

CHAPTER

10

Mental Health Nursing

Principles and Practices



மனநலம் நன்குடையார் ஆயினும் சான்றோர்க்கு
இனநலம் ஏமாப்பு உடைத்து.

“Even one has good mental strength already,
Having the company of great men will give more strength”

Mental illness
is not
Contagious
You can't catch it
by Being Kind



LEARNING OBJECTIVES

At the end of this chapter, the students will be able to:

- define health, mental health, psychiatry, psychiatric nursing and mental illness
- enlist the characteristics of mentally healthy person
- enumerate misconceptions about the mental illness
- understand the mentally ill clients
- differentiate psychosis and neurosis
- elaborate mental disorders causes, types and management
- describe about drug abuse, alcohol abuse and management
- explain about childhood disorders like learning disabilities, ADHD and care of mentally challenged
- gain knowledge about therapeutic nurse - patient relationship
- know about the mental health services and prevention of mental illness



Introduction

As you start to study psychiatric – mental health nursing, you may be excited and even anxious. The field of mental health often seems a little unfamiliar. The mind is about mental processes, thought and consciousness, the body is about the physical aspects of the brain – neurons and how the brain is structured.

Mental health includes our emotional, psychological and social well-being, it affects how we think, feel and act. It also helps to

determine how we handle stress, relate to others and make choices. Mental health is important at every stage of life, from childhood, through adolescence to adulthood.

10.1 Terminologies

Health

The World Health Organization defines health as “a state of complete physical, mental, and social well being, not merely an absence of disease or infirmity”.

Mental Health

Mental health is a state of balance between the individual and the surrounding world, a state of harmony between himself, with others and their environment.

Mental Illness

Mental illness is a collective term that refers to all the different types of mental conditions, including those that affect your mood, your thinking and your behaviour”.

Psychiatry

Psychiatry is a branch of medicine that deals with the diagnosis, treatment and prevention of mental illness.

Psychiatric Nursing

Psychiatric Nursing deals with the promotion of mental health prevention of mental illness, care and rehabilitation of mentally ill individuals both in hospital and community.

The word psychiatry is derived from the **Greek word** “Psyche” means soul or mind; “iatros” means healer.

10.2 Characteristics Of Mentally Healthy Person

- They have self-respect
- Accept their mistakes
- Emotionally mature
- They respect others
- They maintain a good relationship with others
- They accept their responsibilities
- They shape their environment

Some Warning Signs of Mental Illness

- Change in personality
- Inability to cope with problems and daily activities

- Strange ideas
- Anxiety, assaultive
- sadness
- disturbed sleep
- suicide
- alcohol intake
- anger, lonely

Difference Between Mentally Healthy person and Mentally Ill person

Mental Health	Mental Illness
Accepts self to others	Feelings of inadequacy, poor, self-concept.
Ability to cope and tolerate stress.	Inability to cope.
Ability to form close and lasting relationship.	Inability to establish meaningful relationship.
Uses sound judgment to make decision.	Displays poor judgment.
Accepts responsibility.	Irresponsibility.
Optimistic (all is going well)	Pessimistic (the feeling of things badly)
Recognizes limitations.	Does not recognize limitations.
Functions effectively and independent.	Exhibits dependency.
Able to perceive.	Unable to perceive reality

Mental health team constitutes the following members

- Psychiatrist
- Psychiatric Nurse Clinical Specialist
- Registered Nurse working in a psychiatric unit / hospital
- Clinical Psychologist
- Psychiatric social worker.
- Psychiatric Para-Professionals

- Psychiatric Aids-ECT Technician
- Occupational Therapist
- Recreational Therapist
- Diversional / Play Therapist / Art Therapist
- Clergyman (religious leader)

Principles of Psychiatric Nursing

- Accept the patients as exactly as they are
- Use self-understanding as a therapeutic tool
- Use self-awareness when dealing with clients
- Focuses on the strengths, not on weaknesses of client
- Views the client's behavior non-judgmentally
- Establish and maintain therapeutic nurse-client relationship
- Ensure clients security
- Give reassurance to the client in an acceptable manner
- Change the client's behavior by emotional experience
- Avoid approaches which will increase the client's anxiety
- Avoid physical and verbal forces as much as possible
- Maintain the basic principles of nursing while following any procedure
- Nursing care centered on client as a person
- Explain routines and procedures at the client level of understanding

10.3 Misconception about Mental Illness

- Mental illness is caused by supernatural power
- It is the result of curse by evil spirit.
- Mentally ill people are violent.
- Mental illness is something to be ashamed of.
- Mental illness can not be cured.

- Marriage can cure mental illness.
- Only adults and older adults experience mental illnesses.



- The father of psychiatry is Asclepiades.
- The first mental asylum in India is Dhar near Madhya Pradesh



Activity 1

Teacher Activity

Arrange a visit to nearby mental health hospital and orient the functions of that unit

Student Activity

Submit a report on orientation programme to mental health hospital and its functions. Recall the various emotions experienced in the past one week, state the reason and classify and submit the report.

10.4 Understanding of Patients

Understanding of psychiatric patients is very important in mental health nursing. So a psychiatric and nursing assessment is necessary. A psychiatric assessment is a process of gathering information about a client from a person within a mental health service, with the purpose of making a diagnosis. The assessment is usually the first stage of a treatment process, but psychiatric assessments may also be used for various legal purposes.

Nursing process is defined as a systematic, continuous and dynamic method of providing care to clients.

Steps in Nursing Process

- **ASSESSMENT:** collection of all the data that are adequate and relevant.
- **DIAGNOSIS:** Analyzing the data and find out the diagnosis.

- **PLANNING:** Developing a care plan according to the need of the client
- **IMPLEMENTATION:** implementing the actions to restore the physical and mental health
- **EVALUATION:** Evaluating the client's response for nursing actions taken.

Methods of Assessment in Psychiatry

- History taking
- Mental status examination
- Neurological examination
- Physical examination
- Laboratory investigations
- Psychological tests

History Taking

History taking includes, patient's identification data, presenting complaints, history of present illness, past history of medical, surgical, and psychiatric, family history, Personal history, birth history, developmental history, occupational history, marital history and personal habits.

Mental Status Examination

Mental status examination includes general appearance, behaviour, speech pattern, mood, delusion, changes in perception like hallucination and illusion. And also assessment of higher mental functions of consciousness, attention, concentration, memory, orientation, intelligence and insight about illness.

PSYCHIATRIC ASSESSMENT

Always **S**end **M**ail **T**hrough The
Post **O**ffice...

Apppearance

Speech

Memory/Mood

Thoughts

Perception

Orientation



Neurological Examination

Neurological examination for cranial nerve functions to be assessed.

Physical Examination

Physical examination includes head to foot assessment of the client.

Laboratory Investigations

Suggested for all psychiatric admissions. Complete haemogram, blood chemistry, serology studies, thyroid functions test, HIV antibody, urine analysis, imaging studies like chest x-ray, CT / MRI and also EEG and ECG.

Psychological Test

Usually conducted by clinical psychologist.

Documentation

Assessment information is documented in the nursing registers

Moreover, documentation is recognized by legal authorities

10.5 Psychosis and Neurosis

Psychotic disorders are a group of illnesses that affects the mind. These illnesses alter a person's ability to think clearly, make good judgments, respond emotionally, communicate effectively, understand reality and behave appropriately.

Neurotic disorders have common historical origin, about one fourth of the population in developed countries will suffer from neurotic disorders during its lifetime course.

Definition for Psychosis

Psychosis (psychotic disorders) are severe mental disorders that cause abnormal thinking and perceptions. People with psychoses lose touch with reality. Two of the main symptoms are delusions and hallucinations

Definition for Neurosis

Neurotic disorder (neurosis) is a mild mental illness that is not caused by organic disease of brain and not involve hallucinations and delusions, and not loss of touch with reality.

S. No	Psychosis	Neurosis
1	Loss of contact with reality present/lost	No loss of contact with reality
2	Personality changes present	Purely functional. Do not affect the personality
3	The person with psychosis does not realize his / her disorder	Aware of his/ her personal problems
4	The thought, speech, and communication changed	Does not affect language communication and thought
5	Hallucination and delusion marked symptoms	No hallucination and delusion
6	Organic reason present	No organic reason
7	Genetic factors more important	Genetic factors less important
8	Stressful life events less important	Stressful life events more important
9	Difficult to treat	Easy to treat

Causes For Mental Illness

Biological Factors	Psychological Factors	Social Factors
<ul style="list-style-type: none"> Genetic cause Bio chemical alterations Infections Intoxications Brain damage Vascular causes Perinatal causes 	<ul style="list-style-type: none"> Maternal separation Abnormal parent – child relationship Marriage problems Stress Season Sexual difficulties Low self - esteem 	<ul style="list-style-type: none"> Poverty Unemployment Urbanization Alcoholism Broken homes Religion and traditions

10.6 Mental Disorders

Mental illness is maladjustment in living. It produces disharmony in the person's ability to meet the human needs. In general, the physical health of an individual is given greater importance and mental health aspect is often neglected.

World wide Prevalence Rates of Mental Disorders are

Disorder	Prevalence Rate
Any mental or substance use disorder	1.1 billion
Depression	268 million
Anxiety disorders	275 million
Bipolar disorder	40 million
Eating disorders	10.5 million
Schizophrenia	21 million
Alcohol use disorder	100 million
Drug use disorder (excluding alcohol)	62 million

Classification Of Mental Disorders

Classification of mental disorders is also known as psychiatric "nosology" or "taxonomy".

Classification of Mental Disorders Under (International Classification of Diseases) ICD-10

- Organic including symptomatic mental disorders



- Mental and behaviour disorders due to psychoactive substance use
- Schizophrenia, schizotypal and Delusional disorders
- Mood (Affective) Disorders
- Neurotic, Stress related and Somatoform disorders
- Behavioural syndromes associated with physiological disturbances and physical factors
- Disorders of adult personality and behaviour
- Mental retardation
- Disorders of psychological development
- Behavioural and emotional disorders with onset occurring in childhood and adolescence
- Unspecified mental disorders

Indian Classification of Mental Disorders

It is a modification of ICD-8 to suit Indian conditions. It is broadly grouped as follows

- Psychosis
 - Functional
 - Affective
 - Organic
- Neurosis
- Special disorders
 - Childhood disorders
 - Conduct disorders
 - Substance abuse
 - Psycho physiological disorder
 - Mental retardation

Signs and Symptoms of Mental Illness

- Alterations in personality and behaviour
- Alterations in biological functions (sleep, appetite, sexual desire)
- Disorders of consciousness (conscious, unconscious, coma, drowsy, and stupor)
- Disorders in orientation (time, place and person)
- Disorders of attention and concentration

- Disorders of thought
- Disorders of motor activity (increased, decreased, stereotype, violence, echolalia, echo praxia, waxy flexibility, restlessness and excitement)
- Disturbances in speech (word salad, circumstantiality, mutism and neologism)
- Disturbances in perception (hallucination, delusion and illusion)
- Disturbances in emotions (elevation, panic, agitation, hostile, depressed and anxiety)

Management of mental disorders

- Antidepressants
- Antipsychotics
- Mood stabilizing drugs
- Anxiolytics, hypnotics and sedatives
- Anti parkinsonian drugs
- Psychoanalytic therapy
- Supportive psychotherapy
- Benzodiazepines
- Psychotherapy
- Behaviour therapy
- Cognitive therapy
- Group therapy
- Play therapy
- Interpersonal psychotherapy
- Stress reducing techniques – Music , Dance, Yoga, Medication and breathing exercises

Schizophrenia

Meaning

The term schizophrenia was coined in 1908 by the Swiss psychiatrist Eugen Bleuler. The word was derived from Schizo (split) and phren (mind).

Definition

Schizophrenia a psychotic condition characterized by a disturbance in thinking, emotions, volitions and clear consciousness which usually leads to social withdrawal.

Causes: The exact cause is not known

- Genetic causes and hereditary
- Bio chemical – abnormalities in dopamine, epinephrine, serotonin.
- Psychological factors – impaired ego, crisis situation
- Family factors – parent – child relationship, family dysfunction
- Social causes – social crisis,
- Endocrine and metabolic causes.



Types of Schizophrenia

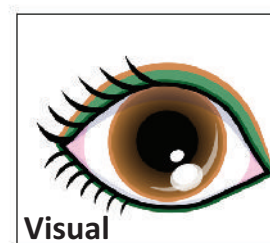
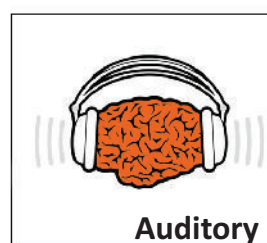
- Paranoid Schizophrenia -
- Hebephrenic Schizophrenia
- Catatonic Schizophrenia
- Undifferentiated Schizophrenia
- Post schizophrenic depression
- Residual Schizophrenia
- Simple Schizophrenia
- Schizo typical disorder

Symptoms of Schizophrenia

Positive Symptoms	Negative Symptoms
Delusions (false unshakable belief)	Affective flattening
Hallucinations (Sensory perception without any external stimuli)	Avolition-Apathy (lack of initiative)
Excitement/Agitation	Attention impairment
Aggressive behaviour	Anhedonia (Inability to experience pleasure)
Suspiciousness (doubt)	Alogia (lack of speech output)
Suicidal tendencies	

Types of Hallucinations

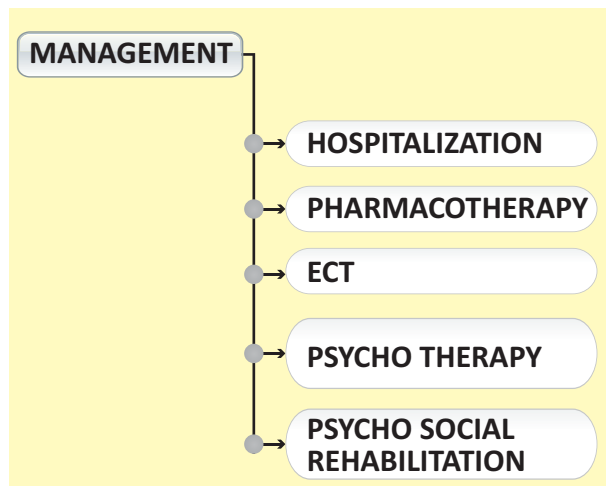
Hallucination	Example
Auditory hallucination	hears voices frequently, the voice tells when to eat, dress, and go to bed each night
Visual hallucination	seeing spiders and snakes on the ceiling of his room without any external stimuli
Olfactory hallucination	smells rotten garbage, although there is no evidence of any foul-smelling material in the room.
Gustatory (taste) hallucination	complaints of a constant taste of salt water in mouth.
Tactile hallucination	complaints of feeling worms crawling all over body.



Diagnosis

1. History collection
2. Substance history
3. CT, MRI and brain studies
4. Blood investigations
5. Mental status examination

Management of Schizophrenia



Nursing Management

- Nursing assessment
- Health education

Paranoid

Definition

Paranoid is a thought process that causes an irrational suspicion (doubtfulness) or mistrust of others.

Cause

Genetics, stress, brain chemistry and also drug abuse.

Symptoms:

- A consistent stress or anxiety beliefs about others
- A mistrust of others
- Feeling disbelieved /misunderstood
- Isolation

Diagnosis

History collection, physical examination and mental status examination.

Management

- Accept their vulnerability
- Develop trust in others
- Encourage to express emotions in positive manner.
- Psychotherapy

Depression

Depression (The Common Cold of Psychiatric Disorders)

Definition

“An alteration in mood that is expressed by feelings of sadness, despair, and pessimism. There is a loss of interest in usual activities, and somatic symptoms may be evident. Changes in appetite and sleep pattern are common”.

- Mary C. Townsend

Etiology

- Due to loss of loved object
- Repeated losses in the past
- Negative expectations of environment, Negative expectations of the self
- Negative expectations of the future
- Stressful life events, Death, Marriage, Financial loss



Symptoms of Depression

- Sadness
- Sleep disturbances Insomnia -early morning or over sleeping
- Hopelessness, Helplessness, Worthlessness, restless, irritable.
- Guilt,
- Anger
- Fatigue

- Thoughts of death
- Spontaneous crying
- Avoids interactions with family or friends.

Diagnostic Measure for Depression

- History collection
- Mental status examination
- Depression assessment tools

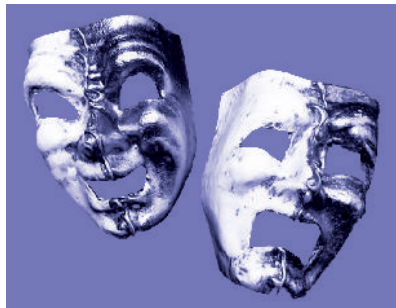
Treatment for Depression

- Medication - antidepressants
- Electro Convulsive Therapy
- Psychotherapy

Mania

Mania refers to a syndrome in which the central features are over activity, mood changes which may be towards elation or irritability and self-important ideas.

- Dr. R. Sreevani



Postpartum Psychosis



Postpartum psychosis (some times called puerperal psychosis) that occurs in women who have recently delivered a baby. The syndrome is often characterized by the mother's depression, delusions, and thoughts of harming either herself or her baby.

- Sadock and Sadock

Neurotic (Stress related) Disorders

A. Phobia

Phobia is defined as unreasonable fear of a specific object, activity or situation.

Examples

Acrophobia	Fear of heights
Haematophobia	Fear of sight of blood
Claustrophobia	Fear of closed spaces
Insectophobia	Fear of insects
Zoophobia	Fear of animals
Microphobia	Fear of germs
Algophobia	Fear of pain



B. Panic Attack

Intense feeling of fear or terror that occurs suddenly and intermediately without warning.

C. Anxiety

Anxiety is a feeling of uneasiness or tension that a person experience to an unknown object or situation.

D. Obsessive Compulsive Disorder

Obsessive Compulsive Disorder is a common chronic and long lasting disorder in which a person has uncontrollable recurrent thoughts and behaviour that he/she feels the urge to repeat over and over like frequent hand washing, checking the doors.



E. Conversion Disorder

Conversion disorder formerly known as HYSTERIA, which is a loss of or change in body function resulting from a psychological conflict, the physical symptoms of which cannot be explained in terms of any known medical disorder or pathophysiological mechanism.

F. Psychosomatic Disorders

The term psychosomatic disorder is mainly used to mean a physical disease that is thought to be caused or made worse by mental factors. Eg. Chest pain may be caused by stress and not by physical disease.

The word psychosomatic is now replaced with psychophysiological disorder. They are also called as stress related disorders. Most of the symptoms are treated in general hospital rather than in mental hospital.

G. Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder is a severe anxiety disorder that can develop after exposure to any event which results in psychological trauma.

H. Generalised Anxiety Disorder (GAD)

Generalised anxiety disorder is characterized by excessive anxiety and worry about every day life events with no obvious reasons for worry. It may be about money, health, family, work or school

■ Personality Disorders

(Refer Applied psychology Chapter.)

■ Eating Disorders

Definition

An eating disorder is when you have an unhealthy attitude to food, which can take over your life and make you ill.

Types Of Eating Disorder

a) **ANOREXIA NERVOSA:** anorexia nervosa is an eating disorder in which people have an intense fear of gaining weight and can become dangerously ill.

b) **BULIMIA NERVOSA:** Bulimia nervosa is a psychological and severe life threatening eating disorder characterised by ingestion of an abnormally large amount of food in short time followed by attempt to avoid weight gain, they induce vomiting.

Usually found in school girls and college students.

Management:

- Medications
- Behaviour modification therapy
- Psychotherapy

■ Sleep Disorders

Definition

Sleep disorders are changes in sleeping pattern or habit that can negatively affects health.

Types Of Sleep Disorders:

A) **Insomnia:** Disorder of initiation and maintenance of sleep

B) **Hypersomnia:** Excessive sleep pattern

Sleep Disorders

- Sleep walking (somnambulism)
- Bruxism (Tooth grinding)
- Sleep talking (somniloquy)
- Sleep enuresis (Bed wetting)
- Night terrors

Management

- Treat the cause
- Medications
- Sleep hygiene
- Relaxation techniques

Sexual Disorder

Definition

Any disorder that involving sexual functioning, desire or performance

Types Of Sexual Disorders:

1. Gender Identity Disorders

TRANSSEXUALISM: Sense of discomfort about one's own sex. They want to change their sex permanently. (Male to female or female to male)

DUAL ROLE TRANSVESTISM: Wearing clothes of opposite sex to enjoy temporarily, but they do not want to change their sex

2. Psychological and behavioural problems related to sexual development and maturation

- Homosexuality of females (Lesbians)
- Homosexuality of males (Gay)

3. Paraphilias

Fetishism	Sexual activity with non-living objects
Transvestism	Sexual desire occurs by wearing clothes of opposite sex
Sexual sadism	Physical and psychological injury to opposite sex
Exhibitionism	Exposure of ones genitals to strangers
Paedophilia	Involvement of children in sexual activity
Frotteurism	Act of touching and rubbing against an unsuspecting person

Management:

- Treat the underlying physical and psychological problems
- Medications
- Psychotherapy
- Behaviour therapy

10.7 Drug Abuse, Alcohol Abuse and De-Addiction

Drug Abuse

Drugs are a pervasive part of our society. Certain mood altering substances are quite socially acceptable and are used moderately. They include alcohol, caffeine, and nicotine. A wide variety of substances are produced for medicinal Purposes. On the other hand, the dangerous effects of other illegal substances have been well documented.

“At the bottom of every person's dependency, there is always pain. Discovering the pain and healing is an essential step in ending dependency”.

Definition for Abuse: To use wrongfully or in a harmful way. (APA-2000)

Types

- Alcohol
- Amphetamines and related substances
- Caffeine
- Cannabis
- Cocaine
- Hallucinogens
- Inhalants
- Nicotine
- Opioids
- Phencyclidine (PCP) and related substances
- Sedatives, hypnotics, or anxiolytics



Causes

- Genetic Factors



- **Biochemical Factors:** Alterations in neurotransmitters
- **Psychological:** curiosity, escape from reality, personality, life style and self-medication
- **Social:** peer pressure, easy availability, Culture, media, and popularity of drugs

Management of drug abuse

Care for a substance using patient starts with an assessment during the phase of drug intoxication and detoxification

- Vital signs
- Intra Venous Fluid (IVF)
- Medication
- Rehabilitation

Alcohol Abuse

Alcohol abuse can steal the best years of your life. Alcohol does not kill the addict. It kills the family, kids and people who tried to help. Alcohol abuse is temporary fun with permanent consequences.

The word “alcoholism” was first coined by “Magnus Huss”. It was derived from Arabic word ‘alkuhl’, means ‘essence’.

Definition

“Alcoholism is defined as a chronic diseases manifested by repeated drinking that produces injuries to the drinker’s health or to his social or economic functioning” - S. Nambi

Epidemiology

The World Health Organization estimates about 140 million people throughout world

Incidence	- 2% in India
Above 15 years	- 20 – 40 %
Regular or excessive users	- 10%

Process of Development

- **Experimental** - person start drinking alcohol due to peer pressure and curiosity

- **Recreational** - functions like marriages, hostel days or college day, parties, conference
- **Relaxation** – whenever they want relaxation, on holidays and Sunday, they start enjoying their drink and continue to do so.
- **Compulsive** – some people who started drinking occasionally, start drinking almost daily or drinking heavily for a period of time for pleasure or to avoid the discomfort of withdrawal symptoms.

Diagnostic Evaluation

- Blood Alcohol level
- Serum electrolyte
- Urine toxicology
- Liver function test
- ECG
- CAGE Questionnaire: (Cut down, Annoyed, Guilt, Eye-opener)
- AUDIT - Alcohol Use Disorders Identification Test
- DAST - Drug Abuse Screening Tool

Management

The management includes outpatient and Inpatient modalities

- Informed consent
- Medications
- Vitamin and nutritional supplementary to correct nutrition deficiencies
- IV fluids and electrolyte balance
- Symptomatic treatment
- Alcohol Deterrent therapy

Rehabilitation of Alcoholic Dependence

- Alcoholics Anonymous (self-help groups)
- Aversion therapy
- Psychological method
 - Counseling

Complications

Physical Complications	Psychiatric Complications	Social Complications
<ul style="list-style-type: none"> • Accidents. • Suicide rates increased • GI ulcers, • liver disease, • malnutrition, • anaemia, and • Dehydration. • cardiac dysrhythmia, • seizures, • Acute renal failure. • Mood changes • Psychosis. • short- and long-term memory loss 	<ul style="list-style-type: none"> • Dementia • Brain damage • Anxiety • Depression • Psychosis • Confusion • Antisocial personality • Bipolar disorder 	<ul style="list-style-type: none"> • Suffering in relationships with family, friends, and coworkers. • divorce and separation • Domestic violence • aggressive behavior. • Missed work, • poor job performance, • On job accidents are common. • Legal problems

- Individual and group psychotherapy
- Marital and family therapy
- Behavioral modification (aversion therapy)
- Relapse prevention therapy

Patient Education and Health Maintenance

- Instruct patient and family about adverse physiologic and psychological effects of substance use.
- Discuss health maintenance practices to minimize potential effects of substance use (e.g., vitamin use, proper diet).
- Explain the potential for injury from risk-taking behaviours. Reinforce the need for aftercare groups and activities.

10.8 Mental Retardation

Mental handicap is more complex enterprise. Some children can go through life but others need help depending upon their disability. Institutionalization and special schooling are required for a number of mentally handicapped children.

Mental retardation has a new name “Intellectual disability” or “Intellectual Developmental Disorder or General Learning Disability”.



Meaning

Retarded is derived from Latin Word “Retardare” = which means to make slow, keep back, or hinder.

Definition of Mental Retardation:

Mental retardation is a generalized neuro developmental disorder characterized by significantly impaired intellectual and adaptive functioning” –American Association on mental deficiency (1983).

Causes for Mental Retardation

- **Genetic Causes:** Abnormal genes form parents (chromosomal abnormalities)
- **Metabolic:** Phenylketonuria, Wilson's disease and Galactosomia
- **Cranial malformations:** Microcephaly and hydrocephaly

- **Prenatal:** Infection Eg. Rubella
- **Intranatal:** Birth asphyxia
- **Postnatal:** Infections, Accidents, Lead poisoning
- **Environmental And Socio – Cultural Causes:** Low socio economic status, cultural deprivations.

Classification of Intellectual Disability

S. No	Types	IQ Ranges
1	Mild mental retardation	50-70
2	Moderate mental retardation	35-50
3	Severe mental retardation	20-35
4	Profound mental retardation	<20

IQ Calculation (Interlligent Quotient)

$$IQ = \text{Mental Age (MA)} / \text{Chronological Age (CA)} \times 100$$

For example: If 8 year old child has 4 year of mental age , it would be considered as 4 years of mental age.

Calculate as follow: $IQ = 4/8 \times 100 = 50$

(Mental age is calculated by psychiatrist and chronological age is the actual age from birth)

Clinical Features

Mild Mental Retardation: (IQ 50 to 70)

- Deficit in intellectual, and academic performance,
- Motor or sensory deficits are slight.
- Their mental retardation can not be detected until the start of schooling.

Moderate Mental Retardation: (IQ 35 to 50)

- Trainable, unaware of the needs
- Poor communication skills,
- Partially dependence on others for this care,
- Difficulty in social relationship

Severe Mental Retardation (IQ 20 to 35)

- Poor verbal skills, Poor psychomotor development,
- Only able to develop simple focus



Profound Mental Retardation: (IQ < 20)

- No capacity for socialization skills,
- Lack of both fine and gross motor skills,
- Requires constant supervision,
- May associated with other psychosocial disorders.

Signs and Symptoms

- Failure to Milestones
- Deficiencies in cognitive Function
- Reduced ability
- Expressive or accepting language problem
- Psychomotor skill deficits
- Neurologic impairments
- Lack of curiosity

Dignosis

- **History:** Family History, and abnormalities in pregnancy and delivery, Developmental milestone and Associated behavioural disorders.
- **Physical Examination:** Height, weight, head circumference physical sign of specific disorders.
- **Detailed Neurological Examination:** Especially vision, hearing of specific sign.
- **Mental Status Examination**
- **Investigation:** Blood, Urine, CT Brain, and chromosomal studies.
- Intelligence test
- EEG.

Management

Treatment Modalities

- No satisfactory treatment is available till today. No drugs available to increase intelligence.
- Behaviour and environmental supervision
- Monitoring the child's developmental needs and problems.
- Programs that maximize speech, language, cognitive, psychomotor, social, self-care, and occupational skills.
- Ongoing evaluation for overlapping psychiatric disorders
- Family therapy and Early intervention programs for children
- Provide day schools to train the child in basic skills, such as bathing, brushing and eating.

Prevention of Mental Retardation

- Genetic counselling, avoid consanguinity marriages.
- Good perinatal care and hospital deliveries
- Avoiding marriages of mentally retarded
- Early diagnosis and treatment.

Rehabilitation

Rehabilitation is aimed at

- Physical (appliances for handicaps),
- Social (social skills training) and
- Occupational areas (e.g. by teaching and training the patients to make them self-sufficient).
- Day care centres and schools, integrated schools, vocational training centres, sheltered forms and workshops are useful.

Tips for Parents of Mentally Challenged Children:

- Mental retardation will not be caused by sin, god's anger.
- Do not consider them as a burden.

- Home training will give good result.
- Home is the best place to train the child.
- Home training will lead to independent life



Do you know an Indian girl who holds the world record for highest IQ level?

K. Visalini, 19 year old female from Tirunelveli. Her IQ level is 225.



TEACHER ACTIVITY

Make a field visit to nearby mental retardation school and orient the training of mentally challenged children and their parents.

Social welfare schemes available for mentally retarded in India

- Monthly maintenance charge of Rs.1000/-
- Self-employment subsidy to persons through banks, and free travel concession with one escort, free special education, appointment of legal guardianship, homes and vocational training programme from non-governmental organizations are available.

10.9 Learning Disability

Difficulties with reading, writing and/or math are recognizable problems during the school ages, the signs and symptoms of learning disabilities are most often diagnosed during that time. Learning disabilities are referred to as “**hidden disabilities**”. The person looks perfectly “normal” and seems to be a very bright and intelligent person, yet may be unable to demonstrate the skill level expected from someone of a similar age. Children with learning disabilities are as smart as or smarter than their peers.

Definition

Learning disabilities are disorders that affects one's ability to understand or use spoken or written language, do mathematical calculations or direct attention.



Causes

The causes for learning disabilities are not well understood, and sometimes there is no apparent cause for a learning disability. However, some causes of neurological impairments include:

- **Heredity and genetics:** Learning disabilities often run in the family.
- **Problems during pregnancy and birth:** Malnutrition Anomalies in the developing brain, illness or injury, fetal exposure to alcohol or drugs.
- **Accidents after birth:** Head injuries, Malnutrition, Toxic exposure to heavy metals

Characteristics of Learning Disability:

- Slow reading rate
- Difficulty in recalling
- Difficulty in finding
- Confusion
- Problems with reasonings

Types of Learning Disabilities

A. Dyscalculia

This is a type of learning disability, where the children have difficulty in math fact. They have poor understanding of math symbols, numbers and feel difficulty in counting the numbers.



Management: Allow use of fingers, use diagrams and provide peer assistance. Also use mnemonic devices and schedule time for practice.

B. Dysgraphia

Type of learning disability that affects children handwriting ability and fine motor activity. It may be illegible handwriting, spelling mistakes, spatial problem in paper.



Management

- Conduct oral exams. Provide notes to decrease writing.
- Allow to use ruled paper and graph paper.

C. Dyslexia

A learning disability that affects reading and related skill. This also known as language based learning disability. It may affect fluency, recall, writing, spelling and sometimes speech.

The student may read slowly, trouble in spelling, cannot exhibit recalling words. May feel difficulty in handwriting.



Treatment:

- Intensive teaching techniques
- Improve both spoken and written language skills
- Classroom modification

Management

Provide calm area for study. Provide copy of notes, small unit of lessons, large print books. Do not count the spelling in tests.

Non-Verbal Learning Disabilities

It is defined as trouble in interpreting nonverbal cues like facial expression and body language.

Management: rehearse getting from place to place. Orally point out the difference, connection on resemblance.

Assessment

Many normed assessments can be used in evaluating skills in the primary academic domains: it includes;

- Word recognition, fluency, and comprehension;
- Mathematics, including computation and problem solving;
- Written expression, including handwriting, spelling and composition.

The purpose of assessment is

- to determine what is needed for intervention,
- which also requires consideration of contextual variables and
- whether there are comorbid disorders that must also be identified and treated,
- such as behavioral issues or language



The World's Most Famous Genius, The Nobel Prize Winner Is Believed To Have Learning Disability. Do You Know Who Is He? Yes..... He Is Albert Einstein.

10.10 Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder is otherwise known as Hyperkinetic disorder. The syndrome was first described by Heinrich Hoff in 1854.



Definition

Attention Deficit and Hyperactivity Disorder is a Neuro behavioral developmental disorder characterized by inattentiveness, over activity, easily distractable and impulsiveness. The child responds to multiple stimuli at same time.

Epidemiology

ADHD is most commonly studied and diagnosed in, primary school children 1.7%, school aged children 3 %– 5%.

The ratio of boys and girls ranges from 2: 1.

Risk Factors for ADHD

- Drug exposure of baby during pregnancy
- Birth complications
- Low birth weight
- Lead poisoning

Causes for ADHD:

Biological causes:

- Genetic: biological parents of ADHD.
- Bio chemical: alterations in dopamine and nor – epinephrine.
- Anatomical causes: Alteration in the regions of frontal lobes, basal ganglia, and cerebellum in brain

Psychosocial Causes

- Family dysfunction
- Stressful events
- Emotional deprivation
- Paternal criminality
- Low socio economic status and poverty

Perinatal Causes

- Alcohol and tobacco smoke exposure during pregnancy.
- Head injuries.
- Infections during pregnancy, at birth and early childhood.
- Prolonged labour
- Perinatal asphyxia
- Postnatal infections, CNS abnormalities due to trauma

Environmental Causes

Environmental lead. Elevated body levels of lead affects the cognitive and behavioural development in children. Food dyes and additives (colouring preservatives), artificial flavours.

Clinical Features

- Sensitive to stimuli
- Easily upset by noise, light and environmental changes
- Short attention span, easily distractible,
- Failure to finish works
- Poor learning capacity and memory.

Types of ADHD

An Inattentive Type	A Hyperactive Impulsive Type	Combined Type
<ul style="list-style-type: none">• Unable to pay attention and careless• Poor play activities• Listening problems• Cannot able to follow instruction• Avoiding works which needs mental efforts• Loses things like note books, pencil and homework frequently in school• Forgetting the daily activities• Unable to wait for their turn and respond	<ul style="list-style-type: none">• Excessive running and climbing• Excessive talking• Cannot be seated in a place• Answering before hearing a full question• Cannot wait for their turn or in queue	This is the most common type and combination of both types.

Diagnosis

- A detailed history about pre natal and developmental history
- Teachers school report and parents report
- Child guidance clinic and complete psychiatric evaluation with psychologist
- Medical examination for neurological examination, hearing and vision.

Treatment

- Medications
- Therapies
- Behaviour modification therapy
- Family education
- Social skill training
- Attention training
- Visual training
- One to one talking

ADHD in Classroom

- Reduce seating distractions
- Supervision
- Give positive reinforcement
- Homework folder for parents



Diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) at age 9, swimmer Michael Phelps, winner of 14 **Olympic** gold medals, overcame the challenges of his condition and hit his stride in the pool - thanks, in large part, to his mother's help.



TEACHER ACTIVITY

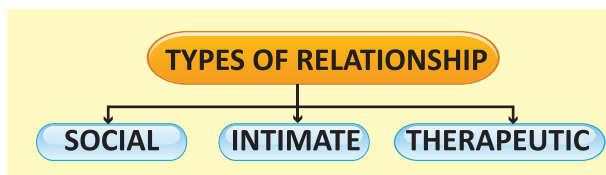
Make a visit to child guidance clinic and show the assessment of ADHD child.

10.11 Therapeutic Nurse – Patient Relationship

Repeated human contacts are essential to develop trust, love, tenderness concern and acceptable nature. The nurse has to act as a parental role, and accept the client's thoughts, feelings, interest and problems. The nurse–client relationship is the foundation upon which psychiatric nursing is established.

Definition for Relationship

“Relationship is a state of being related or interrelated” -Webster new collegiate dictionary



Social Relationship

To satisfying needs of each other. - Example: work colleagues, friends, functions and parties

Intimate Relationship

Two individuals committed to one another. - Example: partner type and to reduce loneliness

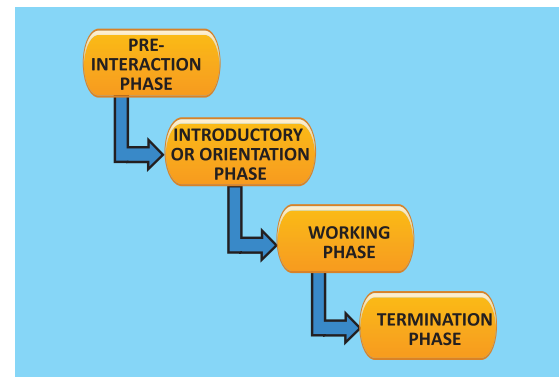
Therapeutic Relationship

Nurse – client or therapist – differs from both social and intimate - client work together towards the goal.

Components of Therapeutic Nurse – Patient Relationship

- Rapport
- Trust, Respect and Genuineness
- Empathy, Sincerity and Concern
- Immediacy
- Communication skills
- Warmth
- Active listener
- Self-discipline

Phase and Tasks



Pre – interaction phase:

Nurse is assigned to take care of client. Plan for first meeting with patient.

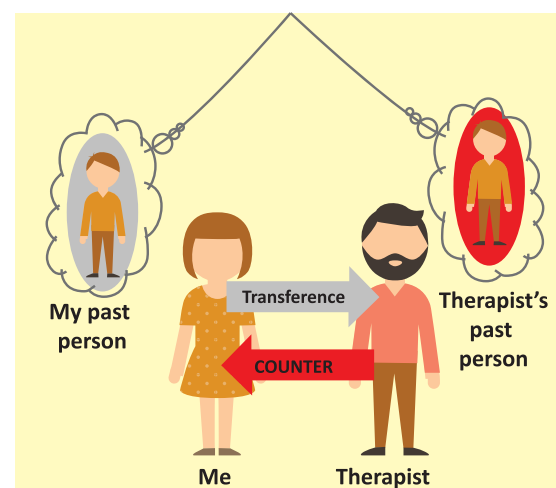
Introductory/ orientation phase: During this phase the nurse and patient meet for first time. Establish rapport, trust and acceptance. Gather data including patient's feeling, strengths and weakness.

Working phase: Most of work is carried out during this phase.

Termination phase: Patient has achieved the treatment goals

Therapeutic Impasses

For variety of reasons therapeutic relationship is hindered. Therapeutic impasses are blocks in the progress of nurse – patient relationship.



Resistance: Resistance is the patient's avoidance of verbalizing



Transference: It is an unconscious response in which the patient experiences feelings towards nurse. The nurse viewed as a person from past life, loved object and expecting privileges.

Counter Transference: It is created by the nurse's specific emotional response to the qualities of the patient and providing privileges.

Boundary Violation: The nurse goes beyond the boundaries and establishes a social, personal, and economic relationship.

Intervention to overcome Therapeutic Impasses

- Nurse must have the knowledge of the impasses
- Nurse must reflect on feelings
- Nurse must examine their strength and weaknesses
- Maintain open communication

10.12 Mental Health Services

The attitude towards mental illness and the treatment of mentally ill have undergone considerable changes through the years. Mentally ill were often beaten, starved, burned and tortured in order to make the body unsuitable place for demons. Gradually man began the quest for scientific knowledge and truth.

The methods of treating mental illness have changed dramatically in the past century. The organization of mental health services demands a wide variety of interventions, regarding from public awareness, early identification, treatment for illness, family education, long term care, rehabilitation, and ensure human rights of the ill persons. Mental health services are delivered through mental hospitals at central, state and district levels.

Community

Community is a group of people with common value, belief, attitude, characteristics, location and interest.

Importance of Community Mental Health

- It will promote mental health of families
- It will help the family members to know the social, cultural and situational aspect of care
- It will educate the family members regarding identification of stressor and coping mechanisms to deal problems.
- To remove stigma from community people
- To remove the misconception about mental illness

Mental Health Services available in the Community

Partial Hospitalization

Partial hospitalization is an innovative alternative to hospitalizations. Individuals can attend structured programmes throughout the day and return to home in the evenings. The advantage or partial hospitalization is of lesser separation from families.

Group Homes

These homes may belong to a hospital or rented by 15 to 20 mentally ill recovering patients.

Foster Homes

It is a home in which a patient recovering from a mental disorder is placed in a voluntary family by a social agency for family care is paid by the agency. Patient gets home like environment.

Sheltered Workshop

It is a work oriented rehabilitation facilities with a controlled working environment to fulfill individuals vocational goals.

Quarter Way Homes

This is the place usually located within the hospital campus itself, but not having

regular services of a hospital. There may not be a routine rounds, nurses, and most of the activities carried out by patients themselves.

Half Way Home:

A half way home is a transitory residential centre for mentally ill patient who no longer need the full services of a hospital.

Objective: to ensure a smooth transition from hospital to the family

- YWCA half way home for mentally ill in Chennai
- Dr. BOAZ'S rehabilitation centre in Chennai
- Delhi psychosocial rehabilitation society

Day Care Services:

Patients discharged from the hospital and who are residents, services in the form of day care program in the occupational therapy and rehabilitation centre. It helps them to undergo different vocational training programs and thus helps them in their future job-placement.

The following are the various vocational training provided

- printing and book binding
- tailoring and readymade garments ,
- handloom carpentry
- Candle unit, bamboo baskets sericulture,
- pottery, bakers craft work
- gardening , mat-weaving
- Leather work etc.

Day Care Services In India

- NIMHANS in Bengaluru
- SCARF in Chennai
- SANJIVINI in new Delhi

Self Help Groups

Self-help groups or mutual help are voluntary associations of people who share a common desire to overcome mental illness composed of people who are trying to cope

with a specific problem. The group helps the members to become socialize. Ex. AA (Alcohol Anonymous)

Suicide Prevention Centers

The incidence of committed suicide are increasing day by day. These suicide prevention centres help in decreasing the incidence of suicide. Some of them are:

- SNEHA in Chennai
- SAHARA IN Mumbai
- SANJIVINI AND SUMAITRI IN New Delhi

Mental Health Services at Various Levels in India

Central level	National levels hospitals. Example, NIMHANS, Bengaluru
State level Hospitals	State level Hospitals. example
	Institute of Mental Health, Dharwad, Karnataka, Tamil Nadu
	National Mental Health Programme
District level	General Hospitals psychiatric units
	District Mental Health programme
Local level	Primary Health centres
	Community mental Health centres
	Sub-centres

National Mental Health Programme

To create more awareness on mental health among rural people, National mental health programme was started in 1982.

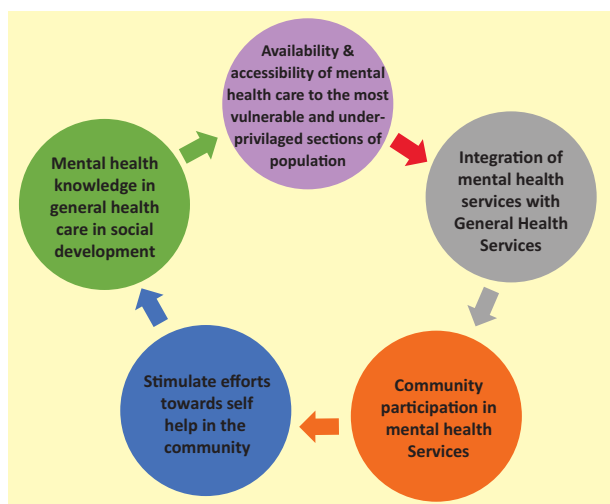
Slogan of National Mental Health Programme: Reaching The Unreached

Aims of National Mental Health Programme

- Prevention and treatment of mental and Neurological disorders and associated disabilities

- Use of Mental Health technologies to improve general health services
- Application of mental health principles in total national development to improve quality of life

Objectives of National Mental Health Programme



Functions of NMHP

Mental Hospitals

- Very chronic and disturbed patient who cannot be looked after in the community, to be certified and admitted in mental hospitals.

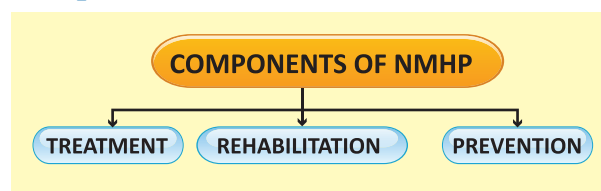
Medical Colleges

- Will take the responsibility of training of general practitioners and the medical officers in the primary health centres. They will function as research centres.

District and Taluk Hospitals

- Will have the department of psychiatry and psychiatrist.
- They will supervise the medical officers and general practitioners in the PHC
- Community health workers attached to PHC will identify the patients who suffer from psychiatric disorders and referring the patient to the PHC for treatment

Components of NMHP



District Mental Health Program (DMHP)

The District Mental Health Program (DMHP) was launched under National Mental Health Program in the year 1996. Presently the District Mental Health Program (DMHP) is being implemented in 123 districts.

THE MAIN OBJECTIVE IS: To provide community mental health services and mental health services with general health services through decentralization of treatment based on primary health care services.

Components of District Mental Health Program (DMHP)

- Training programs for all health workers in mental health team
- Public education to increase awareness
- Outpatient services and indoor services for early identification and treatment
- Providing valuable data to state for planning, implementing and research.

Prevention of Mental Illness

The concept of mental health has got great response in dealing with clients of mental disorders. Community health movement has been considered as revolution in the field of psychiatry. Caplan discussed 3 levels of prevention in “public health model” in includes:

- Primary prevention
- Secondary prevention and
- Tertiary prevention

Primary Prevention



Secondary Prevention

Secondary prevention aims at lowering the intensity and severity of the illness, early diagnosis and early prompt treatment

Tertiary Prevention

Tertiary prevention aims at lowering the disability and relapse, increasing self-esteem and rehabilitation

Specific Problems in Mental Hospitals

- Escape from mental hospital
- Death
- Pregnancy
- Unknown patient
- Mentally ill offender (mentally ill criminals)

Human Rights of Mentally Ill

Psychiatry patients currently have the following rights;

- Right to communicate with people outside the hospital through, telephone, and personal visits.
- Right to keep clothing and personal effects with them in the hospitals.
- Right to religious freedom
- Right to be employed if possible.
- Right to manage and dispose of property
- Right to execute wills.
- Right to make purchases
- Right to education.
- Right to independent psychiatric examination.

- Right to privacy
- Right to informed consent/Right to treatment.
- Right to refuse treatment.

Some important milestones in Psychiatry

- 1773 – First mental hospital in Williamsburg, Virginia, US.
- 1783 – Benjamin Rush wrote first textbook on psychiatry
- 1793 – Philippe Pinel removed the chains from mentally ill was the first revolution in Psychiatry
- 1882 – First psychiatric nurse MS Linda Richards from U.S
- 1908 – Clifford Beers an ex patient of a mental hospital wrote the book. “A mind that found itself “based on his bitter experiences in the hospital,
- 1912 – Eugen Bleuler, a Swiss psychiatrist coined the term “schizophrenia”.
- 1912 – Indian Lunacy Act was passed
- 1920 – The term Lunatic Asylum was changed to “Mental Hospital “
- 1927 – Insulin shock treatment was introduced for schizophrenia
- 1938 – Electro Convulsive therapy was introduced for treatment of psychosis
- 1947 – Indian psychiatric society was formed
- 1949 – Lithium therapy was introduced for treatment of mania
- 1952 – Chlorpromazine was introduced – revolution in psychopharmacology
- 1963 – Community health centres act was passed
- 1987 – The Indian Mental Health act was passed.



Institute of Mental Health, Chennai is involved in mental health care for the past 206 years.

Founded in 1794 as an asylum to manage 20 patients. Now it has grown into an institute with bed strength of 1800 patients. It is the second largest institute in India offering mental health services.



Theme of Mental Health Day

10th October

2018 – young

people and mental health in a changing world



SUMMARY

Most people with mental illnesses are treated in the community rather than in hospitals, but nurses are needed in both settings. Demand for mental health services has increased significantly in recent years. Around 20% of the world's children and adolescents have mental disorders. Mental and substance use disorder disorders are the leading cause of disability worldwide. War and disasters have a large impact on mental health and psychosocial wellbeing. Mental disorders are important risk factor for other diseases as well as intentional and unintentional injury. Stigma and discrimination against patients and families prevent people from seeking mental health care. Financial resources to increase services are relatively modest. About 800000 people commit suicide every year. Generally there is huge inequity in the distribution of skilled human resource for mental health

GLOSSARY

A-Z

Optimism	All is going to turn out well	நம்பிக்கை
Pessimism	The feeling that things will turnout badly	அவநம்பிக்கை
Process	The series of action	செயல்முறை / செயலாக்கம்
Assessment	Act of judging a person or situation	மதிப்பீடு
Adoption	The act of legally taking a child to care as your own.	தத்தெடுத்துக் கொள்ளப்பட்ட
Disharmony	Lack of harmony or agreement	ஒற்றுமைக்கேடு / ஒவ்வாததன்மை
Personality	Combination of qualities	ஆளுமை / தனித்தன்மை
Confused	Unable to think clearly	குழப்பமான
Mood	A temporary state of mind or feeling	மனநிலை
Depression	The state of feeling very unhappy and without hope for the future	மனஅழுத்தம்
Chronic	For a long time	நாள்பட்ட
Compulsion	State of forcing being forced to do	வழுக்கட்டாயம் / நிர்பந்தம்
Neurosis	Mild mental illness that is not caused by organic disease, involving symptoms of stress.	நரம்பு சிக்கலால் ஏற்படும் மூளை அமைதிக் கோளாறு
Schizophrenia		மனச்சிதைவு / பிளவுப்பட்டமனநோய்
Isolation	A state of complete lack of contact between an individual and society	தனிமை



Mutism	Unable to speak	ஒசையற்ற/ஒலிநிறுத்தம்
Cognitive	Connected with thinking or conscious mental processes	அறிவாற்றல்
Relationship	State of being connected	உறவு
Intimate	Very close	நெருக்கமான
Therapeutic	Relating to the healing of disease	நோய்நீக்கநலம்சார்ந்த / குணப்படுத்தும் இயல்புடைய
Termination	Action of terminating something	முடிவிடம் / கடைமுடிவு
Media	The collective communication outlets	தகவல்தொடர்புசாதனம்
Anemia	A decrease in the total amount of red blood cells.	இரத்தசோகை
Retarded	Less advanced in physical, mental, or social development than usual age.	சரியில்லாத
Hinder	Make it difficult to do something	தடங்கல்செய் / இடையூறாக
Abuse	Treat with cruelty/violence. Use for a bad purpose	தவறானவகையில் பயன்படுத்துதல்
Disability	A physical or mental condition that limits a person's Activities	குறைப்பாடு / பலவீனம்
Head injury	Any trauma to the scalp, skull or brain	தலைக்காயம்
Illegible	Not clear enough to read	தெளிவில்லாத / விளங்காத / படிக்கமுடியாத
Genetic	Relating to genes or heredity	மரபணு
ADHD		அவதானக்குறை மிகையியக்க குறைபாடு.
Prevention	The action of stopping something from happening	தடுத்தல் / நடைபெறாமல்செய்தல்
Rehabilitation	The action of restoring someone to health or normal life that has Been damaged.	மறுசீரமைப்பு / புனர்வாழ்வு

CLINICAL EXAMPLE

The Client with Severe Mental Retardation

Mr. X 18 years old, was born by a normal spontaneous vaginal delivery without any complications. Two months after birth, Mr. X developed a temperature of 105°F and had a grand mal seizure. He was admitted to the neonatal intensive care unit with the diagnosis of fever of undetermined origin (FUO). Diagnostic tests revealed the presence of encephalitis. MR. X recovered, but his parents were cautioned about the possibility of central nervous system damage because of the severity of his illness. During early childhood, ages 1 to 5, Mr. X was able to communicate with his parents to some extent but exhibited poor motor-skill development. He was unable to learn basic skills such as reading, writing, and arithmetic, and it became evident that he needed supervision in a controlled environment. Testing revealed Mr. X's IQ to be that of a person with severe retardation or mental impairment. At age 18, he continues to live at home with very supportive parents who have been able to teach him some self-care activities. He relates well to a pet cat, helps his mother with simple household chores, and helps his father with gardening and lawn care.



Evaluation

I. Choose the correct answer

- The term schizophrenia was coined by
 - Eugene Bleuler
 - Aristotle
 - Pythagoras
 - Plato
- Electro convulsive therapy was started in
 - 1936
 - 1938
 - 1948
 - 1942
- Who wrote the book “the mind that found itself”?
 - Clifford Beers
 - Linda Richards
 - Maxwell Jones
 - Philippe Pinel
- The father of psychiatry is
 - Asclepiades
 - Hippocrates
 - Aristotle
 - Benjamin Rush
- Expansion of ICD - 10 is an
 - International Classification of Diseases
 - Indian Classification of Diseases
 - Indian Medical Association
 - World Health Organization
- Mental retardation is otherwise known as
 - Intellectual disability
 - Hyperkinetic disorder
 - learning disability
 - autism
- ADHD is otherwise known as
 - Mood disorder
 - Mental Retardation
 - Hyperkinetic disorder
 - learning disability
- Claustrophobia
 - fear of crowd
 - fear of animals
 - fear of Blood
 - Fear of closed space
- Somnambulism is
 - Sleep walking
 - Day time walking
 - Sleep talking
 - Night tremors
- Pedophilia is an act of sexual activity involving
 - Adult
 - Adolescent
 - Geriatric
 - Children

II. 2 Marks

- Mental health
- Mental illness
- Psychiatric nursing
- Nursing process
- Phobia



III. 3 Marks

- Characteristics of mentally healthy person
- Difference between psychosis and neurosis
- Mention the types of mental retardation
- Types of ADHD
- Mental health services available at various levels

IV. 5 Marks

- Explain the general principle of mental health nursing
- Define schizophrenia, explain the causes and management of schizophrenia.
- Define therapeutic nurse – patient relationship. Explain the phases and task of therapeutic relationship.
- Define alcoholism, list out the etiology, process of development and treatment of alcoholism.
- Explain about causes and symptoms of Paranoid.



REFERENCE BOOKS

- BT Basavanthappa, (2007), “Psychiatric Mental Health Nursing”, First edition, New Delhi, Jaypee Brothers Medical Publishers,
- KP Neeraja, (2008), “Essentials of Mental Health and Psychiatric Nursing”, First edition, New Delhi, Jaypee Brothers Medical Publishers
- R. Sreevani, (2016), “A guide to Mental Health and Psychiatric nursing”, 4th edition, Jaypee Brothers Medical Publishers (pvt) Ltd, New Delhi.
- Ram Kumar Gupta, (2016), “Mental Health and Psychiatric Nursing”, 1st edition, S. Vikas and Company Medical publishers, Jalandhar city, India



INTERNET RESOURCES

- www.mentalhealth.com / www.healthonline.com
- www.wikipedia.org / www.ncbi.nlm.nih.gov
- American Psychiatric Association: www.psych.org
- www.mhsource.com / www.ldaamerica.org>types –of-learning
- www.wikipedia.org>wiki>learning disability