BAPTIST HEALTH SCHOOL OF NURSING
NSG 3036A: PSYCHIATRIC-MENTAL HEALTH

POPULATIONS AT RISK FOR ALTERATIONS IN HEALTH:
THE SERIOUSLY AND PERSISTENTLY MENTALLY ILL: PSYCHOSOCIAL REHABILITATION
IN THE COMMUNITY
2007

LECTURE OBJECTIVES:

1. Describe the Seriously and Persistently Mental Ill.
2. Discuss the changing focus in health care in the field of mental health.
3. Define the concepts of care associated with the model of public health: Primary prevention, secondary prevention and tertiary prevention.
4. Define the role of case management and the identify the role of case management in community mental health nursing.
5. Identify populations at risk for mental illness within the community.
6. Differentiate home care and psychiatric home care and the historical aspects related to the growth in the home health-care movement.
7. Describe the populations that benefit most from psychiatric home nursing care.
8. Describe the role of the nurse in psychiatric home nursing care and apply the steps of the nursing process.
9. Discuss legal and ethical issues that relate to psychiatric home nursing care.

VOCABULARY:

deinstitutionalization primary prevention HCFA
case management secondary prevention medicare
community tertiary prevention informed consent
shelters home care abandonment
diagnostically related groups (DRGs) psychiatric home care
LECTURE OUTLINE:

I. Introduction:

   A. Psychiatric Chronicity - is described as needing some levels of supportive social networks.

   B. Seriously and persistently mentally ill - a pervasive disturbance with impairment in multiple areas of functioning; those with inevitable an progress deterioration. Has 4 core features:

      1. Severe impairment
      2. Long term course
      3. Involves some level of disability
      4. Previous chronic mental illness, implies inevitable and progressive deterioration.

         (Schizophrenia is the prototype R/T intermittent or ongoing basis. Bipolar and depression can be disabling.

   C. Goal: To assist the client to be as independent as possible.

   D. Most influential development since WWII - Neuroleptic medications.

   E. The social selection concept describes the seriously and persistently mentally ill as socially disadvantaged.

II. Historical Perspectives:

   A. 1948 - Clubhouse Model (Fountain House) - Client generated; mutual support and a sense of belonging. The start of group process.

   B. 1950's - National Mental Health Study Act: established the Joint commission on Mental Illness and Health. Psychotropic drugs (thorazine) introduced for symptom control.

   C. 1960's - Joint Commission recommended shift to community based care.

         - Community mental Health Centers Act - authorized $150 million in federal money matching state funds for the development of services

   D. 1970's - The National Institute of Mental Health (NIMH) began Community Support Program. and established an Office of Programs for the Homeless Mentally Ill.

         - Deinstitutionalization began in 1972.

   E. 1990's - NIMH authorized funding of research programs by the Stewart B. McKinney Homeless Assistance Act.

         - Americans with Disabilities Act affirmed the rights of those with psychiatric disabilities.

II. Psychiatric Disorders and Psychiatric Disabilities

   A. Psychiatric Disorders that define disability (Defined by WHO 1980)

      1. Impairment - changes in structure and functioning.

3. Handicap - placed at a disadvantage within the community, contributing to social isolation.

B. Psychiatric Disabilities - classification of levels.

1. Primary disability - actual signs and symptoms. (difficulty organizing thoughts or interpretation of perceptions)

2. Secondary disability - reaction to the illness (low self-esteem, loneliness)

3. Tertiary disability - associated social handicaps. (discrimination in housing, employment)


III. The changing Focus of Care

A. Before 1840, there was no known treatment. They were removed from the community were they could do no harm to themselves or others

B. Dorothea Dix, a former teacher started a campaign in 1841 resulting in the establishment of a number of hospitals for the mentally ill.

C. The mentally ill population grew faster than the hospitals, resulting in overcrowding and poor conditions.

D. Community Mental Health Centers Act (1963) called for the construction of community health centers.

E. Deinstitutionalization - the closing of the state mental hospitals and discharging the mentally ill individuals, however funding was decreased.

F. Cost containment (1983) in the form of perspective payment drastically affecting

G. Shorter hospital stays have caused a greater need for aftercare than in the past. Outpatient services have become essential to the mental health-care system.

IV. The Public Health Model

A. Primary prevention - reducing the incidence of mental disorders within the population. Altering the cause/risk factors.

1. Focus; on targeting groups at risk and providing education

2. Nursing interventions:

   a. Teach
   b. Screening
   c. Stress reduction
   d. Psychosocial support
   e. Avoiding substance abuse.
B. Secondary prevention - reducing the prevalence of psychiatric illness by shortening the duration of the illness.

1. Early identification of problems and prompt initiation of effective treatment
2. Nursing interventions
   a. Crisis intervention
   b. Suicide prevention
   c. Short-term counseling
   d. Emergency nursing care and short-term hospital stay.

C. Tertiary prevention

1. Reducing residual defects associated with severe/chronic mental illness. (Rehabilitation)
2. Preventing complications of the illness and promoting achievement of each individual’s maximum level of functioning.
   a. Rehabilitation program
   b. Vocational training
   c. After-care support program
   d. Partial hospitalization
3. Philosophy: to empower and emphasize feelings of control and self-worth

D. Community Support Program Elements

1. Case management
2. Support of basic needs
3. Residential services
4. Medication management
5. Out-patient treatment
6. Crisis stability
7. General health care
8. Vocational programs
9. Day programs
10. Family and network support
11. Community education and advocacy

V. The Role of the Nurse - two levels

A. Psychiatric/mental health registered nurse - Licensed RN

B. Psychiatric/mental health advanced practice registered nurse (clinical nurse specialist) - minimum of a master’s/doctorate degree.

VI. Case Management - a concept purposefully designed to control the balance between cost and quality of care.

A. Method - to achieve managed care.

B. Negotiation - with multiple health-care providers to obtain a variety of services.

C. Case load - clients with multiple problems with a health-care component.

VI. The Community as Client
A. Primary prevention: Populations at risk,

1. Individuals with maturational crises
   a. Adolescence
   b. Marriage
   c. Parenthood
   d. Mid-life
   e. Retirement

2. Individuals experiencing situational crises
   a. Poverty
   b. High rate of life change events
   c. Environmental conditions
   d. Trauma

B. Secondary prevention: Populations at risk

1. Maturational crises
   a. Adolescence
   b. Marriage
   c. Parenthood
   d. Mid-life
   e. Retirement

2. Situational Crises - occurs only if crisis intervention at the primary level has failed and the individual is unable to function socially or occupationally.

C. Tertiary prevention: Populations at Risk

1. Epidemiological aspects
   a. 100,000 mentally ill persons inhabit public mental hospitals.
   b. Deinstitutionalization occurred too rapidly for a sufficient plan to meet the needs of these individuals reentering the community.
   c. Coalition of Psychiatric Nursing Organizations (COPNO) has outlined essential services as follows:
      (1) Primary care mental health services
      (2) Universal access to a basic mental health package.
      (3) Long-term care.
      (4) Managed Care

2. Treatment alternatives:
   a. Community mental health centers
   b. Day-evening treatment/partial hospitalization programs.
   c. Community residential facilities.
A. Provides quality, cost effective care to psychiatric clients and is rapidly growing part of home health care.

B. Home Health Care - services delivered at home to recovering, disabled, chronically, or terminally ill persons in need of medical, nursing, or therapeutic treatment and/or assistance with essential activities of daily living.

C. Psychiatric home health - expands the definition to include the delivery of mental health services to clients in the home setting.

VIII. General Information: Psychiatric Home Nursing Care

A. Clients with primary psychiatric diagnoses - (1998) 3.2% of all home health clients R/T
   1. Earlier hospital discharges
   2. Increased demand for home care as an alternative
   3. Broader third-party payment coverage
   4. Greater physician acceptance of home care
   5. Increasing need to contain health-care costs and the growth of managed care

B. Payment sources:
   1. Third-party payment - majority paid through Medicare.
   2. Medicaid
   3. Private Insurance
   4. Self-pay
   5. Others:

C. Qualifiers for Medicare Reimbursement
   A. Physician must certify client is homebound
   B. Client has a primary psychiatric diagnosis
   C. Client requires the knowledge and skills of a psychiatric nurse

D. Types of diagnoses
   1. Common Diagnoses: Depression, Anxiety, Bi-polar affective disorder and Schizophrenia
   2. Prominent client populations
      a. Elderly
      b. Severe and persistently mentally ill.
      c. Individuals in acute crisis

E. Advantages and disadvantages of home care

1. Advantages:
   a. Cost-effective
   b. Ability to observe the client within the context of the family and home environment; allowing comprehensive biopsychosocial assessment.
   c. Less threatening to client.
2. Disadvantages:
   a. No back-up services for the nurse.
   b. Constrained authority and autonomy.
   c. Nurse’s safety.

F. Cultural and boundary issues: Token gifts???? (Remember Professionalism)

IX. Role of nurse in psychiatric home nursing care

A. ANA definition: the practice of nursing applied in the patient’s place of residence to a patient with a health deficit.

B. Medicare requirement: nurse must have psychiatric training..."nurses who have special training and/or experience beyond the standard curriculum required for a registered nurse.”

C. Highly adept at performing biopsychosocial assessments.

D. Able to recognize signals in behavior that the client is decompensating either psychiatrically or mentally.

E. Monitor compliance with regimen of psychotropic medications.

F. Collaborate with others members of the health team.

G. Global Goals: to improve quality of life; to prevent unnecessary hospitalizations (recidivism) and maximize potential to live in home environment.

X. Application of the Nursing Process

A. Assessment
   1. Biopsychosocial assessment
   2. Mental status assessment
   3. Global Assessment of Functioning (GAF) scale rating.

B. Diagnosis/outcome identification
   1. Dysfunctional grieving
   2. Anxiety
   3. Disturbed self-esteem
   4. Depression
   5. Altered thought processes
   6. Social Isolation
   7. Ineffective individual coping
   8. Ineffective community coping
   9. Risk for injury
   10. Self-care deficit
   11. Risk for violence: Self-directed or directed at others
C. Outcome criteria: The client will be able to...

1. Discuss feelings about losses.
2. Set realistic goals for self.
3. Establish a sleep-wake schedule to insure rest.
4. Be compliant with the treatment regimen.
5. Take an interest in their hygiene and physical appearance.
6. Seek renewal of contacts with previous friends.
7. Verbalize interest in social activities.
8. Recognize symptoms of onset of anxiety and intervene before reaching panic stage.
10. Not harm self or others.

D. Plan/implementation: Specific to the particular Psychiatric diagnosis and nursing diagnosis problem list.

XI. Care for the Caregivers

A. Frustration and exhaustion R/T 24-7 responsibilities
B. Explore options for easement and resources
C. Referrals to support groups

XII. Legal and Ethical Issues: Consider both national and state laws

A. Confidentiality

1. Protected at both state and national level.
2. Affects all aspects of information known as result of agency-client relationship
3. Permission must be granted in writing to share information, including payor source.
4. Client has a right to information in their medical record.
5. Concerns of confidentiality:
   a. Breech of confidentiality to share information with family??
   b. Breech of confidentiality to document positive HIV??

6. Instances that require reporting, regardless of confidentially (exceptions)
   a. Child, Adult or Elder Abuse
   b. Possession of illegal substances
   c. Specific communicable diseases: STD, AIDS, TB, Rabies, Small pox, Anthrax, etc. (1-800-482-8888)
   d. Injuries caused by a dangerous weapon: Knife stab wounds, Gun shot wounds, etc.
   e. Deaths of uncertain nature
   f. Animal bites

7. Informed consent
   a. Do not assume the mentally ill lack capacity to make independent decisions
   b. Information must be a form that can be understood.
   c. Assess level of competence by asking client to paraphrase information.
   d. Careful documentation for reasons of legal consequences.
B. Ethical Issues

1. The right to refuse treatment: Clients have the right to.....
   a. Make reasoned decisions regarding their treatment.
   b. Withdraw consent after it has been given. (verbal is adequate)
   c. Refuse treatment based on informed consent.
   d. Careful documentation made by the nurse.

2. Abandonment - unilateral severance of the established nurse-patient relationship without giving reasonable notice to the supervisor so that arrangements can be made for continuation of nursing care by others.
   a. Reasons for severance of care
      1. Client refuses to cooperate in provision of care.
      2. Reimbursement for services is denied or the agency ceases to be a medicare/medicaid provider or client will/can not pay.
      3. Client is unruly, obnoxious or difficult to treat to the point that it would be best for all concerned.
      4. Certain environmental factors that endanger the agency staff: physical threats, dangerous dog, or sexual harassment.
   b. Provide reasonable amount of notice.
   c. Ongoing communication with the physician and detailed documentation is critical.

3. Least restrictive alternative:
   a. A patient right.
   b. Home care provides control and reduced restriction.
   c. Careful assessment and documentation needed to determine appropriate level of care.