

# **FUTURISTIC TRENDS IN MENTAL HEALTH NURSING**

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## I. INTRODUCTION

According to (ICN, 2002) Nursing encompasses providing independent and team-based care to people, members of all vulnerable groups, families, and communities, whether they are ill or healthy, in whatever setting. Nursing redefines health promotion, disease prevention, and the care of the sick and disabled. It is a crucial component of the delivery system for health care, and nurses perform a particular role in providing care with responsibility, generosity, and optimism.

When discussing increased specialisation, it is important to note that both our knowledge regarding mental torment and the surroundings in which care and services are furnished are evolving. The shortcomings of treatments now being employed in mental health care are also clear, and the usefulness of diagnostic labels has been questioned given the current emphasis on person-centered care . Taking all this into attention this chapter sought to explore what should be the future focus of mental health nursing?

The development of care for the elderly and the chronically mentally ill will be reflected in the future of psychiatric nursing. The number of service providers and those who pay them will increase. A greater cohort of nurses must choose graduate study in psychiatric or mental health nursing if the specialty is to continue, which will need adjustments to the undergraduate nursing curriculum.

The need for psychiatrists, medical professionals who specialise in treating a variety of problems that affect people of all ages, is increasing as mental health is becoming more visible and services are becoming more readily available. Non-physician service providers that give counselling and support services in fields including behavioral disorders, substance abuse, and other sorts of mental health concerns are also much in demand. Psychiatry has been the equivalent of being an infectious disease doctor without a microscope or ability to culture the actual cause of the problem and then treat accordingly. We see the symptoms and we use our skills and experience to make the best educated guess as to what is going on, try to rule out a few medical causes and go from there with therapy and or medications. A lot of it, even after all these years, remains a guessing game. However, the combination of some recent basic science innovations has figured out psychiatry windows to pathology in the living brain, MRIs, PET Scans, functional MRI and SPECT Scans tell us more about small and large changes in structure, function and metabolism of the brain.

## II. THE HISTORY AND PERCEPTION OF MENTAL HEALTH NURSING

A specialty that has undergone significant change throughout time and created history is Psychiatric Nursing. In the 13th century, institutions were used to imprison the ill but were not managed by psychiatric nurses in Europe.. Mental health nursing has its roots in the 8th century (Neyebauer,1979). These mental health facilities were merely used as residences. In the height of Christianity in Europe, hospitals recommended spiritual therapy. To assist patients in adjusting to life in society, "Soul Friends" were paired with the patients. The first mental Health nurses in the contemporary era were regarded as "soul friends". Prior to 1913, that psychiatric nursing was mostly taught in nursing curriculum which is based on psychiatric hospitals. Gradually, psychiatric education was developed and it carried all curriculum based on psychiatric nursing until it was required for all nursing programs. Linda

Richards who was viewed as America's first trained nurse is often recognized as the first noted Psychiatric Nurse. In 1899, She set-up many training schools in several different hospitals for mental health nurses (1915). At the time when Linda opened training schools one after another, already many nurses were working then in mental health hospitals but lack of proper training the way of treatment was not satisfied, then she took the challenge to educate both nurses and doctors on the value of Psychological Nursing. Her work paved the way for future mental health nurse Hildegard Peplau and all of the psychiatric nurses of today.

In India, starting of progressive period of psychiatry assumed from 1946, the primary psychiatric social worker was designated within the child direction clinic started in 1937 by Sir Dorabji Tata Graduate school of social work (Presently known as Tata organized of Social Sciences) in Mumbai. Banerjee, who was formerly known as the pioneer of psychiatric social work preparing in India, in America she was designated as the pioneer of Division of therapeutic and psychiatric social work set up in 1948.

### III. EXPANSION OF MODERN PSYCHIATRIC NURSING

- **1<sup>st</sup> Revolution:** It happened when our ancients were believed that sin and witchcraft are probably controlling mental illness and mentally ill persons were chained in jails and asylums for expiation.
- **2<sup>nd</sup> Revolution:** With the advent of psychoanalysis, it was explained that every psychiatric disorder have its own origins..
- **3<sup>rd</sup> Revolution:** In this there was the rapid progress of community psychiatry that resulted in integration of mental illness in community health care sector.

#### 1. Ethical or Moral Issues In Mental Health Nursing

- **Patient's right to repudiate medication:** According to AHA's (1992) patient's bill of rights states "the patient has the right to decline treatment to the extent permitted by law and to be informed of the medical consequences of his actions". Client who decline treatment must be judged incompetent to evaluate the benefits of the treatment in question.
- **Patient's right to the least restrictive treatment alternative:** Psychiatric Nurse must attempt to provide treatment in such a manner that should be a least restrictive for clients. Symptoms produced by clients may be treated with verbal rehabilitative techniques and move successively behavioral techniques, chemical interventions, seclusion, mechanical restraints or electro-convulsive therapy.

#### 2. Legal Aspects In Mental Health Nursing

- **Patient's right to privacy and confidentiality:** It is the responsibility of all medical personnel, including psychiatric nurses, to treat mentally challenged patients in a discreet manner. A charge of "BREACH OF CONFIDENTIALITY" may be brought against a psychiatric nurse if she failed to protect the patient's privacy and confidentiality.
- **Exception:** An obligation to caution (assurance of a third party). Most of States presently recognize that advisor have moral and lawful commitments to anticipate

their clients from hurting themselves or others. Law suits: In the event that psychiatric Nurture falls flat to ensure third portion, she can be charged with “NEGLIGENCE”.

- **Informed consent:** According to law, people have the right to choose whether to acknowledge or dismiss treatment. A wellbeing care supplier or psychiatric Nurture can be charged with ambush and battery for giving life-sustaining treatment to a client when the client has not concurred to it. Law suits: Psychiatric Nurture may be charged with “NEGLIGENCE OR MALPRACTICE”
- **Restraints and seclusion:** In Psychiatry, the term Restrictions for the most part alludes to a set of calfskin straps that are utilized to limit the people who having maladaptive behavior and forcefulness to control an prompt hazard to the physical security and mental well-being of the person and staff. Separation is another sort of physical limitation in which the client is limited alone in a room from which he or she is incapable to take off. The room is as a rule negligibly outfitted with things to advance the client’s consolation and security. Staff who are included in controlling and secluding patients must be prepared to screen the physical and mental well-being of the patients counting all the physiological framework. Law suits: Psychiatric Nurture may be charged with “FALSE IMPRISONMENT” for limiting or secluding against the client’s wish.
- **Involuntary commitments:** These actually made for various causes when an person is fully incapable to receive care of essential, the individual needs a person who is looking for the automatic commitments must lied on why the client ought to be hospitalized against his or her wish, that's the individual must appear that there's reason to accept that the client would be exceptionally unsafe to self or others, is rationally sick and require appropriate treatment.
- **Emergency commitments:** These sort of commitments are looked for when an person shows behavior that's clearly inescapably perilous to self or others. These affirmations are as a rule actuates by relatives or companions of person who is rationally debilitated, Police officers, the court or any wellbeing care professionals.

#### IV. FUTURISTIC TRENDS AND CURRENT SCENARIO IN MENTAL HEALTH NURSING

A Psychiatric Nurse always go through a lots of challenges because of variation in the inpatient care approach. The accessible data like-

- Social taboos about mental illness for the mentally challenged people
- Insufficient information for taking adequate history of the patient.
- Inadequate bandwidth and interaction pattern among health care system.
- Lack of transports facilities

##### 1. Trends in health care

- **Early diagnosis, early treatment:** The past decade has witnessed a surge progress in identifying individuals at high risk for psychosis or mood disorders. The “Prodrome” has become a fertile area of research with a focus on early “ treatment” even before the clinical syndrome appears. The goal is to try to delay, modify or ameliorate incipient serious mental illness by using both pharmacotherapy and psycho-social therapies.

- **Provision for quality and comprehensive care:** Quality is important in all mental health systems because good quality ensures that people with mentally challenged receive the care they require and their symptoms and life may improved.
- **Providing continuity of care:** Continuity of care protects mental health patients. Research shows that seeing the same psychiatrist over time is associated with reduced mortality in patients using mental health services, particularly with mood disorders, Schizophrenia.
- **Effective treatment Strategies:** In spite of the fact that Psychiatry has been around since the 1800s. It's as it were within the past half- century that pharmaceutical to bargain with neurological disarranges went standard. A breakthrough came with the advancement of particular serotonin reuptake inhibitor (SSRIs) within the late 1980s. SSRIs counting brand names Prozac and Zoloft are presently commonly utilized to treat a wide run of depressive and uneasiness clutters. Future mental Wellbeing patterns will be the result of decades of investigate and testing, with modern medicine. As Wellbeing care experts get way better at recognizing markers for mental sickness, early intercession and treatment may have a critical affect on those who might something else battle to function.
- **Increased mental health awareness:** Mental Wellbeing mindfulness campaigns have yielded positive results. A few of the techniques attempted to target mindfulness and address disgrace around mental sickness counting support by family individuals and social consideration.

## 2. Changes in illness orientation

- **Modification of style:** Mental health is essential for individual and public health. Now the more focus is given towards prevention from illness.
- **Specific to holistic:** It includes mending the intellect, body and soul of quiet. It based on a logic of living and being that's grounded in caring, relationship and future bonding.

## 3. Explore mental health care and career opportunities

- **Trauma informed Care:** About 61% of grown-ups must have underwent at slightest one major traumatic events in their lifetimes, according to the Antagonistic Childhood Encounters (Pros) Clinicians, Psychiatric Nurse and other wellbeing experts are broadly grasping a healing centered approach to care to mark injury among broader populace. They require for all encompassing approach that incorporates medicines and procedures that play to an individual's qualities versus their shortcoming.
- **Detection of mental illness analyzing blood tests:** Before long, you may have the alternative to require blood test to effectively distinguish a mental wellbeing condition like misery. In April.2021, analysts at the Indiana College School of Pharmaceutical created a novel blood test for mental ailment, proposing that organic markers for disposition disorders can be found inside RNA biomarkers. In spite of the fact that typically at their starting stages, the logical breakthrough seem alter, indeed progress how mental wellbeing conditions are analyzed, which is frequently by trial and mistake.
- **Initiation of healthy boundaries with the help of social networking services:** In case you have got a shrewd phone you're likely well mindful that constraining your screen time can be a challenge, not to specify investing as well much time online can

adversely influence your prosperity. What “Social media boundaries” might see like will change based on the person and whether they are compelling is still up for wrangle about. Concurring to Ivers, the mental wellbeing impacts of “doom scrolling” and virtual security seem see more footing in 2022 as well.

- **On-going progression in tele mental-health services:** Therapy administered via tele-mental health picked up steam in 2020, sustained in 2021, according to experts, Virtual mental health services can be especially helpful for those consumers who
  - are immunocompromised
  - -faces trouble in transportation
  - have some physical disabilities.

Telenursing is also useful information technology in the provision of nursing services whenever physical distances exist between patients and nurses or between any number.

- **Virtual reality for chronic pain and care:** Virtual reality medicines may be progressive, advertising a diverse sort of treatment for people who wish to dodge torment medicine to diminish their side effects. As virtual universes ended up more predominant and useful and as the metaverse advances, so it'll be believed that restorative and mental wellbeing experts will discover ways to assist clients through these advances.
- **Educational qualification for the psychiatric nurse**
  - The individual who wants to do specialization in field of Psychiatry should have Diploma in Psychiatric Nursing (the first Program was offered in 1956 at NIMHANS, Bangalore)
  - Another programme known as M.SC or PG in Psychiatric Nursing (the first Program was offered in 1976 at Rajkumari Amit Kaur College of Nursing, New Delhi), individual can do this master degree also after having graduation.
  - After receiving Master degree from an eminent college or University One can go with doctorate program also like M.Phil in Psychiatric Nursing (1990, M.G University, Kottayam) and afterwards Doctorate (PhD) in Psychiatric Nursing (Offered at MAHE, Manipal, RAK CON, Delhi, NIMHANS, Bangalore).
  - Short-term training also there for both the Degree and Diploma holder in Nursing.

**4. Physician shortage and gap services:** Doctor deficiency can give the opportunity for unused parts example Home Visiting Nurse. In regard to holes in administrations, Medical attendants continuously meet desires of individuals for whom administrations are not accessible like Domestic going by Nurture.

#### **5. Demographic changes:**

- **Increase in number of the vulnerable group (elderly people):** As old-age is a worldwide phenomena, generally accompanied by a number of problems that the aged have to face.
- **Increased number of Nuclear family:** Family structure and composition are social determinants that many also affect health behaviors and outcomes.

#### **6. Consumer empowerment: role of community mental health nurse:**

- Consumer in term of patient's awareness should be increased.

- Community Mental Health Nurse can aware the community people in early detection and treatment of mental illness as well as proper utilization of available Psychiatric hospitals.
- Patients termed as health care consumers demanding quality health care services at affordable cost with less restrictive and more human rates.
- **Deinstitutionalization:** Bringing mental health patients out of the hospital and shifting care to community.

## 7. Changes in care delivery

- Care conveyance is moved from regulation administrations to community administrations. It includes the out understanding administrations for children. Elderly people who are chronically sick.
- Nurse-patient relationship to Nurse-patient partnership: It involves the family members, friends or loved ones for the better provision of care to mentally challenged person.

## V. CONCLUSION

Within the Nursing Educational modules in India, there was prior no component of Psychiatric Nursing. Nowadays Psychiatric Medical attendants, work not as it were in mental healing centers but too in child direction clinic, De-addiction centers, Half-way homes, Old-age homes and in cultivate homes for the dejected and rationally impeded. To hone Psychiatric Nursing, Nurses must get it the essential legitimate perspectives of caring for rationally challenged people. Too Medical caretakers must have adequate information to bargain with the scene of unused developments in arrangement of patient's maintainable development.

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