rules and Regulations, Chap 5)
      1. Delegation of nursing tasks to unlicensed persons shall comply with the following requirements:
         a. A licensed nurse delegating the task is responsible for the nursing care given to the client and for the final decision regarding which nursing tasks can be safely delegated.
         b. A licensed nurse must make an assessment of the client’s nursing care needs prior to delegating the nursing task.
         c. The nursing task must be one that a reasonable and prudent licensed nurse would assess to be appropriately delegated; would not require the unlicensed person to exercise nursing assessment, judgment, evaluation or teaching skill; and that can be properly and safely be performed by the unlicensed person involved without jeopardizing the client’s welfare.
         d. A licensed nurse shall have written procedures available for the proper performance of each task and shall have documentation of the competency of the unlicensed person to whom the task is to be delegated.
         e. The delegating licensed nurse shall be readily available either in person or by telecommunication.
         f. The licensed nurse shall be responsible for documentation of delegated tasks.
         g. Unlicensed nursing students may work only as unlicensed nursing personnel. They may not represent themselves, or practice, as
nursing students except as part of a scheduled clinical learning activity in the curriculum of a Board approved nursing program.

h. The licensed nurse shall adequately supervise the performance of delegated nursing tasks in accordance with the requirements of supervision which follow.

2. Supervision: the degree of supervision required shall be determined by the licensed nurse after an evaluation of appropriate factors involved, including, but not limited to, the following:
   a. The stability of the condition of the client;
   b. The training and capability of the unlicensed person to whom the nursing task is delegated;
   c. The nature of the nursing task being delegated; and
   d. The proximity and availability of a licensed nurse to the unlicensed person when performing the nursing task.