UNIT 4 ROLE OF NURSE IN COMMUNITY MENTAL HEALTH PROGRAMME

Structure

4.0 OBJECTIVES

After studying this unit, you should be able to:

- distinguish between primary, secondary and tertiary prevention and contrast programmes in each category of prevention;

- explore the traditional and emerging, roles of the nurse in primary prevention;

- describe ways to initiate primary prevention programme;

- participate in teaching or counselling, with other nurses or health team workers, in primary prevention;

- initiate primary preventive care in combination with other nursing interventions;

- describe secondary and tertiary preventure programmes in the community in terms of mental illness; and

- apply the primary health care system for community mental health activities.

4.1 INTRODUCTION

The community mental health programme is considered as one of the landmark changes in psychiatry, shortening hospitalization. Caring for clients near their homes, and providing alternatives to in-patient care are positive, well accepted objectives of this movement. A natural outcome of the community mental health movement is the promotion of positive mental health.

While attempting to provide preventive mental health services, one should have a clear idea of the local social systems and institutions in the community. The nurses role should be a facilitator who can offer sources and relationship to foster growth.

4.2 LEVELS OF PREVENTION AND ROLE OF A NURSE

Caplan describes the levels of prevention as follows:

1) **Primary Prevention**

   It is concerned with reduction of incidence of new cases of mental disorders in the population by combating harmful forces that operate in the community, and by strengthening the capacity of the people to withstand stress.

2) **Secondary Prevention**

   It is defined as reduction of the duration of mental disorders.

3) **Tertiary Prevention**

   This is defined as reduction of the rate of residual defects that follow mental disorder in the affected population.

4.2.1 Primary Prevention

Primary prevention should have the following goals:

i) Ascertaining at the risk population and the high risk situations where stressful life events are the precipitating factors.

ii) Providing services to strengthen coping resources of these groups to prevent development of symptoms.

Concrete Measures in Prevention

1) *Individual Centred Measures*

   Child care and child-rearing measures include:

   ● Antenatal care to mother and educating her regarding the adverse effects of irradiation, drugs and prematurity.

   ● Ensuring timely and efficient obstetrical assistance to guard against the ill effects of anoxia, injury at birth.

   ● Liberalization of laws regarding termination of pregnancy, when it is unwanted.

   ● Counselling of the parents of physically and mentally handicapped children, with particular reference to the nature of defects. The parents need to accept and emotionally support the child and be satisfied with limited goals.

   ● Programmes to enrich child mother relationship by stressing the importance of warm accepting intimate relationship, and avoiding the prolonged separation of mother and child, are essential.

2) *Programmes Oriented to the Child in the School*

   These programmes are essential, as the school plays an important role in the childs life next to the family, in moulding the child's personality on healthy lines. The quality of the child's cognitive achievement has an enormous effect on his capacity to adapt to the rapidly changing world. Early signs of learning difficulties or behavioural abnormalities can be detected, and timely corrective measures can be taken through professional help. The teachers should be taught to identify the symptoms of abnormal conduct and behaviour in the children and refer cases to appropriate agencies.

3) *Family Centred Activities to Ensure Harmonious Relationship*

Between various members of the family attitudes of mutual trust, love and respect for one another need to be fostered. Attitudes of warmth, acceptance and love, emotional support and facilitating growth of children to realise their full potential go a long way in primary prevention.

4) *Programmes Oriented to Keep Families Intact*

● Educational services in the field of mental health and mental hygiene.

● Parent-teacher associations.

● Home maker services when there is absence of the mother from home due to illness or other reasons for prolonged periods, the public health nurse can arrange for the service.

● Child guidance clinics to guide the parents in proper child rearing practices, and to clear their doubts on mental health issue of the child.

● Marital counseling for those having marital problems. .

5) *Programmes for Families in Crisis*

Some normal developmental crisis are:

● The children passing through adolescence.

● Birth of a new baby.

● Retirement or menopause.

● Death of a wage earner in the family.

● Desertion by the spouse.

These crisis situation can be handled by attendance at mental hygiene clinics psychiatric first aid centers, walk-in-clinics, etc.

6) *Programmes for Culturally Deprived Families*

The deprived families need biological and psychosocial supplies, They need better hygienic living conditions, proper food, education, health facilities, and recreational facilities. Other wise, psychopathy, alcoholism, drug addiction, crime and mental illnesses, will result in such situations.

7) *Society-centred Preventive Measures*

These can be categorized as follows:

● Community development

● Social administration

● Collection and evaluation of epidemiological, biostatistical data

● Budgeting

These measures require coordinated activities among persons belonging. to different norms and disciplines, legislators, planners, government departments, philanthropic and welfare organizations, etc. in addition, the

● Crisis intervention

● Modification of contents and methods of education.

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● Programmes for children in character building

● Anticipatory guidance and reassurance to women before child birth, and

● To persons before surgical interventions could help humanity to cope with life situations.

As a nurse you will find yourselves in different situations in various roles of counselor, educator, facilitator, role model, and advocate—while functioning in the area of primary prevention.

Check Your Progress 1

1) Define the following terms:

a) Primary Prevention

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b) Secondary Prevention

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c) Tertiary Prevention

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2) List concrete measures in primary prevention.

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The knowledge of health worker at the periphery should be enriched in the area of mental health so that they can function effectively in all the areas of prevention of mental illness and promotion of mental health in the community.

4.2.2 Secondary Prevention

The various aspects of secondary prevention are:

1) **Early Diagnosis and Case Finding**

This can be achieved by educating the public and community leaders, industrialists, Mahila Mandals, Balwadis workers in how to recognize early symptoms of mental illness. Seek the help of the public health nurses. They can play very important role in this area.

2) Early Reference

The public should be educated to refer these cases to proper hospitals as
soon as they recognize early symptoms of mental illness.

3) . Screening Programmes

Simple questionnaires should be developed to identify the symptoms of
mental illness, and administration of the same in the community for early
identification of cases. These questionnaires can be simplified in local
languages, and used widely in the colleges, schools, industries, etc.

4) Early and Effective Treatment

Early and effective treatment will help in quick recovery and prevent setting
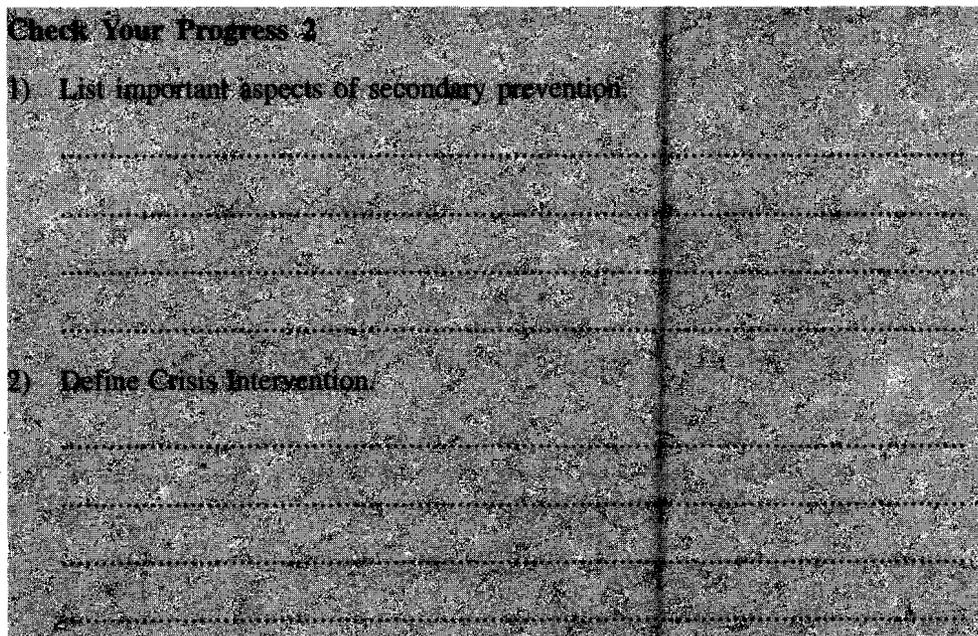in of chronicity.

5) Mental Health Education

This could be carried out be conducting mass camps and through flim shows,
flash cards, and also through mass media communication.

6) Training of Health Personnel

Orientation courses to enable the members of the care-giving profession to
detect cases early in the course of their rounine work should be conducted.
They may be trained to handle problems, which they could refer to
appropriate agencies.

7) Crisis Intervention

Crisis is an inevitable aspect of human existence. Individuals are constantly
confronted with potentially crisis-producing events that threaten their level
of functioning. A crisis occurs 'when a person faces an obstacle to important
life goals that is, for a time, insurmountable through the utilization of
custmary methods of problem solving.

Check Your Progress 2

1) List important aspects of secondary prevention.

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2) Define Crisis Intervention.

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4.2.3 Tertiary Prevention

In tertiary prevention, emphasis is placed on reducing disability resulting from
illness. Tertiary prevention often means long term care. Disability may result
from hospitalization and nurse must make every effort to preserve the
hospitalized client's identify and self-esteem.

Programmes in the mental hospital should aim at prevention of chronicity **by** helping in initiating treatment of the fundamental illness in all admitted patients and plea for early discharge. Family members should be involved actively in the treatment programme so that effective follow up can be ensured.

Occupational and recreational activities should be organized in the hospital so that idling is prevented.

Community Based Programmes

Community based programme can be launched through meeting with the family members, when the need for discharge from the hospital should be emphasized. These programmes can be implemented through day hospital, night hospital after-care clinics, half-way homes, ex-patient hostels, foster care homes, etc. Follow up care can be handed over to the community health nurses. There should be constant communication between the community health nurses and the mental health institution regarding the follow up of the discharged patient. The ultimate aim of the hospital and community based programmes is to resocialize and remotivate the patient for a functional role in the community, consistent with his/ her resources.

4.3   LET US SUM UP

In this unit you have learnt the definitions of primary, secondary and tertiary prevention. You have also read about the concrete measures in the primary prevention of mental illness. You can apply the knowledge in identifying important aspects of secondary prevention. By now you must be clear about role of a nurse at different levels of prevention of mental illness.

4.4   ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

1) a) **Primary Prevention**

   It is concerned with the reduction of the incidence of new cases of mental disorders in the population by combating harmful forces that operate in the community, and by strengthening the capacity of the people to withstand stress.

   b) **Secondary Prevention**

   It is defined as reduction of the duration of mental disorders.

   c) **Tertiary Prevention**

   It is defined as reduction of the rate residual defects that are sequel to mental disorders in the effected population.

2) The following are the measures 'of primary prevention:

   a) Individual centred measures

   b) Programme oriented to the child in school

   c) Family-centred activities to ensure harmonious relationships

   d) Programmes oriented to keep families intact

   e) Programme for families in crisis

f) Programmes for culturally deprived families

g) Society-centred preventive measures.

Check Your Progress 2

1) The following are the aspects of secondary prevention:

a) Early diagnosis and case finding

b) Early reference

c) Screening programme

d) Early and effective treatment of the patient

e) Mental health education

f) Training of the health personnel

g) Crisis intervention

2) Crisis intervention is a process by which an individual is helped to cope with a crisis in his/her life situation, so as to bring his/her level of functioning to that of the precrisis level.

4.5   FURTHER READING

Kapoor, Bimla, Text Book of Psychiatric Nursing, Vol. I & Vol. II, Kumar Publishing House, Pitampura, Delhi.