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PSYCHIATRIC CARE SERVICES IN COMMUNITY

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ABSTRACT In last 25 years the care and treatment of psychiatric illness has been shifted from hospital based to community - centred policy. One of the most important evolutions in the field of Mental health is Community Psychiatric Nursing. The speed of development in the field of Community Mental Health Nursing was slow and limited as compare to any new approach but it has increased in momentum over last 5 years.

KEYWORDS : Asylum, Rehabilitation, Empowerment, Crisis, Vocational

INTRODUCTION

Community mental health refers to treatment of person with mental disorder within community setting. During previous era treatment of psychiatric illness was limited to only Asylums/ Mental hospitals. Psychiatric mental health nursing is a specialized area of nursing practice committed to promoting mental health through the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders.. Treatment in the community permits clients and those involved in their support to new ways of coping with symptoms or situational difficulties. The result can be one of empowerment and self-management, to the extent possible given the client's disability.[1]

WHY DO WE NEED MENTAL HEALTH SERVICES AT COMMUNITY LEVEL?

In 1975, world health organisation strongly recommended the delivery of mental health services through primary health care as a policy for the developing countries. In India, before independence there were no clear plans for the care of mentally ill persons. The approach was largely to built 'asylums', which were custodial rather than therapeutic.[2] **In 1946, Bohre committee** recommended to increase manpower in the field of mental health.**In 1962, Mudaliar committee** envisaged psychiatry services at all district's hospitals. Later in 1975, attempt was made in PGIMER, CHANDIGARH to develop model of psychiatry services in the PHC, Raipur Rani block of Ambala district, & Haryana & in 1976, by NIMHANS, Banglore at Sakalwara in Karnatka.[3] We may need help with a number of different areas to get rid of problems related to mental health, which are as follows:

- Behavioral /Emotional problems
- Relationship problems
- Money and benefits
- Work, or something rewarding and useful to do
- Getting back your self-confidence.

To deliver mental health services there is always a team of 8 to 10 health professionals as no single person can handle all problems at community level. Each member of team has different role to play and work in a comprehensive manner.[5]

DEVELOPMENT OF COMMUNITY MENTAL HEALTH SERVICES IN INDIA

- In 1950's Dr. Vidya Sagar at Amritsar involve the family members in care of mentally ill persons.
- Psychiatric units in general hospitals.

1933- First psychiatric units set up in kolkatta.
1960- Many units established, many people chosen psychiatric as a career.
1975- A community Psychiatric unit was started for the following services:

- Primary health centre (PHC) based rural mental health programme. A manual was prepared to train the multipurpose health workers to recognize cases of severe mental illness & follow them up under the leadership of the PHC doctor. Another manual was prepared to train the doctors of the PHC.
- General practitioner (GP) based urban mental health programme: a manual was prepared to train GP to train treat mental disorder.
- Crash programme started by the NIMHANS by center government.
- A rural mental health programme was started at PGIMER, Chandigarh.
- Majority of the mentally ill & retarded remained untreated, in spite of the well organised facilities.
- Key informants, family members & health workers could easily identify & report about the existence of illness.
- Medical & non medical workers were able to learn to manage priority mental disorder in short term courses.[4,6,7]

DIFFERENCES BETWEEN MENTAL HEALTH SERVICES AT HOSPITAL AND COMMUNITY LEVEL:

The services which are being rendered at hospital and community setting are entirely different. Differences in characteristics, treatment outcomes, and interventions between inpatient and community settings are shown as follows:[8-10]

Table1: Characterstics, Treatment Outcomes & Interventions By Setting

Inpatient setting	Community Mental Health setting
• **Characterstics** a. Unit locked by staff b. 24 hr supervision c. Boundaries determined by staff d. Milieu by housekeeping, food and security services	a. Home locked by client b. Intermittent supervision c. Boundaries negotiated with client d. Client controlled environment with self care and safety risks.
• **Treatment outcome** a. Stabilization of symptoms and return to community	a. Stable or improved level of functioning in community
• **Interventions** a. Develop short term therapeutic relationship b. Administer medication c. Monitor nutrition and self care with assistance as needed d. Provide health assessment &intervention as needed e. Offer structured socialization activities f. Plan for discharge with family/significant with other regard to housing and follow up treatment	a. Develop long term therapeutic relationship b. Encourage compliance with medication regimen c. Teach and support adequate nutrition and self care with referrals as needed d. Assist client in self assessment e. Use creative strategies to refer client to positive social activities f. Communicate regularly with family/support system to assess and improve level of functioning.

The World Health Organization (WHO) has also advised a strong need for countries to provide community mental health services network at its Global Forum for Community Mental Health.[11]

Many options are accessible at community level which helps to treat various mental disorders of people and make them to live a stable happy life ahead which includes

- Integration of mental health services with the primary health care system
- Provide rehabilitation services to successful comeback of patients from hospitals to community.
- Conduct and implement various educational programmes at community to eradicate stigma being associated with mental illness.
- Involve and ensure community people to participate and integrate with mental disorders within the community.[12-13]

TREATMENT ALTERNATIVES AT COMMUNITY LEVEL:

A. Community Mental Health Centres:

The goal of community health centres in caring for persons who are chronically mentally ill is to improve coping ability and prevent exacerbation of acute symptoms.[14] Bower (1992) has identified five core components and nursing role functions that blend with the steps of the nursing process to form a framework for nursing case management. The core components include:[15]

1. Interaction
2. Assessment: Establishment of a Database
3. Planning
4. Implementation
5. Evaluation

B. Day-Evening Treatment/Partial Hospitalization Programs:

Day or evening treatment programs are designed to prevent institutionalization or to ease the transition from inpatient hospitalization to community living. Various types of treatment are offered. Many include therapeutic community activities;

- Individual therapy
- Group therapy
- Family therapy
- Psycho education
- Alcohol and drug education
- Crisis intervention
- Therapeutic recreational activities
- Occupational therapy

C. ***Day Hospital/Centres:-***The concept of Day centers was introduced by DE Cameran in 1946, where the client will receive treatment, services during daytime; client develops discipline and routine in life. It is one of the methods under partial hospitalization.

D. ***Quarterway Home*:-**Located within the hospital campus not having the regular services of hospital staff; client will carry out the activities.

E. ***Halfway Homes*:-**Client may not be required total hospitalization, but yet they are not ready for complete independent living, still he may require supervision in some aspects like continuity of medication etc.able to carry rest of the activities.

F. ***Foster Homes:-***Client will get home like environment; placement may be a temporary or permanent. To receive services like family care, social agencies will appoint certain volunteer families to take care of the client in post recovery period.

G. ***Sheltered Workshop*:-**Work oriented rehabilitation facility with a controlled working environment to fulfill individual's vocational goals, which assists the handicapped children to progress toward normal living and productive social status.[16-17]

REFERENCES

1. Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). (1983). Alcohol, drug abuse and mental health problems of the homeless. Rockville, MD.
2. Bachrach, L.L. (1987). The homeless mentally ill. In W. W. Menninger and G. Hannah (Eds.), The chronic mental patients/Ill. American Psychiatry Press.
3. Ahuja Neeraj (2004). A Short Textbook of Psychiatry. Edition 5th reprint (2004). Published by Jitendar P Vij. Pp 242-246.
4. National Mental Health Programme for India (NMHP). (1982-88). Progress report. Government of India.
5. Neki, J.S. (1976). An examination of the cultural relativism of dependence as a dynamic of social and therapeutic relationships. British Journal of Medical Psychology, 49, 1-10.
6. Sharma, S.D. (1984). History of mental hospitals in the Indian subcontinent. IJP 26, 4, 295-300.
7. Townsend Marry C. Psychiatric mental health nursing, concepts of care. Edition 4th. F.A. Davis Company, Philadelphia publishers; 2003. P 811-832
8. Dr. Mrs. K. Lalitha (2010). Mental Health and Psychiatric Nursing an India Perspective. Edition 1st reprint (2010). V.M.G. book house publishers. Pp 635-668.
9. Malik Santosh, Anand Navneet. Text book of Psychiatric Nursing. Edition 1st. Lotus publishers. Pp 58-62.
10. Neeraja KP (2008). Essentials of mental health and psychiatric nursing vol-1. Edition 1st (2008). Published by Jaypee Brothers medical publishers (P) Ltd. Pp 353-362.
11. Stuart Gail W. Principles and Practice of Psychiatric Nursing. Edition 9th. Elsevier publishers; 2009. P 628-639.
12. https://www.who.int/mediacentre/news/notes/2007/np25/en/
13. https://pdfs.semanticscholar.org/f706/b62dbb96a4d99538bbc676ac892971776e68.p
14. http://www.mhfmjournal.com/pdf/community-mental-health-nurses-views-of-their-role-in-the-treatment-of-people-with-common-mental-disorders.pdf
15. https://www.sciencedirect.com/sdfe/pdf/download/eid/1-s2.0 0020 748 980 9004 50/first-page-pdf
16. "Old age homes in India". By Sathya Venkatesh. Available from: http://www.chillibreeze.com/articles_various/Old-Age-Homes.aspHomes In India
17. "Old age and the Cold Shoulders". By Nadeem Bhat. Available from: http:// www. news trackindia.com/newsdetails/173