

International Standard **Colored Edition**

Textbook of

Mental Health Nursing

for GNM Nursing Students

(As per the New Syllabus of INC for GNM)

2nd
Edition

Special Features

- A Thoroughly Revised and Updated Edition
- Reviewed by the Most Eminent Faculties PAN India
- 200+ Illustrations and Tables Added
- A Perfect Amalgamation of Theoretical and Clinical Aspects
- Includes DSM-5 Diagnostic Criteria
- Mental Health Therapies and Acts Covered Extensively



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Eleena Kumari

Textbook of **Mental Health Nursing** for GNM Nursing Students

(As per the New Syllabus of INC for GNM)



Second Edition



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Nursing Knowledge Tree
An Initiative by CBS Nursing Division



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Preface to the Second Edition

“Unless the Lord builds the house, those who build it labour in vain”

Psalms 127:1

With the development in the field of psychiatry, a new era of innovations in mental health nursing has evoked the need for change in the curriculum of subject being taught to nursing students. Changing scenario in health care and the new revised syllabus for the subject—mental health nursing, propel to bring the 2nd edition of the book titled “Textbook of Mental Health Nursing for GNM Nursing Students”.

In this edition, I have updated the content as per the recent advancements in the field of Nursing. The whole book is thoroughly revised and presented in full color format.

The book includes updated text with DSM-5 diagnostic criteria, latest NMHP and new amended mental health practice laws. While writing it the requirements of GNM students for learning the subject mental health nursing as a beginner have been kept in mind. The text is made simple and easy to understand. The Units are furnished with fine illustrations and diagrams to make them more clear for a learner.

I bow my head to The Almighty Who had been a great help at all times. I could not be more grateful for the blessing of wisdom from my Lord. I pay my immense regards and love for my family whose support has always been mandatory and fruitful.

Last but not least, I extend my special thanks to **Mr Satish Kumar Jain** (Chairman) and **Mr Varun Jain** (Managing Director), M/s CBS Publishers and Distributors Pvt Ltd for their wholehearted support in publication of this book. I have no words to describe the role, efforts, inputs and initiatives undertaken by **Mr Bhupesh Aarora** [Sr. Vice President – Publishing & Marketing (Health Sciences Division)] for helping and motivating me.

I sincerely thank the entire CBS team for bringing out the book with utmost care and attractive presentation. I would like to thank Ms Nitasha Arora (Publishing Head and Content Strategist – Nursing), and Dr Anju Dhir (Product Manager cum Commissioning Editor – Medical) for their editorial support. I would also extend my thanks to Mr Shivendu Bhushan Pandey (Sr. Manager and Team Lead), Mr Manoj K Yadav (Production Manager), Mr Ashutosh Pathak (Sr. Proofreader cum Team Coordinator) and all the production team members for devoting laborious hours in designing and typesetting the book.

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Preface to the First Edition

“Unless the Lord builds the house, those who build it labour in vain”

Psalms 127:1

With the development in the field of psychiatry, a new era of innovations in mental health nursing has evoked the need for change in the curriculum of subject being taught to nursing students. Changing scenario in health care and the new revised syllabus for the subject—mental health nursing, propel to bring the first edition of the book titled “Textbook of Mental Health Nursing for GNM Nursing Students”. The book is strictly in adherence with the INC syllabus and consists of all the details which are required for the beginners, academicians as well as practicing nurses.

The book includes updated text with DSM-5 diagnostic criteria, latest NMHP and new amended mental health practice laws. While writing it the requirements of GNM students for learning the subject mental health nursing as a beginner have been kept in mind. The text is made simple and easy to understand. The Units are furnished with fine illustrations and diagrams to make it more clear for a learner.

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All the suggestions and critical evaluation by readers and academicians are highly appreciated.

Eleena Kumari

Syllabus for GNM

Mental Health Nursing for GNM

Placement- SECOND YEAR

Time 70 hours

Course Description

This course is designed to help students develop the concept of mental health and mental illness, its causes, symptoms, prevention, treatment modalities and nursing management of mentally ill for individual, family and community.

General Objectives

Upon completion of this course, the students shall able to:

- Describe the concept of mental health and mental illness and the emerging trends in psychiatric nursing.
- Explain the causes and factors of mental illness, its prevention and control.
- Identify the symptoms and dynamics of abnormal human behavior in comparison with normal human behavior.
- Demonstrate a desirable attitude and skills in rendering comprehensive nursing care to the mentally ill.

Total Hours – 70

Unit	Learning Objectives	Content	Hr.	Teaching learning activities	Methods of assessment
I	Describe the concept of mental health and mental illness in relation to providing comprehensive care to the patients.	Introduction <ul style="list-style-type: none">• Concept of mental health and mental illness• Misconceptions related to mental illness• Principles of mental health nursing• Definition of terms used in psychiatry• Review of defense mechanisms• Mental health team	5	Lecture cum discussion Structured discussion Group interaction	Short answers Objective type
II	Narrate the historical development of Psychiatry and psychiatric nursing.	History of Psychiatry <ul style="list-style-type: none">• History of Psychiatric Nursing - India and at international level• Trends in Psychiatric Nursing• National mental health programme	4	Lecture cum discussion	Short answers Objective type

Contd...

Unit	Learning Objectives	Content	Hr.	Teaching learning activities	Methods of assessment
III	Describe mental health assessment	Mental Health Assessment <ul style="list-style-type: none"> • Psychiatry history taking • Mental status examination • Interview technique 	4	Lecture cum discussion Demonstration	Short answers Objective type Return Demonstration
IV	Describe therapeutic relationship Demonstrate skills in process recording	Therapeutic nurse-patient relationship: <ul style="list-style-type: none"> • Therapeutic nurse-patient relationship: Definition, components and phases, Importance • Communication skills, definition elements, types, factors influencing communication, barriers (therapeutic impasse) 	5	Lecture cum discussions Role play Videos Demonstration of process recording	Short answers Return demonstration
V	List various mental disorders and describe their mental and psychiatric and nursing management.	Mental Disorders and Nursing Interventions <ul style="list-style-type: none"> • Psychopathophysiology of human behavior • Etiological theories (genetics, biochemical, psychological, etc.) • Classification of mental disorders. • Disorders of thought, motor activity, perception, mood, speech, memory, concentration, judgment • Prevalence, etiology, signs and symptoms, prognosis, medical and nursing management • Personality and types of personality related to psychiatric disorder • Organic mental disorders: Delirium, Dementia • Psychotic disorders: <ul style="list-style-type: none"> ▪ Schizophrenic disorders ▪ Mood (affective) disorders: Mania depression, Bipolar affective disorders (BPAD) • Neurotic disorders: Phobia, anxiety disorders, obsessive compulsive disorders, depressive neurosis, conversion disorders, dissociative reaction, psychosomatic disorders, post-traumatic stress disorder • Substance use and de-addiction: alcohol, tobacco and other psychoactive substance • Child and adolescent psychiatric disorders; <ul style="list-style-type: none"> ▪ Sleep disorders ▪ Eating disorders ▪ Sexual disorders • Nursing Management: Nursing process and process recording in caring for patients with various psychiatric disorders 	25	Lecture cum discussions Case study Case Presentation Process recording Videos Role plays Field visits De-addiction centers, Alcohol Anonymous group, Adolescent clinics, Child guidance centers, etc.	Short answers Essay types Case Study Case Presentation

Contd...

Unit	Learning Objectives	Content	Hr.	Teaching learning activities	Methods of assessment
VI	Describe the Bio- psychosocial therapies and explain the role of the nurse	Bio–Psycho and Social Therapies <ul style="list-style-type: none"> • Psychopharmacology–Definition, classification of drugs, antipsychotic, antidepressant, antimanic, antianxiety agents, anti-parkinsons • Psychosocial therapies—individual therapies, group therapy, behavior therapy, occupational therapy, family therapy, milieu therapy • Role of nurse in these therapies. • Somatic therapy – Electroconvulsive therapy, insulin therapy, • Role of nurse in these therapies. 	12	Lecture cum discussions Seminar Videos Demonstration Field visits- Rehabilitation centers, Day care centers Role plays	Short Answers Essay types Return demonstration Quiz Drug study
VII	Describe the concept of preventive community mental health services. Enumerate the nurse's role in National mental health programme	Community Mental Health <ul style="list-style-type: none"> • Concept, importance, scope • Attitudes, stigma and discrimination related to the mentally ill • Prevention of mental illness (Preventive Psychiatry) during childhood, adolescent, adulthood and old age. • Community mental health services • Role of nurse in national mental health programme and psychiatric care in community 	5	Lecture cum discussion Role play Videos	Short answers Essay type Assignment
VIII	Explain different psychiatric emergencies and their management Demonstrate skills in crisis intervention	Psychiatric Emergencies and Crisis Intervention <ul style="list-style-type: none"> • Types of psychiatric emergencies: Over active, under active patient, violent behavior, • Suicide, adverse drug reactions, withdrawal symptoms, Acute psychosis, etc. • Crisis and its intervention: AIDS, Adolescent crisis 	5	Lecture cum discussion Videos, Role play Demonstration	Short answers Objective Type Essay type
IX	Describe the legal aspects to be kept in mind in the care of mentally ill patients	Forensic Psychiatry/Legal Aspects <ul style="list-style-type: none"> • India Lunatic Act 1912 • Narcotic Drugs and Psychotropic Act 1965, 1985 • Mental Health Act 1987, 2014 • Admission and discharge procedures • Standards of psychiatric nursing practice • Rights of mentally ill patients • Legal responsibilities in the care of mentally ill patients. 	5	Lecture cum discussions Demonstration	Short answers Essay type Objective Quiz

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Unit 6

BIOPSYCHOSOCIAL THERAPIES

LEARNING OBJECTIVES

After going through this unit, you will be able to:

- Learn about various therapeutic modalities used in psychiatric health care area.

Nursing Knowledge Tree

UNIT OUTLINE

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- Biopsychosocial Therapy
- Psychopharmacology
- Individual Psychotherapy
- Group Psychotherapy
- Behavioral Therapy
- Occupational Therapy
- Family Therapy
- Milieu Therapy
- Somatic Therapy: Electroconvulsive Therapy
- Insulin Therapy

KEY POINTS

- The study of psychopharmacological agents is known as psychopharmacology.
- Psychopharmacological agents are also known as psychotropic drugs.
- The first and foremost individual psychotherapy is psychoanalysis.
- Group psychotherapy is a form of psychotherapy in which a homogeneous or a heterogeneous group is formed which works together to meet the emotional needs of one another under the guidance of a trained psychotherapist.
- Behavior therapy refers to bring out functional adaptive behavior to improve the quality of life.
- Every right and desirable behavior pattern must be rewarded and positively reinforced.
- Tolerance is defined as a phenomenon in which an increased amount of dose is required to produce the desired effects.
- Biopsychosocial therapy

BIOPSYCHOSOCIAL THERAPY

A biopsychosocial therapy refers to all the treatment modalities in psychiatry which are used to treat the psychiatric patient. The therapy may be biological such as ECT, psychological such as Behavioral therapy and/or social such as Milieu therapy.

The main divisions of biopsychosocial therapies are as follows:

- Psychopharmacology
- Psychosocial therapies
- Somatic therapy

All of these biopsychosocial therapies are discussed as follows:

PSYCHOPHARMACOLOGY

Research in the field of psychiatry has led to knowledge of brain functioning and how neurotransmitters play a role in causation and treatment of mental disorders. This results in invention of many pharmacological drugs which are helpful in successful treatment of mental disorders.

Because these pharmacological agents are helpful in treatment of mental (psychological) disorders, they are collectively known as psychopharmacological agents/drugs. The study of psychopharmacological agents is known as **psychopharmacology**.

Psychopharmacological agents are also known as psychotropic drugs.

The psychopharmacological drugs are classified as follows:

- Antipsychotic drugs
- Antidepressants
- Antimanic drugs
- Antianxiety drugs
- Antiparkinson drugs

Antipsychotics (Neuroleptics/Major Tranquilizers)

Antipsychotics are the psychopharmacological drugs which are used to treat psychotic disorders.

Indications

- Acute psychosis
- Schizophrenia
- Delusional disorder
- Bipolar disorder
- Brief psychotic disorder
- Comorbidity with mood disorders
- Comorbidity with substance abuse

Classification of Antipsychotics

- **Typical antipsychotics** (first generation antipsychotics)
 - Phenothiazines
 - ◆ Chlorpromazine (50–1200 mg/24 hours in divided dosages)
 - ◆ Fluphenazine (1–20 mg/24 hours in divided dosages)
 - ◆ Perphenazine (6–64 mg/24 hours in divided dosages)
 - ◆ Prochlorperazine (15–150 mg/24 hours in divided dosages)
 - Butyrophenone
 - ◆ Haloperidol (2–100 mg/24 hours in divided dosages)
 - Dibenzoxazepine
 - ◆ Loxapine (15–100 mg/24 hours in divided dosages)
- **Atypical antipsychotics** (second generation antipsychotics)
 - Benzisoxazole
 - ◆ Risperidone
 - Dibenzodiazepine
 - ◆ Clozapine
 - Thienobenzodiazepine
 - Olanzapine
 - Benzothiazolylpiperazine
 - ◆ Ziprasidone
 - Dibenzothiazepine
 - ◆ Quetiapine

To understand the mechanism of psychotropic drugs, one must learn the concept of neurotransmission. Because every psychotropic drug (an antipsychotic, antidepressant, antimanic, etc.) will act through neurotransmitters, i.e., chemical messengers of brain.

Main neurotransmitters in brain are as follows:

- Dopamine
- Serotonin (5-ht)
- Gaba (gamma aminobutyric acid)
- Norepinephrine
- Epinephrine, etc.

How does Neurotransmitters Work?

The nerve impulse (message) is stored in neurotransmitters. The message is transmitted through neurons to neurons and the last effectors may be neurons/glands or muscles. In Figure 1, the neurotransmitters are stored in small vesicles in the axon terminals, i.e., end portion of neuron.

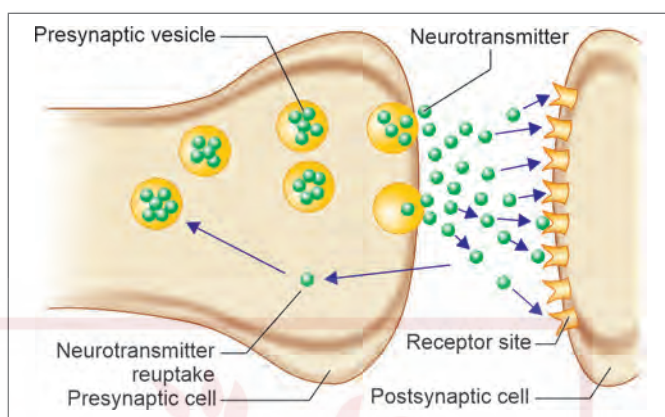


Fig. 1: Neurotransmission of nerve impulses

The space between two neurons is known as synapse where neurotransmitters will be released before transmitting to another neuron through dendrites, i.e., receiving portions of axon.

The neuron which is sending the neurotransmitters is known as presynaptic cell named because it is situated before synapse and the one which receives neurotransmitters is known as postsynaptic cell named because it is situated after the synapse.

Mechanism of Action

The main neurotransmitter responsible for psychosis is dopamine

Neurotransmitters are chemicals which are generated in brain and they communicate messages in the form of nerve impulses throughout our brain and body. Every neurotransmitter in the brain must be in a required proportion; its excess or lack can cause mental sickness.

Dopamine is a neurotransmitter and its excess in the brain can cause psychotic thinking. In psychosis, the person lacks touch with reality and a gross impairment in personal and social functioning.

Antipsychotics work by blocking postsynaptic dopamine receptors. Most of the typical antipsychotics block dopamine receptors in the brain while newer atypical drugs are thought to block dopamine as well as serotonin and other neurotransmitters also.

Role of a nurse in administration of antipsychotic drugs is depicted in Table 1.

Table 1: Side-effects of antipsychotic drugs along with nursing management (role of a nurse in administration of antipsychotic drugs)

Side-effect	Nursing management (role of a nurse)
Orthostatic hypotension	<ul style="list-style-type: none"> Assess blood pressure in three positions, i.e., lying, sitting and standing. Keep records of all the assessment of blood pressure and report to the consultant. Health education: Teach patient to rise slowly from a lying or sitting position.
Sedation	<ul style="list-style-type: none"> The psychiatric nurse should report about sedation of patient to the consultant. An arrangement can be made to administer the drug at bed time or any other antipsychotic with a lesser side-effect can be administered. Health education: Teach patient that he/she should not drive or operate any machinery.

Contd...

Side-effect	Nursing management (role of a nurse)
Photosensitivity	<ul style="list-style-type: none"> • Health education: Teach client to wear protective clothing, sunscreens and sunglasses when they are out in the sun.
Nausea	<ul style="list-style-type: none"> • Administer antipsychotics with food to combat the effects of nausea.
Skin rash	<ul style="list-style-type: none"> • Report any signs of skin rashes and intervene accordingly.
Agranulocytosis	<ul style="list-style-type: none"> • A rare complication. • Symptoms are sore throat, fever and malaise. • Assess complete blood count.
Anticholinergic effects	<ul style="list-style-type: none"> • Maintain oral hygiene of the patient. • Provide patient with sugarless candy, ice cubes and frequent sips of water.
<ul style="list-style-type: none"> • Dry mouth • Blurred vision 	<ul style="list-style-type: none"> • Health education: Teach patient that this symptom will subside after few weeks. • Teach patient that he/she should not drive or operate any machinery. • Clear the way of the patient to prevent falls.
<ul style="list-style-type: none"> • Constipation 	<ul style="list-style-type: none"> • Provide foods rich in fiber. • Encourage fluid intake. • Encourage physical activity.
<ul style="list-style-type: none"> • Urinary retention 	<ul style="list-style-type: none"> • Report to the consultant, if patient complains of any difficulty in urination. • Monitor intake and output of the patient.
Hormonal disturbances	<ul style="list-style-type: none"> • Reassure the patient that the symptoms will be reversed when after discontinuation of the drug.
<ul style="list-style-type: none"> • Decreased libido • Gynecomastia 	
<ul style="list-style-type: none"> • Retrograde ejaculation 	<ul style="list-style-type: none"> • Discuss with the consultant about the symptoms and another antipsychotic may also be prescribed.
<ul style="list-style-type: none"> • Amenorrhoea 	<ul style="list-style-type: none"> • Reassure the patient that the symptoms will be reversed when after discontinuation of the drug. • Health education: Ask the patient to continue with the contraceptives because amenorrhoea is a side-effect of antipsychotics and ovulation is occurring naturally with no effect of drugs.
<ul style="list-style-type: none"> • Weight gain 	<ul style="list-style-type: none"> • Encourage exercise and fluid intake. • Weigh the patient and keep a record of patient's weight on a daily basis. • Health education: Ask patient to have a less calorie diet yet a balanced one. Consultation with a dietitian, if requested by patient.

In psychiatry, the **major adverse drug reactions are EPS, i.e., extrapyramidal symptoms**. EPS are untoward adverse drug reactions due to use of antipsychotic drugs for treatment of psychotic disorders (Table 2).

Table 2: Extrapyramidal symptoms and their treatment

EPS	Clinical manifestations	Treatment/nursing management
Tardive dyskinesia	Involuntary movements of mouth, neck and trunk	<ul style="list-style-type: none"> • Discontinue/decrease the offending drug. • Choose an alternative drug to deal with psychosis.
Dystonia	Spasm of neck, face, jaw and tongue muscles	<ul style="list-style-type: none"> • Discontinue/decrease the offending drug. • IM benzotropine or diphenhydramine

Contd...

EPS	Clinical manifestations	Treatment/nursing management
Akathisia	Motor restlessness	<ul style="list-style-type: none"> Discontinue/decrease the offending drug. Mirtazapine (15 mg OD) Benzodiazepines Propranolol (30–120 mg/day in divided doses) Anticholinergics
Parkinsonism	Rigidity, bradykinesia (slowness of movement), tremor	<ul style="list-style-type: none"> Discontinue/decrease the offending drug. Anticholinergics
Neuroleptic malignant syndrome	Fever, hypertension, altered mental status, muscular rigidity, profuse perspiration and salivation	<ul style="list-style-type: none"> Discontinue the offending drug. Maintain nutritional status to restore water and nutrient levels. Skeletal muscle relaxants (dantrolene). Treat hypoxia and metabolic acidosis. Electroconvulsive therapy as a last resort with varying results.

Antidepressants

Antidepressants are the psychopharmacological agents which are used to treat depression and other mental disorders in which depression may be a secondary effect.

Indications

- Major depression
- Dysthymic disorder
- Depression with substance use, especially alcoholism
- Depression with other mental disorders such as psychosis, schizophrenia, mental retardation and/or anxiety disorders
- Melancholia
- In depressive phase of BPAD.

Classification of Antidepressants

- Tricyclics
 - Amitriptyline (75–300 mg/24 hours in divided dosages)
 - Clomipramine
 - Desipramine
 - Doxepin
 - Imipramine (75–300 mg/24 hours in divided dosages)
 - Trimipramine
- Selective serotonin reuptake inhibitors (SSRIs)
 - Citalopram
 - Fluoxetine
 - Escitalopram
 - Paroxetine
 - Sertraline

- Monoamine oxidase inhibitors (MAO inhibitors)
 - Isocarboxazid
 - Phenelzine
 - Tranylcypromine
- Others
 - Bupropion
 - Mirtazapine
 - Trazodone
 - Nefazodone
 - Venlafaxine
 - Duloxetine

Mechanism of Action

The main neurotransmitter responsible for occurrence of depression is serotonin

A decrease in serotonin, nor-epinephrine and/or dopamine concentrations may result in depression. Therefore, if a drug has to treat depression, it must increase the concentrations of serotonin, nor-epinephrine and dopamine at receptor site.

All the classes of antidepressants work to increase concentrations of serotonin, nor-epinephrine and dopamine concentrations at receptor site. Tricyclics, SSRIs and others block the reuptake of neurotransmitters by pre-synaptic neurons. In this way, concentrations of neurotransmitters in the synaptic cleft, i.e., space between pre-synaptic neuron and post-synaptic neuron is increased.

MAOIs do accomplish upsurge of neurotransmitters by an enzyme MAO which inactivates neurotransmitters; this MAO is inhibited through MAO inhibitors and result will be increased concentrations of neurotransmitters.

Role of a nurse in administration of antidepressants is depicted in Table 3.

Table 3: Side-effects of antidepressants along with nursing management (role of a nurse in administration of antidepressants)

Side-effects	Nursing management (role of a nurse)
Tricyclics	
• Dry mouth	<ul style="list-style-type: none"> • Maintain oral hygiene of the patient. • Provide patient with sugarless candy, ice cubes and frequent sips of water.
• Blurred vision	<ul style="list-style-type: none"> • Health education: Teach patient that this symptom will subside after few weeks. • Teach patient that he/she should not drive or operate any machinery. • Clear the way of the patient to prevent falls.
• Constipation	<ul style="list-style-type: none"> • Provide foods rich in fiber. • Encourage fluid intake. • Encourage physical activity.
• Urinary retention	<ul style="list-style-type: none"> • Report to the consultant, if patient complains of any difficulty in urination. • Monitor intake and output of the patient.

Contd...

Side-effects	Nursing management (role of a nurse)
<ul style="list-style-type: none"> • Weight gain 	<ul style="list-style-type: none"> • Encourage exercise and fluid intake. • Weigh the patient and keep a record of patient's weight on a daily basis. • Health education: Ask patient to have a less calorie diet yet a balanced one. Consultation with a dietitian, if requested by patient.
<ul style="list-style-type: none"> • Photosensitivity 	<ul style="list-style-type: none"> • Health education: Teach client to wear protective clothing, sunscreens and sunglasses when they are out in the sun.
<ul style="list-style-type: none"> • Sedation 	<ul style="list-style-type: none"> • The psychiatric nurse should report about sedation of patient to the consultant. • An arrangement can be made to administer the drug at bed time or any other antipsychotic with a lesser side-effect can be administered. • Health education: Teach patient that he/she should not drive or operate any machinery.
Selective serotonin reuptake inhibitors	
<ul style="list-style-type: none"> • Insomnia 	<ul style="list-style-type: none"> • Administer the drug early in day. • Health education: Teach patient to avoid caffeinated beverages such as tea, coffee, etc. Teach the patient about relaxation techniques.
<ul style="list-style-type: none"> • Sexual dysfunction 	<ul style="list-style-type: none"> • Men—abnormal ejaculation • Women—inability to feel pleasure in sexual activity. • Consultant can prescribe another antidepressant on complains of patient.
<ul style="list-style-type: none"> • Weight loss 	<ul style="list-style-type: none"> • Weight management strategies. • Calorie intake should be in required proportions. • Keep a record of patient's weight on a daily basis. • On prolonged use of SSRI, weight gain may occur.
<ul style="list-style-type: none"> • Headache 	<ul style="list-style-type: none"> • Do administer prescribed analgesics. • If analgesics could not alleviate headache, another antidepressant may be prescribed.
<ul style="list-style-type: none"> • Serotonin syndrome 	<ul style="list-style-type: none"> • Definition: It is a drug interaction in which two drugs which upsurge serotonin neurotransmission are administered concurrently. • Clinical manifestations: <ul style="list-style-type: none"> ▪ Altered mental status ▪ Agitation ▪ Blood pressure changes ▪ Profuse sweating ▪ Tremors ▪ Hyperreflexia • Nursing management <ul style="list-style-type: none"> ▪ Discontinue the antidepressant immediately. ▪ Report the symptoms to consultant promptly. ▪ The consultant should prescribe drugs which inhibit serotonin neurotransmission. ▪ The symptoms will be reversed after discontinuation of offending agent.

Contd...

Side-effects

Nursing management (role of a nurse)

Mono amine oxidase (MAOIS) inhibitors

• **Hypertensive crisis**

- **Definition:** MAOIS have dietary interactions with foods containing tyramine. Therefore, if a person is on MAOIS, he/she must change his/her diet accordingly to avoid hypertensive crisis.
- **Foods containing tyramine:**
 - Cheese
 - Smoked meats
 - Smoked fish
 - Some beers
 - Overripe fruits
 - Soya products
 - Beans
- **Clinical manifestations:**
 - Occipital headache (severe)
 - Nausea/Vomiting
 - Nuchal rigidity
 - Fever
 - Diaphoresis
 - Hypertension (severe)
 - Palpitations
 - Chest pain
 - Coma
- **Treatment/nursing management:**
 - Discontinue the offending drug promptly.
 - Assess vital signs and keep a record.
 - Prescribe and administer short-acting antihypertensive drugs.
 - Control fever by cold sponging and other methods.

Other side-effects

• Reduction of seizure threshold

Nursing management

- Take history of seizures, if any.
- Use drugs cautiously, if patient has history of seizures.
- Take seizure precautions.
- Anticonvulsants may be administered.

• Priapism (persistent erection of penis which is painful)

Nursing management

- It usually occurs with trazodone.
- Report the symptom to consultant.
- Discontinue the drug.
- If symptom do not reverse, surgical intervention may be required.

• Hepatic failure

Nursing management

- Report clinical manifestations of hepatic failure such as jaundice, anorexia, gastrointestinal (GI) complaints, or malaise, etc.
- Intervene promptly.

Antimanic Drugs

Antimanic drugs are the psychopharmacological agents which are used to treat mania. In BPAD, the psychopharmacological agents used to stabilize the mood are known as mood stabilizing agents.

Classification of Mood-stabilizing Agents (Antimanic Drugs)

Antimanic Drugs

- **Lithium carbonate** (acute mania: 1800–2400 mg/maintenance: 900–1200 mg)

Anticonvulsants

- Clonazepam
- Carbamazepine
- Valproic acid
- Gabapentin
- Lamotrigene
- Topiramate

Calcium channel blockers

- Verapamil

Antipsychotics

- Olanzapine
- Chlorpromazine
- Quetiapine
- Risperidone
- Ziprasidone

Indications (lithium carbonate)

- Mania phase of bipolar disorder
- Bipolar depression
- Prophylaxis of cluster headache/migraine
- Alcohol dependence

Indications (anticonvulsants)

- Bipolar mania
- Seizures
- Epilepsy
- Migraine prophylaxis

Indications (calcium channel blockers)

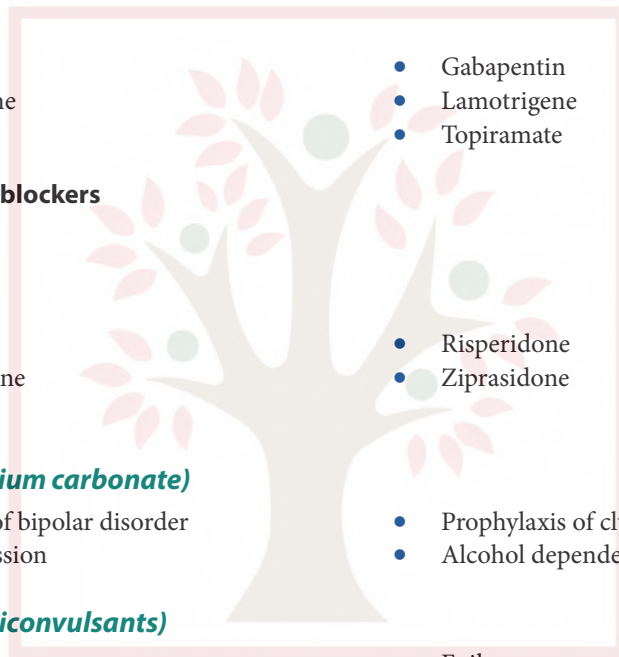
- Bipolar mania
- Migraine
- Angina/arrhythmias

Indications (antipsychotics)

- Schizophrenia
- Bipolar mania

Mechanism of Action

Lithium crosses the blood brain barrier and is distributed for action in the central nervous system. It interacts with neurotransmitters and balances their proportions in brain.



Other mood-stabilizing agents' mechanism of action is unknown. The discovery of use of valproic acid as an antimanic drug was an accident achievement.

Role of a nurse in administration of mood-stabilizing drugs is depicted in Table 4.

Table 4: Side-effects of mood-stabilizing drugs along with nursing management (role of a nurse in administration of mood-stabilizing drugs)

Side-effects	Nursing management (role of a nurse)
Antimanic Lithium carbonate <ul style="list-style-type: none"> • Dry mouth • Nausea/vomiting • Drowsiness • Tremors • Hypotension • Weight gain • Polyuria 	<ul style="list-style-type: none"> • Maintain oral hygiene of the patient. • Provide patient with sugarless candy, ice cubes and frequent sips of water. • Administer antimanic drug with food to combat the effects of nausea. • The psychiatric nurse should report about sedation of patient to the consultant. • An arrangement can be made to administer the drug at bed time. • Health education: Teach patient that he/she should not drive or operate any machinery. • Report the symptom promptly. • A beta blocker may be administered to treat tremors. • Monitor vital signs every 4 hourly. • Assess orthostatic hypotension. • Encourage exercise and fluid intake. • Weigh the patient and keep a record of patient's weight on a daily basis. • Health education: Ask patient to have a less calorie diet yet a balanced one. Consultation with a dietitian, if requested by patient. • Monitor weight on a daily basis. • Maintain intake and output chart.
Anticonvulsants <ul style="list-style-type: none"> • Nausea/vomiting • Drowsiness • Blood dyscrasias • Prolonged bleeding time • Skin rash 	<ul style="list-style-type: none"> • Administer anticonvulsant drug with food to combat the effects of nausea. • The psychiatric nurse should report about sedation of patient to the consultant. • An arrangement can be made to administer the drug at bed time. • Health education: Teach patient that he/she should not drive or operate any machinery. • Blood tests on a regular basis of a patient who is receiving anticonvulsants. • Usually occurs with valproic acid. Blood tests (BT) must be done on regular intervals. • It is a symptom with patients receiving Lamotrigine. Report the symptom to consultant immediately.
Calcium channel blockers <ul style="list-style-type: none"> • Drowsiness • Nausea/vomiting • Constipation • Hypotension 	<ul style="list-style-type: none"> • The psychiatric nurse should report about sedation of patient to the consultant. • An arrangement can be made to administer the drug at bed time. • Health education: Teach patient that he/she should not drive or operate any machinery.

Contd...

Side-effects	Nursing management (role of a nurse)
	<ul style="list-style-type: none"> • Administer anticonvulsant drug with food to combat the effects of nausea. • Provide foods rich in fiber. • Encourage fluid intake. • Encourage physical activity. • Monitor vital signs every 4 hourly. • Assess orthostatic hypotension.
Antipsychotics	
<ul style="list-style-type: none"> • Orthostatic hypotension 	<ul style="list-style-type: none"> • Assess blood pressure in three positions, i.e., lying, sitting and standing. • Keep records of all the assessment of blood pressure and report to the consultant. • Health education: Teach patient to rise slowly from a lying or sitting position.
<ul style="list-style-type: none"> • Sedation 	<ul style="list-style-type: none"> • The psychiatric nurse should report about sedation of patient to the consultant. • An arrangement can be made to administer the drug at bed time or any other antipsychotic with a lesser side-effect can be administered. • Health education: Teach patient that he/she should not drive or operate any machinery.
<ul style="list-style-type: none"> • Photosensitivity 	<ul style="list-style-type: none"> • Health education: Teach client to wear protective clothing, sunscreens and sunglasses when they are out in the sun.
<ul style="list-style-type: none"> • Nausea 	<ul style="list-style-type: none"> • Administer antipsychotics with food to combat the effects of nausea.
<ul style="list-style-type: none"> • Skin rash 	<ul style="list-style-type: none"> • Report any signs of skin rashes and intervene accordingly.
<ul style="list-style-type: none"> • Agranulocytosis 	<ul style="list-style-type: none"> • A rare complication. • Symptoms are sore throat, fever and malaise. • Assess complete blood count.
<ul style="list-style-type: none"> • Anticholinergic effects 	
<ul style="list-style-type: none"> ▪ Dry mouth 	<ul style="list-style-type: none"> • Maintain oral hygiene of the patient. • Provide patient with sugarless candy, ice cubes and frequent sips of water.
<ul style="list-style-type: none"> ▪ Blurred vision 	<ul style="list-style-type: none"> • Health education: Teach patient that this symptom will subside after few weeks. • Teach patient that he/she should not drive or operate any machinery. • Clear the way of the patient to prevent falls.
<ul style="list-style-type: none"> ▪ Constipation 	<ul style="list-style-type: none"> • Provide foods rich in fiber. • Encourage fluid intake. • Encourage physical activity.
<ul style="list-style-type: none"> ▪ Urinary retention 	<ul style="list-style-type: none"> • Report to the consultant, if patient complains of any difficulty in urination. • Monitor intake and output of the patient.

Contd...

Side-effects	Nursing management (role of a nurse)
<ul style="list-style-type: none"> • Hormonal disturbances <ul style="list-style-type: none"> ▪ Decreased libido ▪ Gynecomastia ▪ Retrograde ejaculation ▪ Amenorrhea 	<ul style="list-style-type: none"> • Reassure the patient that the symptoms will be reversed when after discontinuation of the drug. • Discuss with the consultant about the symptoms and another antipsychotic may also be prescribed. • Reassure the patient that the symptoms will be reversed when after discontinuation of the drug. • Health education: Ask the patient to continue with the contraceptives because amenorrhea is a side-effect of antipsychotics and ovulation is occurring naturally with no effect of drugs.
<ul style="list-style-type: none"> • Weight gain 	<ul style="list-style-type: none"> • Encourage exercise and fluid intake. • Weigh the patient and keep a record of patient's weight on a daily basis. • Health education: Ask patient to have a less calorie diet yet a balanced one. Consultation with a dietitian, if requested by patient.
<ul style="list-style-type: none"> • Extra pyramidal symptoms 	<ul style="list-style-type: none"> • Report the symptoms promptly. • Intervene accordingly.

Lithium Toxicity

Lithium carbonate is the most effective treatment against Mania. But its use is dangerous in spite of its benefits. Because Lithium is an antimanic drug which has a very narrow therapeutic index, i.e., the dosages of lithium are cautiously calculated and monitored in blood. A slight increase in serum level of lithium carbonate can cause toxicity.

Normal serum level of lithium is: 0.5–1.5 mEq/L

Clinical manifestations of lithium toxicity is given in Table 5.

Table 5: Clinical presentation of lithium toxicity

Clinical presentation	Serum lithium level	Clinical manifestations
Acute	1.5–2 mEq/L	<ul style="list-style-type: none"> • GI upset (nausea, vomiting, abdominal pain), Neuromuscular signs (ataxia, dizziness, confusion)
Acute on chronic	2–2.5 mEq/L	<ul style="list-style-type: none"> • Both GI and neurological signs and symptoms (blurred vision, stupor, coma, seizure, anorexia, severe nausea and vomiting)
Chronic	Above 2.5 mEq/L	<ul style="list-style-type: none"> • Neurologic symptoms only (convulsions, coma, oliguria and death)

Nursing Responsibility

- Measure lithium level as a ward routine procedure for patients undergoing lithium therapy.
- Monitor lithium levels in symptomatic patients.
- Supportive therapy/symptomatic treatment should be given to patients having lithium toxicity.
- Maintain a patent airway to prevent aspiration pneumonia as patient is having GI upset.
- Seizure precautions and medications should be initiated.

Antianxiety Drugs (Anxiolytics/Minor Tranquilizers)

Antianxiety drugs are the psychopharmacological drugs which are used to treat anxiety disorders.

Indications

- Anxiety disorders
- Anxiety symptoms
- Acute alcohol withdrawal
- Convulsions
- Preoperative sedation
- Status epilepticus
- Skeletal muscle spasms

Classification of Antianxiety Drugs

- Antihistamines
 - Hydroxyzine
- Benzodiazepines
 - Alprazolam
 - Chlordiazepoxide (librium) (15–100 mg/24 hours in divided dosages)
 - Clonazepam
 - Diazepam (6–50 mg/24 hours in divided dosages)
 - Lorazepam (2–6 mg/24 hours in divided dosages)
 - Oxazepam
- Azaspirodecanediones
 - Buspirone

Mechanism of Action

Antianxiety drugs inhibit neurotransmitter GABA at receptor site and produce a relaxing effect in Limbic system and reticular activating system; thereby depresses central nervous system resulting in sedation, hypnosis or coma.

Role of a nurse in administration of antianxiety drugs is given in Table 6.

Table 6: Side-effects of antianxiety drugs along with nursing management (role of a nurse in administration of antianxiety drugs)

Side-effects	Nursing management (role of a nurse)
Drowsiness	<ul style="list-style-type: none"> • The psychiatric nurse should report about sedation of patient to the consultant. • An arrangement can be made to administer the drug at bed time. • Health education: Teach patient that he/she should not drive or operate any machinery.
Tolerance	<p>Tolerance is defined as a phenomenon in which an increased amount of dose is required to produce the desired effects. This is very common side-effect of antianxiety drugs.</p> <p>Clinical manifestations</p> <ul style="list-style-type: none"> • Insomnia • Muscle cramps • Anxiety

Contd...

Side-effects	Nursing management (role of a nurse)
	<ul style="list-style-type: none"> • Depression • Tremors • Delirium • Convulsions <p>Management</p> <ul style="list-style-type: none"> • Teach the patient not to discontinue the drug abruptly. • Educate the patient that abrupt withdrawal is life-threatening.
Increasing effects of other CNS depressants	Alcohol and other drugs which cause CNS depression must not be taken when patient is on antianxiety drugs.
Orthostatic hypotension	<ul style="list-style-type: none"> • Assess blood pressure in three positions, i.e., lying, sitting and standing. • Keep records of all the assessment of blood pressure and report to the consultant. • Health education: Teach patient to rise slowly from a lying or sitting position.
Dry mouth	<ul style="list-style-type: none"> • Maintain oral hygiene of the patient. • Provide patient with sugarless candy, ice cubes and frequent sips of water.
Nausea and vomiting	<ul style="list-style-type: none"> • Administer anti-anxiety drug with food to combat the effects of nausea and vomiting.
Blood dyscrasias	Blood tests on a regular basis of a patient who is receiving antianxiety drugs.
Paradoxical excitement	<p>Definition: The patient develops the effects opposite to the desired effects of the drug.</p> <p>Management:</p> <ul style="list-style-type: none"> • Discontinue the offending anti-anxiety drug.
Potentiates depressive symptoms	<ul style="list-style-type: none"> • Assess mental status examination especially mood and affect. • Initiate suicidal precautions with depressive patients.

Antiparkinsonian Drugs

In psychiatry, anti-parkinsonian drugs have a greater importance. These drugs are used not only to treat Parkinsonism but to treat pseudoparkinsonism, i.e., an extrapyramidal symptom of antipsychotics also.

Indications

- Parkinsonism
- Treatment of EPS

Classification of Antiparkinsonian Drugs

- Anticholinergics
 - Benztropine
 - Biperiden
 - Procyclidine
 - Trihexyphenidyl
- Antihistamines
 - Diphenhydramine (benadryl)

- Dopaminergic agonists
 - Amantadine (symmetrel)

Role of a nurse in administration of antiparkinsonian drugs is depicted in Table 7

Table 7: Side-effects of anti-parkinsonian drugs along with nursing management (role of a nurse in administration of anti-parkinsonian drugs)

Side-effects	Nursing management (role of a nurse)
Drowsiness	<ul style="list-style-type: none"> • The psychiatric nurse should report about sedation of patient to the consultant. • An arrangement can be made to administer the drug at bed time. • Health education: Teach patient that he/she should not drive or operate any machinery.
Urinary retention	<ul style="list-style-type: none"> • Report to the consultant, if patient complains of any difficulty in urination. • Monitor intake and output of the patient.
Blurred vision	<ul style="list-style-type: none"> • Health education: Teach patient that this symptom will subside after few weeks. • Teach patient that he/she should not drive or operate any machinery. • Clear the way of the patient to prevent falls.
Constipation	<ul style="list-style-type: none"> • Provide foods rich in fiber. • Encourage fluid intake. • Encourage physical activity.
Orthostatic hypotension	<ul style="list-style-type: none"> • Assess blood pressure in three positions, i.e., lying, sitting and standing. • Keep records of all the assessment of blood pressure and report to the consultant. • Health education: Teach patient to rise slowly from a lying or sitting position.

INDIVIDUAL PSYCHOTHERAPY

Psycho means having a psychological basis and therapy means treatment. Therefore, in simple terms, psychotherapy refers to the psychological intervention for a therapeutic purpose.

The first and foremost individual psychotherapy is **psychoanalysis**. The approach of psychoanalysis is individual, i.e., one to one relationship between psychoanalyst and the patient and this is known as individual psychotherapy.

Concept of psychoanalysis: Psychoanalysis is the process in which through free association and catharsis, patient's repressed emotions and psychological conflicts are brought to surface and through application of understanding, they are resolved.

Catharsis: An emotional discharge of repressed psychological conflicts.

Free association: The patient is asked to speak whatever comes into his mind, the content of the thought may not be logical, sensible to the patient but the psychoanalyst will interpret and find out the repressed emotions.

Indications of Individual Psychotherapy

- Anxiety disorders
- Obsession
- Conversion disorder
- Depression
- Personality disorders
- Sexual dysfunction
- Compulsion

Most of the neurotic disorders can be treated with psychoanalysis.

Process of Individual Psychotherapy

The psychoanalysis is based on the psychosexual theory given by **Sir Sigmund Freud**. This states that all of the unconscious neurotic conflicts can be brought to the surface and worked through. The process of the psychoanalysis given by **Sir Sigmund Freud** involves following stages:

- **Recollection (Stage 1)**
 - First step in stage one is to teach the patient about methods, routines and requirements of analysis.
 - A therapeutic alliance is established and all the rules of psychoanalysis are taught.
 - **Free association:** The patient is allowed to express his/her problems and content of the thought is not supervised which means patient can speak whatever comes into his mind.
 - **Catharsis:** The patient disconnected ideas and expression may join and an emotional discharge of psychological conflicts can occur while describing his/her problems through free association.
- **Repetition (Stage 2)**
 - This is a transition stage in which patient feels an emotional gratification by psychoanalyst. Ideas may be projected onto psychoanalyst and a neurotic transference may occur. Transference refers to identifying the therapist as one of significant person of patient' life.
 - This brings safety and comfort with patient and can be used for therapeutic purpose to resolve unconscious psychological conflicts.
 - This results in gradual increase of surfacing of unconscious psychological conflicts.
 - The patient will now repeat childhood patterns, recall traumatic childhood events and a return to the previous developmental level can be identified where there is root of neurosis.
 - Expression of the thought here will be helpful in resolving the repressed unconscious psychological conflicts.
- **Working through (Stage 3)**
 - This is the termination phase and patient gets ready for leave in this final stage.
 - The irrational transference toward psychoanalyst is subsided through understanding.
 - The patient develops maturity and mastery over psychological conflicts.
 - Termination should not be abrupt but gradual. The patient can come for follow-up assistance, if required.

Role of a Psychiatric Nurse in Individual Psychotherapy

- The psychiatric nurse builds a psychotherapeutic nurse-patient relationship for building a therapeutic alliance in individual psychotherapy.
- The psychiatric nurse reinforces positive behaviors in individual psychotherapy.
- The psychiatric nurse keeps a therapeutic environment for a patient undergoing individual psychotherapy.
- The psychiatric nurse allows free expression of emotions in a therapeutic way without being defensive.

- Learning psychotherapy is beneficial for psychiatric nurse for her own personal growth and exploration.
- In Individual psychotherapy, the psychiatric nurse establishes peak performance as an active member of health care team.
- The psychiatric nurse can help the patient in resolving spiritual and life adjustment issues.
- The psychiatric nurse who is well versed with methods of individual psychotherapy can help coping with health problems.

GROUP PSYCHOTHERAPY

Definition and Meaning

Group psychotherapy is a form of psychotherapy in which a homogeneous or a heterogeneous group is formed which works together to meet the emotional needs of one another under the guidance of a trained psychotherapist.

Homogeneous group is the collection of people who are having the same emotional problems.

Heterogeneous group is the collection of people who are carefully selected to resolve emotional problems of one another.

Formation of the Group

- A general interview with each patient is done before selecting him/her to be a part of group therapy.
- The therapist collects a great deal of information about all the patients who could participate in group therapy for the benefit of one another.
- Usually, homogeneously composed small groups are ideal for group psychotherapy.

Setting for Group Psychotherapy

- IPD
- OPD
- Partial hospitalization units
- Community health centers
- Private institutions

Size of the Group

The group may have very few as 3 and maximum up to 15 members who can participate in group psychotherapy.

Frequency and Length of Group Psychotherapy

Frequency: Once a week and must be continuous.

Length of session: 1–2 hours

Types of Group

- Homogeneous group
- Heterogeneous group

Indications of Group Psychotherapy

- Anxiety disorders
- Marital conflicts
- Relationship problems
- Neurotic disorders
- Conflicts with authority figures
- Depressive patients

Contraindications of Group Psychotherapy

- Antisocial personalities
- Actively suicidal patients
- Manic patients
- Patients having delusions
- Violent patients

Process of Group Psychotherapy

- Selection of participants.
- The trained expertise should explain the procedure in as much detail as possible.
- The therapist answers all the questions of the group members before starting first session.
- Each patient reacts differently to the group psychotherapy because of different past and psychological conflicts.
- On the given subject, the group members are allowed to express their thoughts and ideas.
- In the process of expressing thoughts and ideas, unresolved conflicts and burdens may also come on surface. Transference among patients may occur.
- Through interpretation of thoughts and application of empathy, these conflicts can be resolved in group psychotherapy.
- During group therapy, patients learn new coping strategies to deal with their psychological burdens and also the successful execution of problem-solving process.
- Patient do learn new healthy defense mechanisms and their application in dealing with psychological problems such as:
 - Altruism
 - Abreaction
 - Acceptance
 - Catharsis
 - Empathy
 - Insight
 - Interaction
 - Interpretation
 - Reality testing
 - Transference
 - Ventilation, i.e., expression and sharing of personal information which may be secretive.
- At the end of every session and discussion, the therapist will conclude the learning and establish new ways of problem-solving which can now be implemented in future.

Role of a Psychiatric Nurse in Group Psychotherapy

The psychiatric nurse who is providing group psychotherapy does perform following functions:

- The psychiatric nurse selects, organizes and leads a collection of members to work together to resolve emotional problems.

- The psychiatric nurse encourages constructive discussions among group members.
- The psychiatric nurse channelizes all the work of group members toward maximum attainment of goals.
- The psychiatric nurse collects all the relevant information in a screening interview to form an ideal group for group psychotherapy.
- The psychiatric nurse maintains confidentiality of the information for a therapeutic purpose.
- The psychiatric nurse keeps a record of all the information and expression among group members.
- The psychiatric nurse works as a modulator and channelizes the discussion in the right direction.
- The psychiatric nurse chooses the size and composition of the group undergoing psychotherapy.

BEHAVIORAL THERAPY

Behavioral therapy refers to bring out functional adaptive behavior to improve the quality of life. Behavioral therapy has its basis in learning theories. Every individual learns his/her behavioral actions and responses during his life and this behavior pattern is much influenced by family, peer group and society. Sometimes, individuals learn dysfunctional behavioral patterns which can cause psychological problems.

For example, over pampered children are more likely to develop dependency issues. Children showing a great deal of tantrums, if parents fail to fulfil the demands of the child may have been raised in a dysfunctional way and do not appreciate delay in desires fulfilment.

Any of the reasons, which make an individual to adopt dysfunctional patterns of behavior, is a wrong adaptation method.

Behavioral therapy implies correction of dysfunctional pattern and re-learning.

John B Watson was the Father of Behavioral Psychology.

Origin of Behavioral Therapy

Learning theories:

- Pavlov Theory of Learning
- Systematic Desensitization by Wolpe
- BF Skinner Learning Experiment

Behavioral Therapy Approaches

Systematic desensitization: It is also known as gradual exposure therapy. In systematic desensitization, the patient is gradually exposed to the feared stimulus (anxiety provoking stimulus) until patient attains a sense of relaxation with mild or no anxiety. Indications are phobias, obsessions, compulsions, and sexual disorders.

The process of systematic desensitization consists of following steps:

- Step 1** Patient is asked to make a hierarchy of the anxiety provoking situations in an ascending order, i.e., the lesser anxiety provoking stimulus at the top and so on.
- Step 2** Teach patient relaxation techniques such as mental imagery or deep breathing exercises.
- Step 3** Exposing the patient to the least anxiety provoking stimulus; one at the top of the hierarchy and tackling the situation with relaxation technique instead of anxious behavior.

Step 4 Again exposing the patient to the previous anxiety provoking stimulus, if he/she has not conquered it yet. If patient's anxiety has been resolved and there is no anxiety on exposure to the stimulus then patient can move to the next anxiety provoking stimulus in the hierarchy.

Step 5 The patient moves in the hierarchy and reaches the highest anxiety provoking stimulus gradually and overcome it in steps.

- **Flooding:** It is also called implosion. Flooding is different from systematic desensitization in which there is gradual exposure to anxiety provoking stimulus. In flooding, at once exposure to the anxiety provoking stimulus is done without use of hierarchy. Sometimes, imagined flooding is used in which no real exposure to the anxiety provoking stimulus is made; instead the feared object is confronted only in imagination.
- **Virtual therapy:** The feared stimulus is confronted through computerized simulations.
- **Participant modeling:** Learning and adopting new behavior patterns through imitation and observation.
- **Assertive training:** Assertiveness is defined as protecting one's rights without violating the rights of others. Many people are passive aggressive, aggressive or non-assertive. They learn assertiveness through observing behavior of assertive persons under supervision of behavioral therapist.
- **Aversion therapy:** Every wrong behavior pattern is punished and in this way, a specific behavioral response is generated. Punishment may be in form of noxious stimuli such as electrical shock, social disapproval, emetics, etc.
- **Positive reinforcement:** Every right and desirable behavior pattern is rewarded and positively reinforced. The rewards may be in form of social appraisal, food and/or praise, etc.

Role of a Psychiatric Nurse in Behavioral Therapy

- The psychiatric nurse encourages positive reinforcement.
- The psychiatric nurse can correct wrong behavioral patterns in neurotic patients.
- Behavioral therapy can be very useful in child psychiatry and should be implemented by a psychiatric nurse working with children.
- The psychiatric nurse can implement behavioral techniques for phobic, anxious patients.
- The psychiatric nurse can implement behavioral approaches for patients having sexual dysfunctions.
- The psychiatric nurse can use token economy, i.e., a kind of positive reinforcement in which tokens are given every time patient demonstrates desirable behavior and when a particular number of tokens are collected; an incentive is given to the patient. This behavioral approach is very effectively used by psychiatric nurses with schizophrenic patients.
- The psychiatric nurse uses behavioral techniques with alcohol dependence patients to encourage abstain from alcohol.
- The psychiatric nurse can also correct anti-social behavior of adolescents.

OCCUPATIONAL THERAPY

Occupational therapy is the use of occupations for a therapeutic purpose. Occupational therapy is given by occupational therapist.

The American Occupational Therapy Association defines an occupational therapist as someone who helps people across the lifespan and participate in the things they want and need to do through the therapeutic use of everyday activities (occupations).

Indications

- Differently-abled persons
- Persons with physical injuries
- Persons with physical impairments

Occupational therapy is a multidisciplinary approach and can be executed with the help of other professionals such as physical therapist, speech therapist, psychiatric nurse, social worker, etc.

Advantages of Occupational Therapy

- It improves quality of life of patient.
- Occupation helps to improve self-esteem of the patient.
- Occupation improves personality of the patient.
- Occupation adds to the income of the patient and in turns raises the confidence of the patient.
- Occupation helps in improving patient health in every dimensions; physically, mentally, spiritually, vocationally, etc.

Areas of Occupational Therapy

The American Occupational Therapy Association has given following areas of occupational therapy:

- Education
- Work
- Rest and sleep
- Play
- Recreation
- Activities of daily living (bathing, toileting, combing, grooming, etc.)
- Instrumental activities of daily living (care of equipment/clothing/pets/kitchen)
- Social interactions

Settings of Occupational Therapy

- Day care centers
- OPD
- IPD
- Rehabilitation centers
- Special schools

Role of a Psychiatric Nurse in Occupational Therapy

- The psychiatric nurse can encourage patient in institutions for occupational therapy.
- Motivation by a psychiatric nurse to participate in occupational activities can bring life to a patient who lacks confidence and is of a low self-esteem.
- The psychiatric nurse can help to improve quality of life of a psychiatric patient by indulging him/her in meaningful life activities.
- The psychiatric nurse can also be a member of health team who do participate in occupational therapy areas.
- The psychiatric nurse assists patients in ADLs and IADLs.

FAMILY THERAPY

Family is the basic structural and functional unit of society. Family is the foundation on which society is established. Family functions, if altered, can cause various psychological problems and conflicts in the members of family.

Family therapy is the therapeutic psychological approach to correct the family dysfunction.

Definition: Family therapy is the psychotherapeutic approach which will improve family functioning in terms of relationships, communications and understanding of one another.

Indications of Family Therapy

- Relational difficulty
- Marital maladjustment
- Social maladjustment
- Miscommunication and misunderstandings in family members
- Broking family (at the urge of divorce or separation)
- Conversion disorder
- Adolescent crisis/adult problems

Process of Family Therapy

- **Consultation:** Family therapy starts with a screening interview with family as a whole or a particular member of family, who is the focus of intervention. Family therapy is needed, may not have a clear indication. The family member may complain about behavior of another family member or issues of child may come at surface after marriage and so on. The problem diagnosis is made by family therapist after screening interview of family members.
- **Interview:** Family is a group having common goals in society and have “we feeling” altogether. The family therapist must treat family as a group and understands its functioning. The family is already an established group. The first task of a family therapist is to understand the functioning of the established group. The interdependency among family members must be learned by family therapist and how he has to inspire the whole group in adopting new ways of family functioning.

The family therapist must not be passing judgments over verbalized material of family members and maintain confidentiality among family members also unless it is permitted and mandatory approach for correcting flaws.

Free association is not recommended in family therapy as it can lead to domination of the talk by one dominant family member. A careful catharsis of one member unto other should be the approach of family therapist.

Frequency and Length of Family Psychotherapy

Frequency: Once a week and must be continuous.

Length of session: 1–2 hours

Role of a Psychiatric Nurse in Family Therapy

- The psychiatric nurse is the source of information about family and family members, if they are staying in cottage.
- The psychiatric nurse can help in initial screening and interviews.

- The psychiatric nurse can help to establish family goals and dynamics.
- The psychiatric nurse can keep a record of all the information and maintains its confidentiality.
- The psychiatric nurse can learn family therapy and its methods in detail and can help inward patients to communicate and reside as a family with more communication among patients which brings love and laughter in institutionalization.
- The psychiatric nurse must intervene accordingly with the family member, who is suffering psychological problems because of family disputes.
- The patient of conversion disorder is a challenge for family to intervene according to the therapeutic modalities. The psychiatric nurse may contribute largely for a patient with conversion disorder and his family.
- The psychiatric nurse can provide social counseling and psychological support to the family members.

MILIEU THERAPY

The word Milieu is taken from French language and it is used in place of word *middle*. In psychiatry and English translation, it refers to *environment*.

Many of the mental disorders are having origin in their faulty environment. Milieu therapy is based on the concept that, if patient's environment can be made therapeutic, it might improve mental health of psychiatric patients.

Milieu therapy changes the patient's environment to be therapeutic, adaptive and conducive for patient's health.

Definition

A scientific structuring of the environment in order to effect behavioral changes and to improve the psychological health and functioning of the individual (Skinner, 1979).

Goals of Milieu Therapy

- To manipulate patient's environment in a therapeutic way.
- To teach patient new healthy ways of coping and adaptive strategies; this can be adopted to improve the quality of life of patient.
- To foster a sense of independence in patient.

Principles of Milieu Therapy

- Mutual respect
- Maximum purposeful interaction
- Promotion of autonomy
- Encouraging socialization
- Effective use of peer pressure for therapeutic purpose
- Team work
- We feeling
- Encouraging acting out behavior
- Therapeutic group discussion
- Temporary seclusion for therapeutic purpose

Need for Milieu Therapy

In institutions, patient is not autonomous and is not able to take independent decisions. The patient usually develops feelings of dependency. The concept of deinstitutionalization could not be adopted by every psychiatric patient because of lack of cooperation by family and community. Therefore, patients remain in institution and lacks interaction and social responsibilities. It makes a psychiatric patient unfit for the community. To combat these negative effects of institutionalization, milieu therapy came into existence.

Strategies of Milieu Therapy

- **Distribution of power:** The milieu therapy works in this manner that no one person in the group will dominate. The work of the group will be divided among members and in this way the power will be distributed. It encourages group members' participation and increases the self-esteem of patient. The patient will learn to be an active member of the family and a productive member of the community. Accomplishment of the work triggers patient mind to participate and power empowerment brings productiveness.
- **Open communication:** Milieu therapy is based on the effective communication in which therapeutic communication techniques are used. The communication will be using an open-ended question which encourages ventilation, catharsis and resolution of psychological conflicts. It enables the patient to understand empathy and practice it when he again becomes a member of community.
- **Structured interactions:** Structured interactions are those interactions which are planned under supervision. These interactions are discussion over the matters rather than arguments. Structured interactions are learning communication in a better way which will enables patients to learn the individual differences among family and community. It would be very helpful when patient will again go into community.
- **Work-related activities:** The activities of milieu therapy are work performances which are graded later.
 - Gardening
 - Cooking
 - Washing utensils and keeping them in arrangement
 - Washing clothes, ironing, keeping them in given shelves or closets.
 - Dining
 - Housekeeping, etc.
 - All of the work activities, minor or major, will make the patient a productive member of the community.
- **Community participation:** All of the activities of the milieu therapy are coordinated and executed in the same manner as they are done in community. Community people also participate in milieu therapy. For example, a psychiatric patient who is undergoing milieu therapy may went to a nearby market in community to purchase food items.
- **Environmental adaptation:** The milieu therapy teaches environmental adaptation to the psychiatric patients by using adaptation model. It teaches patients to use more adaptive techniques to the environment and helps in improving coping with environmental stresses.

Role of a Psychiatric Nurse in Milieu Therapy

- The psychiatric nurse can help to establish a therapeutic environment for the psychiatric patient by planning in ward routine accordingly.

- The psychiatric nurse plans activities and interactions with patients who are undergoing milieu therapy.
- The psychiatric nurse can indulge patients in art, drawing, bed side lamps, pictures, making bulletin boards, file making, etc.
- The psychiatric nurse can initiate effective communication among patients of milieu therapy.
- The psychiatric nurse ensures physical environment to be conducive for milieu therapy.
- The psychiatric nurse encourages larger group interaction.
- The psychiatric nurse explores the feasibility of social skills training in milieu therapy.
- The psychiatric nurse can make conclusive observation of psychiatric patients undergoing milieu therapy.

SOMATIC THERAPY: ELECTROCONVULSIVE THERAPY

Electroconvulsive therapy (ECT) is a very controversial procedure in spite of its efficacy. Majority of the community people do consider this therapy as very inhumane. Like other therapies, it is not appreciated among psychiatric patients and even health care workers.

Many of the members of health care team also don't have a positive outlook toward electroconvulsive therapy.

Definition of ECT

Electroconvulsive therapy is the induction of grand mal seizures through induction of an electric current with use of electrodes.

Types of ECT

ECT can be classified on the basis of location.

- Unilateral (front temporal region on the dominant side)
- Bilateral (front temporal regions on both sides)

Types of Convulsions

Tonic-clonic seizures

Duration of Seizures

Minimum 25 seconds in which 10–15 seconds are of tonic phase

Frequency

It depends on the severity of disease. ECT may be administered alternatively or thrice per week.

Number: 6–12 treatments on an average. Maximum 20

Indications of ECT

- Major depression
- Mania
- Schizophrenia
- Neuroses
- OCD
- Personality disorders

Contraindications of ECT

There is no absolute contraindication for ECT. ECT may be administered cautiously in following conditions:

- Increased intracranial pressure
- Cardiovascular disorders
- Osteoporosis
- Pulmonary disorders
- High risk pregnancy

Mechanism of Action

The exact mechanism is not known. The ECT is believed to upsurge the neurotransmitters in the brain. After ECT, there is a significant increase in level of neurotransmitters in the brain such as serotonin, norepinephrine, and dopamine, etc.

Amount of Current

About 70–130 volts, it can be decided on the basis of patient's weight and amount of current required to produce convulsions.

Adverse Effects of ECT

- Transient memory loss
- Confusion
- Disorientation
- Brain damage
- Fractures and dislocations

Role of a Psychiatric Nurse Before Administration of ECT

- Keep patient NPO for last 6 hours before administering ECT.
- Make patient sit in waiting room.
- Keep a calm environment in the waiting room by keeping lights dim, noise free.
- The patient should be asked to void before ECT.
- The psychiatric nurse can provide magazines or other written material for patient to read.
- Be with the patient.
- Keep preanesthetic drugs ready for the patient.
- Take a written consent from significant relative after explaining the procedure.
- The psychiatric nurse should take a history of the patient focusing on presence of any cardiovascular or neurogenic disorders and any other contraindications of ECT.
- The psychiatric nurse should check for any metallic article with patient even, if it is a pace-maker in heart. Report to the physician immediately.
- Remove any make-up and dentures.
- The psychiatric nurse should check for loose clothing suited for ECT treatment.
- The psychiatric nurse must maintain personal hygiene of the patient especially hair care allowing removal of oil from hair.
- The psychiatric nurse should take the patient on a stretcher to ECT room after completion of pre-ECT care.

The first and foremost task even before administering ECT is administration of Pre-ECT medication. The Pre-ECT medication is administered in waiting room or ECT room depending upon the institution policy.

Pre-ECT Medication

1 Anesthetic agent + 1 muscle relaxant + 1 anticholinergic

Anesthetic agents used in ECT are:

Thiopental sodium 0.25 gm to 0.5 gm IV -----	Barbiturate
Methohexital-----	Barbiturate
Etomidate-----	Non-barbiturate
Ketamine-----	Non-barbiturate
Alfentanil -----	Opioids
Propofol-----	Non-barbiturate

In most Indian institutions, methohexital, thiopental sodium or propofol is commonly used anesthetic agent.

Muscle Relaxant Used in ECT

Inj. succinylcholine 30–50 mg is a muscle relaxant

Anticholinergic used in ECT

Inj. atropine decreases the secretions and is helpful in prevention of aspiration pneumonia

- A padded mouth gag and tongue depressor is placed to prevent tongue bite during convulsions.
- Provide oxygenation to prevent apnea after convulsions.
- Provide electrodes which are kept ready in NS or with jelly.
- Record the timing and duration of convulsions.
- Prompt suctioning as needed.

Role of a Psychiatric Nurse after Administration of ECT

- Monitor vital signs of the patient every 15 minutes and do not shift the patient until patient has normal range of vital signs.
- While shifting the patient, put on the side-rails to prevent falls and injury to the patient.
- Shift the patient when he/she responds to simple commands such as open your mouth.
- Allow sleep and rest as demanded by patient.
- Offer a glass of water after half an hour of ECT administration.
- Re-orient the patient to time, place and person.
- Record vital signs.
- Allow the patient to eat the meal.
- Make observation of any change or injuries.
- Resume the daily ward routine with patient.

INSULIN THERAPY

Insulin therapy is also known as Insulin Coma therapy in the field of psychiatry. In which by regular large doses of insulin, a hypoglycemic state is induced in a psychiatric patient to calm the brain up till level of coma.

This method of treating psychiatric disorders is obliterated now and is no more in use. It was discovered by Austrian-American psychiatrist **Manfred Sakel** in 1927. Insulin therapy was used in 1940s. Insulin therapy and convulsive therapies were altogether known as shock therapies.

Method of Administering Insulin Therapy

This therapy can only be given under strict supervised conditions in labor-intensive treatment. Therapy must be administered by trained staff. When the patient starts improving with repeated comas, doses of insulin can be subsequently reduced.

Each episode of coma lasts for one hour to the max.

Indications of Insulin Therapy

- Schizophrenia
- Delusional disorder

Adverse Effects of Insulin Therapy

- Hypoglycemia
- Perspiration
- Pallor
- Excessive salivation often resulting in drooling
- Agitation
- Convulsions may occur before or after insulin therapy

Role of a Psychiatric Nurse in Insulin Therapy

Nowadays insulin therapy is banned and if any institution or private organization is administering it without legal permission and consent of patient, it must be reported for legal enquiries.

ASSESS YOURSELF

Previous Years' Questions

Write short notes on:

1. Pre ECT nursing care
2. Role of nurse in group therapy
3. Extrapyramidal symptoms
4. Nursing responsibilities for a person undergoing ECT
5. Lithium toxicity
6. Nursing care of patient after ECT
7. Side-effects of antipsychotic agents
8. Occupational therapy
9. Nursing management of a patient on lithium therapy
10. Psychoanalysis
11. Antipsychotic drugs
12. Behavior therapy

Multiple Choice Questions

1. **Which of the following is not a kind of antidepressant class?**
 - a. Tricyclic antidepressants
 - b. Monoamine oxidase inhibitors (MAOIs)
 - c. SSRIs
 - d. Phenothiazines
2. **Which of the following drugs are used to treat anxiety?**
 - a. Anxiolytics
 - b. Antipsychotics
 - c. Insulin
 - d. Hypnotics
3. **Which of the following is not an EPS?**
 - a. Tardive dyskinesia
 - b. Dysphasia
 - c. Neuroleptic malignant syndrome
 - d. Pseudoparkinsonism
4. **Behavioral therapy is based on:**
 - a. Learning theories
 - b. Dream analysis
 - c. Catharsis
 - d. Cognition
5. **Benzodiazepines are to treat:**
 - a. Depression
 - b. Anxiety disorders
 - c. Schizophrenia
 - d. Mood disorders
6. **The major communication skill to be learned in milieu therapy is:**
 - a. Empathy
 - b. Silence
 - c. Acceptance
 - d. Probing
7. **Which of the following is not an approach of behavioral therapy?**
 - a. Flooding
 - b. Aversion therapy
 - c. Systematic desensitization
 - d. Counter transference

- 8. In systematic desensitization, which of the following is done?**
- a. Hierarchy of anxiety provoking stimulus
 - b. Diary
 - c. Journal writing
 - d. Token economy
- 9. Dream analysis of repressed emotions is done in which of the following?**
- a. Behavior therapy
 - b. Psychoanalysis
 - c. Learning theory
 - d. Insulin therapy
- 10. Family therapy attempts:**
- a. Effective therapeutic communication
 - b. Resolution of psychological conflicts
 - c. To make the patient fit for community
 - d. All of these
- 11. Token economy is executed in:**
- a. Individual psychotherapy
 - b. Behavioral therapy
 - c. Family therapy
 - d. Dream analysis
- 12. MAOIs therapy does not recommend?**
- a. Fats
 - b. Minerals
 - c. Fluid intake
 - d. Foods containing tyramine



ANSWERS KEY

- 1. d 2. a 3. b 4. a 5. b 6. a 7. d 8. a 9. b**
10. d 11. b 12. d

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for GNM Nursing Students

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- Long and Short Answer Questions along with MCQs have been given under Assess Yourself for self-evaluation

About the Author

Eleena Kumari, MSc [Mental Health (Psychiatric) Nursing], is presently working as an Assistant Professor at Khalsa College of Nursing, Amritsar, Punjab. She is a respected faculty on motivation, leadership and innovations in the field of mental health nursing. By blending innovative trends in mental health (Psychiatric) nursing with timeless care of the mind and soul for psychiatric patients, she has eloquently expressed her ideas into this book.

Over three years ago, she set out to find the effectiveness of quality of care in psychiatric units in her research study in which she took opinions of psychiatric patients regarding hospital care and implemented the findings accordingly. This was the very innovative study in which psychiatric patients were considered important to discuss their ideas and views regarding quality of care. The research is published in indexed PGI Nursing Research and Midwifery journals. She is committed to learning and self-improvement. She has written this book with extensive search for innovations in the field of mental health nursing and has tested the usefulness of text in her own career while teaching to nursing students.



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