

Psychiatric Nursing

Contemporary Practice

SEVENTH EDITION

Mary Ann Boyd
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*To Jim with love and gratitude for your constant support and sacrifice
throughout this journey.*

MAB

*In loving memory of my mom, Linda. And to my dad, Joseph, for his never-
ending support and encouragement.*

RL

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Preface

The impact of the coronavirus pandemic on mental health and well-being is felt worldwide. As most of the world focused on survival of the coronavirus, mental health needs were unattended. Now, we are faced with untreated mental disorders complicated by the mental health consequences of the pandemic. While the negative economic and social consequences of the pandemic are well-known, research is just emerging detailing the significant aftereffects to children, adults, families, and communities. Anxiety and contamination fears plague children as they return to schools. Depression, intimate partner violence, and anxiety are on the rise in the adult population. The pandemic accelerated economic inequality affecting underserved and low-income communities.

Virtual health care access was available to people in communities with internet access. Many rural communities did not have internet access. In-person health care was available for only emergency treatment with little access to prevention and treatment of chronic disorders. Since the pandemic is having such a world wide impact on mental health, COVID-19 discussions are woven throughout the chapters.

The primary purpose of this text is to prepare nurses to care for persons with mental health issues and problems. Mental disorders are recognized as one of the major burdens to society. These disorders contribute to high morbidity and mortality rates, as well as lost economic productivity. One in five persons will suffer a mental disorder in a lifetime. The duty of every nurse in all settings is to have the knowledge and skills to implement evidence-based practice for persons with mental disorders. As a result of

the pandemic, it is more critical than ever that nurses are prepared to care for persons suffering from stress, depression, anxiety, and trauma.

The seventh edition of *Psychiatric Nursing: Contemporary Practice* evolved during the pandemic as virtual mental health care became the norm and mental health care providers were challenged to deliver innovative quality care in an electronic environment. As electronic access to mental health applications increased, it became obvious that nurses would be key players in the expansion of the delivery of mental health care. This text includes discussions and recommendations on the use of electronic platforms in nursing practice and their ethical implications.

The special needs and mental health issues of the lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) communities have long been ignored. Stigmatization and discrimination can prevent persons who identify as LGBTQ from accessing quality mental health care and, in turn, contribute to mental health problems. This text discusses the mental health needs and care of persons who identify as LGBTQ. Gender-neutral, bias-free language is used throughout the text.

Based on the request of several reviewers, a new chapter is included on the care of military veterans. This chapter discusses the relationship between the military experience and the health care needs of veterans. The mental health issues and disorders of veterans are explained within the context of their military experiences. There is also a discussion of the role of the Veterans Health Administration in providing mental health care to veterans.

TEXT ORGANIZATION

The first three units of *Psychiatric Nursing: Contemporary Practice, Seventh Edition* present the conceptual underpinnings and principles of psychiatric–mental health nursing. In Unit I, students are introduced to mental health nursing care in contemporary society as an evidenced-based practice. Students are introduced to stigma and recovery in Chapter 2, which sets the stage for a more detailed discussion of recovery in Chapter 9.

Unit II provides the theoretical foundations of psychiatric nursing including several nursing and recovery frameworks as well as biological

and psychosocial theoretical underpinnings. Unit III is the essence of psychiatric–mental health nursing with a detailed discussion of the psychiatric–mental health nursing process including explanations of evidence-based interventions. Therapeutic communication skills, psychopharmacology, cognitive interventions, group interventions, and family assessment and interventions are presented in a clear and understandable language. This unit prepares the student for making clinical judgments and sound decisions in caring for patients.

Units IV and V present mental health promotion and prevention content, including comprehensive chapters on stress and mental health, crises, violence, and suicide prevention. Unit VI discusses the care of persons with mental disorders within a recovery-oriented, evidence-based practice.

Units VII and VIII focus on the assessment and care of children and older adults with mental disorders characteristic of each age group. Unit IX introduces the student to a new chapter, Care of Veterans with Mental Health Needs as well as caring for persons who are experiencing homelessness and co-occurring mental disorders. Chapter 43 addresses the care of persons with selected medical disorders that are typical of persons with mental disorders.

The text presents complex concepts in easy-to-understand language with multiple examples and explanations. Students find the text easy to comprehend, filled with meaningful information, and applicable to all areas of nursing practice.

PEDAGOGICAL FEATURES

The seventh edition of *Psychiatric Nursing: Contemporary Practice* incorporates a multitude of pedagogical features to focus and direct student learning, including the following:

By including evidence-based content from which students can draw valid inferences, students can develop clinical judgment and decision-making skills.

- **Expanded Table of Contents** allows readers to find and refer to concepts from one location.
- **Learning Objectives, Key Terms, and Key Concepts** in the chapter openers cue readers on what will be encountered and what is important to understand in each chapter.

- **Summary of Key Points** listed at the end of each chapter provides quick access to important chapter content to facilitate study and review.
- **Critical Thinking Challenges** ask questions that require students to think critically about chapter content and apply psychiatric nursing concepts to nursing practice.
- **Movie Viewing Guides** list current examples of movies that depict various mental health disorders and that are widely available. Viewing points are provided to serve as a basis for discussion in class and among students.

SPECIAL FEATURES

Case Studies threaded in the disorder chapters are related to the Nursing Care Plan and Therapeutic Dialogue features, giving students the opportunity to apply content. Cases will come from the Patient Experience Videos, to help tie content from the book to the videos. For chapters without a corresponding video, a new case study has been created. Exposure to patients builds student confidence and provides a seamless transition to the practice world.

- **Wellness Challenges** threaded in disorder chapters focus on keeping patients healthy and utilize case study “patient” information to apply the content.
- **Integration with Primary Care**, also threaded in disorder chapters and utilizing case study content, addresses integration of psychiatric disorders with basic health needs blended.
- **NCLEX Notes** help students focus on important application areas to prepare for the NCLEX.
- **Emergency Care Alerts** highlight important situations in psychiatric nursing care that the nurse should recognize as emergencies.
- **Research for Best Practice** boxes highlight today’s focus on evidence-based practice for best practice, presenting findings and implications of studies that are applicable to psychiatric nursing practice.
- **Therapeutic Dialogue** boxes compare and contrast therapeutic and nontherapeutic conversations to encourage students by example to develop effective communication skills.
- **Psychoeducation Checklists** identify content areas for patient and family education related to specific disorders and their treatment. These checklists support critical thinking by encouraging students to develop patient-specific teaching plans based on chapter content.
- **Clinical Vignette** boxes present reality-based clinical portraits of patients who exhibit the symptoms described in the text. Questions are posed to help students express their thoughts and identify solutions to issues presented in the vignettes.

- **Medication Profile** boxes present a thorough picture of commonly prescribed medications for patients with mental health problems. The profiles complement the text discussions of biologic processes known to be associated with various mental health disorders.
- **Key Diagnostic Characteristics** summaries describe diagnostic criteria, target symptoms, and target associated findings for select disorders, adapted from the *DSM-5* by the American Psychiatric Associations.
- **Concept Mastery Alerts** clarify common misconceptions as identified by Lippincott's Adaptive Learning Powered by prepU.
- **Evidence-Based Nursing Practice of Persons with Selected Mental Health Disorders** sections provide an in-depth study of the more commonly occurring major psychiatric disorders.
- **Patient Education** , **family** , and **emergency**  icons highlight content related to these topics to help link concepts to practice.

TEACHING/LEARNING PACKAGE

To facilitate mastery of this text's content, a comprehensive teaching and learning package has been developed to assist faculty and students.

Instructor Resources

Tools to assist you with teaching your course are available upon adoption of this text at <http://thePoint.lww.com/Boyd7e>

- **A Test Generator** lets you put together exclusive new tests from a bank containing hundreds of questions to help you in assessing your students' understanding of the material. Test questions link to chapter learning objectives.
- **PowerPoint Presentations** provide an easy way for you to integrate the textbook with your students' classroom experience, either via slide shows or handouts. Multiple-choice and true/false questions are integrated into the presentations to promote class participation and allow you to use i-clicker technology.
- **An Image Bank** lets you use the photographs and illustrations from this textbook in your PowerPoint slides or as you see fit in your course.
- **Case Studies** with related questions (and suggested answers) give students an opportunity to apply their knowledge to a client case similar to one they might encounter in practice.

- **Pre-Lecture Quizzes** (and answers) are quick, knowledge-based assessments that allow you to check students' reading.
- **Guided Lecture Notes** walk you through the chapters, objective by objective.
- **Discussion Topics** (and suggested answers) can be used as conversation starters or in online discussion boards.
- **Plus Assignments, Lesson Plans, QSEN Competency Maps, Strategies for Effective Teaching, and Syllabi.**

Student Resources

An exciting set of free resources is available to help students review material and become even more familiar with vital concepts. Students can access all these resources at <http://thePoint.lww.com/Boyd6e> using the codes printed in the front of their textbooks.

- **NCLEX-Style Review Questions** for each chapter help students review important concepts and practice for the NCLEX.
- **Watch & Learn Videos, Lippincott Theory to Practice Video Series: Psychiatric–Mental Health Nursing**, includes videos of true-to-life patients displaying mental health disorders, allowing students to gain experience and a deeper understanding of mental health patients.
- **Journal Articles** provided for each chapter offer access to current research available in Wolters Kluwer journals.
- **Movie Viewing Guides** list current examples of movies that depict various mental health disorders and that are widely available. Viewing points are provided to serve as a basis for discussion in class and among students.

A FULLY INTEGRATED COURSE EXPERIENCE

We are pleased to offer an expanded suite of digital solutions and ancillaries to support instructors and students using *Psychiatric Nursing*:

Contemporary Practice, Seventh Edition. To learn more about any solution, please contact your local Wolters Kluwer representative.

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The same trusted solution, innovation and unmatched support that you have come to expect from *Lippincott CoursePoint+* is now enhanced with more engaging learning tools and deeper analytics to help prepare students for practice. This powerfully integrated, digital learning solution combines learning tools, case studies, virtual simulation, real-time data, and the most trusted nursing education content on the market to make curriculum-wide learning more efficient and to meet students where they're at in their learning. And now, it's easier than ever for instructors and students to use, giving them everything they need for course and curriculum success!

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- Varying levels of case studies, virtual simulation, and access to Lippincott Advisor help students learn the critical thinking and clinical judgment skills to help them become practice-ready nurses.
- Unparalleled reporting provides in-depth dashboards with several data points to track student progress and help identify strengths and weaknesses.
- Unmatched support includes training coaches, product trainers, and nursing education consultants to help educators and students implement CoursePoint with ease.

vSim for Nursing

vSim for Nursing, jointly developed by Laerdal Medical and Wolters Kluwer Health, offers innovative scenario-based learning modules consisting of web-based virtual simulations, course learning materials, and curriculum tools designed to develop critical thinking skills and promote clinical confidence and competence. vSim for Nursing | Mental Health

includes 10 mental health scenarios authored by the National League for Nursing. Students can progress through suggested readings, pre- and post-simulation assessments, documentation assignments, and guided reflection questions, and will receive an individualized feedback log immediately upon completion of the simulation. Throughout the student learning experience, the product offers remediation back to trusted Lippincott resources, including Lippincott Nursing Advisor and Lippincott Nursing Procedures—two online, evidence-based, clinical information solutions used in healthcare facilities throughout the United States. This innovative product provides a comprehensive patient-focused solution for learning and integrating simulation into the classroom.

Contact your Wolters Kluwer sales representative or visit <http://thepoint.lww.com/vsim> for options to enhance your mental health nursing course with vSim for Nursing.

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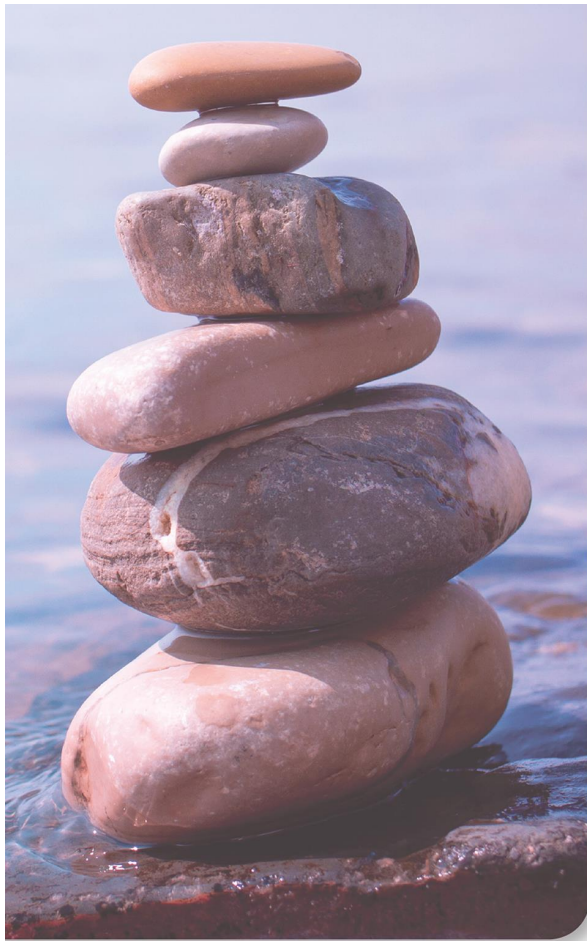
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UNIT 1: **Mental Health Care in Contemporary Society**



1

Psychiatric–Mental Health Nursing and
Evidence-Based Practice

Patricia E. and Freed Mary Ann Boyd

KEYCONCEPTS

- evidence-based practice
- psychiatric–mental health nursing

LEARNING OBJECTIVES

After studying this chapter, you will be able to:

1. Identify the dynamic scope of psychiatric–mental health nursing practice.
2. Relate the history of psychiatric–mental health nursing to contemporary nursing practice.
3. Discuss the importance of evidence-based psychiatric–mental health nursing practice in all health care settings.
4. Outline the evolution of recovery in mental health care.
5. Discuss the impact of recent legislative and policy changes in the delivery of mental health evidence.

KEY TERMS

- Asylum
- Deinstitutionalization
- Institutionalization
- Moral treatment
- Neurosis
- Psychoanalysis
- Psychosis

INTRODUCTION

Everyone experiences emotional and mental health issues at some time in their lives. During periods of illness and stress, mental health issues often become overwhelming to individuals and their families. Every nurse provides mental health interventions, no matter the practice site. Nurses in

acute care settings are likely to care for persons in mental health crises because medical problems are treated before any mental health issues (e.g., physical injuries from a suicide attempt are treated before the underlying depression). Like anyone else, people with psychiatric disorders seek health care for their medical illnesses. The stress of the medical illness can also exacerbate psychiatric symptoms.

Psychiatric nurses care for patients with a wide range of emotional problems and mental disorders ([Box 1.1](#)). These nurses, specializing in mental health nursing, are experts in caring not only for persons with a primary diagnosis of a mental disorder but also for those with self-concept and body image issues, developmental crises, co-occurring disorders, end-of-life changes, and emotional stress related to illness, disability, or loss. It is a psychiatric nurse who is called when violence, suicide, or a disaster erupts. In this text, the terms *psychiatric nursing* and *psychiatric–mental health nursing* are used interchangeably. The standards of practice are discussed in [Chapter 6](#).

BOX 1.1

Psychiatric–Mental Health Nursing Phenomena of Concern

Phenomena of concern for psychiatric–mental health nurses are dynamic, exist in all populations across the life span, and include but are not limited to the following:

- Promotion of optimal mental and physical health and well-being
- Prevention of mental and behavioral distress and illness
- Promotion of social inclusion of mentally and behaviorally fragile individuals
- Co-occurring mental health and substance use disorders
- Co-occurring mental health and physical disorders
- Alterations in thinking, perceiving, communicating, and functioning related to psychological and physiologic distress
- Psychological and physiologic distress resulting from physical, interpersonal, and/or environmental trauma or neglect
- Psychogenesis and individual vulnerability
- Complex clinical presentations confounded by poverty and poor, inconsistent, or toxic environmental factors

- Alterations in self-concept related to loss of physical organs and/or limbs, psychic trauma, developmental conflicts, or injury
- Individual, family, or group isolation and difficulty with interpersonal relations
- Self-harm and self-destructive behaviors including mutilation and suicide
- Violent behavior including physical abuse, sexual abuse, and bullying
- Low health literacy rates contributing to treatment nonadherence

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KEYCONCEPT Grounded in nursing theories, **psychiatric–mental health nursing** is defined as the “nursing practice specialty committed to promoting mental health through the assessment, diagnosis, and treatment of behavioral problems, mental disorders, and comorbid conditions across the life span. Psychiatric–mental health nursing intervention is an art and a science, employing purposeful use of self and a wide range of nursing, psychosocial, and neurobiological evidence to produce effective outcomes” (American Nurses Association, American Psychiatric Nurses Association, & International Society of Psychiatric–Mental Health Nurses, 2014, p. 1).

THE PAST AND PRESENT

Psychiatric nursing has a history that can be traced back to the early days of nursing practice. Today, the specialty has developed into one of the core mental health professions with an emphasis on evidence-based practice.

Early Founders

The roots of contemporary psychiatric–mental health nursing can be traced to Florence Nightingale’s holistic view of a patient who lives within a family and community. She was especially sensitive to human emotions and recommended interactions that today would be classified as therapeutic communication (see [Chapter 10](#)). For example, this early nursing leader’s intervention for reducing anxiety about an illness was to encourage independence and self-care (Nightingale, 1859).

Linda Richards, the first trained nurse in the United States, opened the Boston City Hospital Training School for Nurses in 1882 at McLean Hospital, a mental health facility ([Box 1.2](#)) (Cowles, 1887). Employees of McLean were recruited into the nursing program to learn to provide

physical care for patients with mental disorders who developed medical illnesses. In 1913, Effie Taylor integrated psychiatric nursing content into the curriculum at Johns Hopkins' Phipps Clinic. Taylor, like Nightingale before her, encouraged nurses to avoid the dichotomy of mind and body (Church, 1987). The first psychiatric nursing textbook, *Nursing Mental Disease*, was written by Harriet Bailey in 1920 (Bailey, 1920). Gradually, nursing education programs in psychiatric hospitals were phased into mainstream nursing education programs.

BOX 1.2

History of Psychiatric–Mental Health Nursing

- 1882** First training school for psychiatric nursing at McLean Asylum by E. Cowles; first nursing program to admit men
- 1913** First nurse-organized program of study for psychiatric training by Euphemia (Effie) Jane Taylor at Johns Hopkins Phipps Clinic
- 1914** Mary Adelaide Nutting emphasized nursing role development
- 1920** First psychiatric nursing text published, *Nursing Mental Disease*, by Harriet Bailey
- 1950** Accredited schools required to offer a psychiatric nursing experience
- 1952** Publication of Hildegard E. Peplau's *Interpersonal Relations in Nursing*
- 1954** First graduate program in psychiatric nursing established at Rutgers University by Hildegard E. Peplau
- 1963** *Perspectives in Psychiatric Care and Journal of Psychiatric Nursing* published
- 1967** *Standards of Psychiatric–Mental Health Nursing Practice* published; American Nurses Association (ANA) initiated the certification of generalists in psychiatric–mental health nursing
- 1979** *Issues in Mental Health Nursing* published; ANA initiated the certification of specialists in psychiatric–mental health nursing
- 1980** *Nursing: A Social Policy Statement* published by the ANA
- 1982** *Revised Standards of Psychiatric and Mental Health Nursing Practice* issued by the ANA
- 1985** *Standards of Child and Adolescent Psychiatric and Mental Health Nursing Practice* published by the ANA
- 1987** *Archives of Psychiatric Nursing and Journal of Child and Adolescent Psychiatric and Mental Health Nursing* published
- 1994** *Statement on Psychiatric–Mental Health Clinical Nursing Practice and Standards of Psychiatric–Mental Health Clinical Nursing Practice* published
- 1996** Guidelines specifying course content and competencies published by the Society for Education and Research in Psychiatric–Mental Health Nursing
- 2000** *Scope and Standards of Psychiatric–Mental Health Nursing Practice* published
- 2003** A second advanced practice role, Psychiatric–Mental Health Nurse Practitioner, was delineated
- 2014** *Psychiatric–Mental Health Nursing: Scope and Standards of Practice* was revised to reflect the expanding role of psychiatric–mental health nurses practicing in a recovery-oriented