

Psychiatric Nursing Practices in India: Past, Present & Future



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Introduction

Mental health disorders continue to be a serious and expensive global health issue, affecting people of all ages from all cultures and socio-economic status. In India, integration of mental health care with primary health care was considered as a primary method of mental health care from the time of move towards the goal of health for all by the year 2000 A.D (1978).

Psychiatric Nursing: Past

The history of psychiatric nursing starts with the history of mental hospitals in India dating back to 200 years. From the later half of 18th century onwards, several "Mad Houses" and "Lunatic Asylums" were built in different parts of the country by the British. These asylums were largely modeled after and functioned like similar institutions in Britain. Changes taking place in the care of the mentally ill in Britain in those days were partly reflected in British India too and asylums were renamed Mental Hospitals. These mental hospitals were aiming to provide nursing care in a custodial manner. A general attitude of pessimism and indifference characterized the practices of psychiatric nursing. The public regarded the mental hospitals and all the services connected with mental hospital with unwanted dread. A landmark in the development of mental health services in the country was

the establishment of the All India Institute of Mental Health in 1954 and starting of DPN in 1956, in Bangalore. This institute, 20 years later, in 1974, was amalgamated with the Mental Hospital in Bangalore run by the Govt. of Karnataka to become an autonomous institute, the National Institute of Mental Health and Neuro Sciences (NIMHANS).

In Mental Hospitals (the converted asylums) nurses are to guard the patients, attend to their basic needs, assist in chemo and physical therapy, behavior therapy, psychosocial therapy and organize activity therapies. Nurses provided both general and psychiatric nursing care. In the community, mental health care services were provided by Public Health Nurses, Multipurpose Health Workers working in community utilizing the available care and appropriate resources.

The "institutional neurosis" is an outcome of long incarceration of individuals in an institution. Stigma arising out of admission in mental hospitals leads to social isolation and rehospitalisation. To manage the social and vocational inadequacies besides clinical disability, innovative approaches are required.

Psychiatric Nursing: Present

Nurses working in psychiatric units of General Hospitals and in Psychiatric Hospitals are with adequate

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preparation educationally to look after the patients with various psychiatric disorders. Participation of the family members in the treatment of psychiatric patients was initiated by Dr. Vidya Sagar at Amritsar Mental Hospital made the nurses to prepare family members for the long term rehabilitation of psychiatric patients. The first experiment of Home Care Programme by a Nurse was experimented at Chandigarh. A nurse was trained in making assessment of the patient, interview the relatives, counsel them regarding the illness and caring for the ill member of the family and dispensing the drugs. The psychiatric nurses extended their services in different settings - Partial hospitalization, Day and a Night hospital, Day Care Centres, Half-Way homes/Hostels in the community, Quarter-Way Homes/Ward-Hostels and Sheltered workshops. They trained lay volunteers, Anganwadi workers to recognize the early symptoms of mental illness and report medical compliance and give referrals. Nurses involve student volunteers, community leaders, traditional healers and village leaders to maintain psychiatric care services at home.

National Mental Health Policy (1982) emphasized deinstitutionalized care services. Conventional antipsychotics are replaced by new generation drugs; infrastructure improved; food quality improved and custodial atmosphere changed. Strategies to address the problem of prolonged hospitalization are executed.

Primary Strategies

Avoid hospitalization in psychiatric hospital, if needed give treatment in General Hospital Psychiatric Units.

Patients are to be admitted only with family members and the hospital stay should not be exceeding 30 days. Nurses would involve family members in treatment process and rehabilitation intervention from the first contact onwards.

Secondary Strategies

Place chronic patients with their families with an assurance of continued domiciliary after care services. Nurses would make home visits to ensure the treatment compliance.

Chronic patients who are disowned by family members may be placed in Non-Govt. organizations and nurses would maintain liaison.

Tertiary Strategies

Abandoned patients to be transferred to Half-Way home. Nurses to maintain therapeutic community to help the patients to develop self empowerment.

Psychiatric Nursing: Future

Re-strategized National Mental Health Policy (2002) emphasized the decentralized mental health care services. Nurses would be a member of interdisciplinary team to coordinate psychiatric care services. They ensure human rights. They would provide psychiatric care services as a community based services. A visiting nurse (1:100 families) would support families and help them to evolve self help groups. They would extend assistance for human resource development; conduct short term training in psychiatric nursing to the general health care nursing personnel to improve district psychiatric care services. They would also extend their support to private sectors and voluntary agencies in mental health care services. Psychiatric nurses would take adequate measures to promote mental health and prevent mental illness through life skill education and psychosocial care services to survivors of disasters. Developing a full time Director of Nursing at the Health Sector exclusively to provide mental health/psychiatric nursing care services in India may not be a dream, but a mission to achieve.

Table No: 1 Changing concepts of Mental Health Nursing - Service

Changing concepts	Past	Present	Future
Patient reference	Lunatic	Persons with Mental Illness	Client
Setting	Asylum	Psychiatric hospital and Mental health care setting.	Decentralized, Delegated Home Care
Mental Health Care Service	Mental Hospital	Family Psychiatric Centre, Sheltered workshop, Home Care programme, Day Care Centres, Half-Way home	Telephone Triaging, Video Conferencing, COW (computer on wheels)
Type of Care	Just "Take Care"	Brief Hospitalization	Family Care Community Setting
Law	Indian Lunacy Act, 1912	Mental Health Act, 1987	Mental Health Care Bill, 2013
Freedom	Superintendent custody	Human Rights Commission	Civil Rights and Status
Law for protection	Criminal Inquisitive Back to jail	Open jail under the supervision of Jailor	Rehabilitation at Home
Concept of Mental Illness	Demonic possession Ancestral spirits Violating taboo and cultural rituals	Bio-neuro-genetic and psychological causes	Brain pathology
Pathology of Mental Illness	Family is a source of illness., Childhood traumatic experience, (Psychodynamic model)., Illness chronicity was more, patients were suffering from EPS.	Family is a source of support., Genes neuro chemical Transmitters, biochemical changes, brain pathology Included (psychobiological model), Atypical antipsychotics, No EPS, Minimum of 6 wks	Combining individual, Family and Community, Potential, Family based group intervention, Cognition therapy, Behaviour Therapy, Stem Cell therapy, Gene therapy, Resilience building school based programme, e health, Telephone counselling, Telemedicine, Telehealth, Telenursing
Inclusions	Alcohol Dependence Syndrome., Mental Retardation., Post Partum Psychosis.	Non-Psychiatric Setting	Extended Care Services in the Special Clinics
Setting	Closed Wards	More open wards and few closed wards	Only open wards

Changing concepts	Past	Present	Future
Psychiatric Patient care	Temples, Hill stations, Asylums, Jails, Priests, Traditional Healers	Psychiatric hospital, Psychiatric Nursing Home, State Mental Health, Authority monitors the Functioning	Shared governance With patient, family, community Representatives Lay volunteers Anganwadi Workers, Student volunteers, Community leaders
	Hydrotherapy, Camphor therapy Insulin Shock therapy Direct Electroconvulsive Therapy(ECT).	Complementary and Alternative Medicine apart from, Physical, Pharmacological, Psychosocial and Behavioural.	Evidence Based Practice
	Seclusion and restraints are common. Psychoanalysis Psychotherapy Too many sessions with long hours	Seclusion and restraints are uncommon. Modified ECT Magnet stimulation therapy Brief psychotherapy and brief counseling	Concept of Comfort room Brief psychotherapy and brief counselling
Role of patient	Passive recipient of the services.	Active participation in collaborative treatment.	Independent decision maker Interdependent Care taker/receiver
Community Based Rehabilitation (CBR)	Long term hospitalization. Institutionalized care Services.	Early discharge; maximum of 6 wks Emphasis is on de Institutionalization. Eg. Schizophrenia Research Foundation (SCARF), Chennai Total Response to Alcohol and Drug Abuse (TRADA) in Chunkapura, Kottayam, Kerala	Domiciliary Care service Assistance through respite care services
Concept of Psychiatric Nursing	Nurses Attitude was used for patient recovery	As a member in the multidisciplinary team and interdisciplinary team	Employ Psycho-biological Theories of Human behaviour As a science and Use "self" as an art In the diagnosis, treatment of human Responses to actual or potential mental health problem.
Core role of nurses	Administering Antipsychotics., Assisting for ECT/ Insulin coma therapy.	Psychosocial therapies & Alternative therapies.	Service provider Trainer Researcher

Changing concepts	Past	Present	Future
Role extension of psychiatric nursing	Psychiatric nursing in mental hospitals.	Psycho-social nursing in general hospitals.	Holistic nursing in community Extended care service Inter and Intra sectoral collaboration
Nurse Doctor Relationship	Doctor is prescriber and nurse is a provider.	Multi Disciplinary Team: nurse is a Coordinator.	Collaborative partner in Mental Health Care Team
Mental Health Priority	Health For All (HFA) had Mental Health Care as 8th component.	15th October, 2002 SC ordered comprehensive mental health care services and enforced licensed & regulatory supervisions	Separate budget for mental health care services in Five Year Plans. Eliminate disparities between urban and rural settings.
Service approach	Mental health care through general health care delivery system	11th Five Year Plan 2007-2012 District Mental Health Program (DMHP) in 200 districts, 12th Five Year Plan (2012-2019) DMHP in 193 districts	Community Based Rehabilitation
Mental Health Care	HFA (2000AD), PHC approach, (PHN & MPHWW)	National Mental Health Program (NMHP)(1982), Restrategised NMHP-2003 (2003) DMHP General Hospital Psychiatric Unit(GHPU).	Home Care programme . Independence Nurse Practitioner NMHP and DMHP under National Rural Health Mission(NRHM)
Type of care	Custodial care in closed Wards	Caring with empathy; open door policy therapeutic community.	Family Care and Community Setting
Policy and Legislative Framework	ILA, 1912	NMHP policy (1982) and programmes (1982, 2003). Narcotic drugs and Psychotropic substance Act (1985) The State Mental Health Rules (1990) Human Right Policies (1993)	NRHM Mental Health Millennium Care Bill (MHCB, 2013) Development Goals (MDG)- Post, 2015
Admission into Mental Hospital	Board of visitors Reception Order	Psychiatrist Reception Involuntary admission Order Many types of Admission Admission under special circumstances	Like any other General Hospitals
Discharge from Mental Hospital	Board of visitors decide	Psychiatrists decide and to be consented by two more psychiatrists	Joint consultation Of patient and treating doctor

Changing concepts	Past	Present	Future
Control Over patient	Parole	Leave of absence	Discharge and Readmission, if needed.
Protection	Family beats No action	Penalty Rs. 1,000/- or 3 months imprisonment for negligence and abuse	Preservation of Human Rights
N:Patient Ratio Accommodation space Policy making	1:>100 Only for patients Nurse administrator was not part of NMHP (1982)	1:3 Patient with one family member to stay Involved in Setting minimum standards of care in mental hospitals Action group of NMHP Revision of Mental Health Act(MHA) 1987 Involved in manpower requirement	Managed Care Services Community Group Homes Hostel Domiciliary care services
Nursing Curriculum GNM	1970's few hours (T) 1990's 30 hrs (T) 140 hrs (P)	70 hrs (T) 216 hrs (P) 124 hrs (Internship)	Improved weightage
Nursing Curriculum B.Sc Nursing	1990's 75 hrs(T) 240 hrs (P)	75 hrs (T) 240 hrs (P) 95 hrs (Internship) 3 hrs (Practical exam)	Improved weightage
P.C B.Sc Nursing	1990's 60 hrs(T) 240 hrs (P)	60 hrs (T) 240 hrs (P) 3 hrs (Practical exam)	Modification will be done
M.Sc in Psychiatric Nursing	1980's 100 hrs(T)-I yr, 100 hrs(T)-II yr Total 200 hrs (T) 275 hrs (P)- I yr 275 hrs (P) II yr Total 550 hrs (P)	150hrs (T) I yr 150hrs (T) II yr Total 300 hrs (T) 650 hrs (P) I yr 950 hrs (P) II yr Total - 1600 hrs (P)	Revision will be periodical
Diploma in Psychiatric Nursing	260 hrs (T) 1500 hrs (P)	400 hrs (T) 1440 hrs (P) 160 hrs inclusive of Internship (1280 hrs- P)	Revision will be periodical
Research	Studies related to ECT, . Neurosis, effect of In Service Education Program(ISEP), Alcoholism	Studies are related to anger control management, Effect of empathy training, Yoga therapy, Activities Daily Living (ADL) training.	Systematic review Meta Analysis Care bundle
Research	Descriptive Research	Experimental, pre experimental, Quasi experimental research design.	Triangulation

Changing concepts	Past	Present	Future
Research	Studies were with the nurses. and the care takers in the hospital	Studies are with patients; testing out different health care models both in hospital and community.	Studies to link molecularwith cell biology and genetics causation of psychiatric illness.
	Few mental health nursing journals for literature review were accessible	E-journals are helpful.	Study centers with protocol guidelines
	Emphasis was on utilizing research findings.	Emphasis is on Evidence Based Nursing Practice (EBNP)	Emphasis will be on clinical, functional, satisfaction and financial outcomes. To test theories and interventions through randomized clinical trials.
	Traditional practice, authority and hospital policies.	EBNP	Care bundle.

Conclusion

Psychiatric nursing transformed from custodial care nature to a collaborative partnership with mental health care team and provide evidence based nursing care.

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Indian perspective", VMG Publicatiions, Bangalore, 2007.

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