The Impact of a Psychiatric Nursing Course on Attitudes and Beliefs Regarding Mental Illness

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Introduction:

Psychiatric mental health nursing is a distinct field within nursing that applies scientific ideas of human behaviour as a framework and relies on the intentional use of one's own self as a means of expression (Shives, L. R., 2007).

Nurses have a crucial role in providing care for individuals with mental illness during periods of sickness and in supporting their recovery following an episode of illness. Moreover, the vast majority of patients and their families who are seeking assistance for their mental illness properly anticipate that the hospital and nursing staff will be aware of their requirements and treat them as distinct individuals, without any bias or discrimination (Pusey-Murray, A., 2017).

Numerous studies have shown that psychiatric and mental health nursing are not well-liked by the general public (Stevens, J. A., & Dulhunty, G. M., 1997). An adequate number of nursing graduates entered the field of mental health nursing as a result of this circumstance. The development of effective methods to alleviate nursing shortages in this specialty field requires a thorough understanding of the causes behind this unpopularity.

Medical and nursing students are influenced by the stigmatized views of society and healthcare providers on mental health issues and individuals who work in the sector as they make plans for their future careers (SARWAT, A., et al., 2020; Lyons, Z., & Janca, A., 2015) Psychiatric nursing is the least desired specialty among nursing students, according to research. Students would rather work in a specialized area that makes use of cutting-edge technology (Alexander, R. K.,,et al., 2015; Ong, H. L., et al., 2017).

 Students' distaste for psychiatric nursing as a professional path is rooted in stigmatization of those who suffer from mental illness, psychiatric clinics, and the field itself.10,20, and the fact that mental nursing is on the brink of extinction is stressed (Happell, B., & Gaskin, C. J. 2013)

Mental illnesses continue to be a significant concern for public health, as evidenced by their epidemiology, persistent patterns, and challenges in treatment (Bİlge, A., & Çam, O., 2010). People with mental illness not only suffer from the symptoms and complications of their condition, but they also have to deal with difficulties in their social connections (Corrigan, P. W., 1998; Lawrie, S. M., 1999). Individuals with

mental problems experience heightened discrimination and misunderstanding, including fear and stigma, compared to those with physical illnesses. These mental conditions are particularly susceptible to further societal stigma (Bostanci, N., 2005; Lawrie, S. M., 1999).

A study was done to assess the attitudes of health science students towards mental disorders in general and towards specific mental illnesses after they received mental health training and engaged in clinical psychiatric procedures. Perceptions of mental diseases underwent a significant shift, particularly following direct exposure to clinical practice. There was a decrease in the general stigma around individuals with mental health conditions. However, there was no shift in attitudes towards particular mental disorders. 20 A study was conducted to investigate the impact of psychiatric training on the attitudes of nursing students towards schizophrenia. Fourth-year students who got training in psychiatry were compared to second and third-year students who did not receive such training.

Definitions:

1) Mental Illness:

According to the CDC (2013), mental illness is "disorders generally characterized by dysregulation of mood, thought, and/or behavior, as recognized by the Diagnostic and Statistical Manual, 4th edition, of the American Psychiatric Association."

The precise definition of mental illness is frequently contested and is commonly predicated on societal norms of acceptable behavior. An illustration of this is how conduct that is regarded as typical in one culture might be deemed atypical in another (Radden, J., 2019)

2) Psychiatric nursing:

is a subspecialty of general nursing that focuses on the assessment, treatment, and rehabilitation of mental illness and its symptoms. Nursing practice is both an art form and a science, with the former relying on theories of human behavior and the latter on clinical experience (Townsend, M. C., & Morgan, K. I.., 2017)

Common psychiatric symptoms and key terms in psychiatric nursing: (Maples-Keller, J. L., et al., 2017)

- Anxiety: A condition characterized by apprehension in reaction to something or someone.

- Stress: is defined as an overwhelming feeling of difficulty, pressure, or strain that has a detrimental influence on one's mental and physical health.

- Withdrawal: refers to a mental condition in which a person is consistently silent, uncaring, and preoccupied with their own thoughts and feelings.

- Depression: is a psychological condition marked by a prevailing sense of melancholy, self-dislike, despair, discouragement, or hopelessness.

- Suicide: is the deliberate act of causing one's own death by self-destructive actions.

- Neurosis: refers to a state where maladaptive habits are used as a defense mechanism against unconscious worry.

- Personality disorder: A non-psychotic illness marked by maladaptive conduct used by the affected person to satisfy needs and feel good about themselves. The person's activities clash socially because they are unable to react to their surroundings.

- Mental retardation: is an illness defined by below average intellectual performance that is linked to or results in a decrease in the capacity to think abstractly, adjust to novel circumstances, acquire new knowledge, solve problems, or draw lessons from past experiences.

- Schizophrenia is a severe mental illness marked by a loss of reality, impaired communication, and a decline in prior functioning in social interactions, the workplace, and self-care.

Comparative characteristics of a mentally healthy and a mentally ill person: (Rogers, A., & Pilgrim, D., 2021)

1) Mental Health:

❖ Embraces both oneself and others.

❖ Resilience, the capacity to manage or endure stress. Has the ability to resume normal functioning if briefly disrupted

❖ Capacity for establishing intimate and enduring connections.

❖ Exercises discernment in decision-making.

❖ Takes accountability for one's conduct.

❖ Positive

❖ Acknowledges both strengths and weaknesses.

❖ Can operate efficiently and autonomously

❖ Capable of discerning fictional scenarios from actuality

❖ Capable of maximizing and nurturing one's potential and talents to their utmost capacity.

❖ Possessing problem-solving abilities

❖ Can impede instant satisfaction

❖ Mental health encompasses an individual's disposition towards life, involving the expression and reception of emotions. Working both independently and collaboratively, demonstrating respect for authority, exhibiting a sense of humor, and effectively managing emotional conflicts.

2) Mental Illness:

❖ Emotions of insufficiency and a negative perception of oneself.

❖ Difficulty in managing and dysfunctional conduct
❖ Lack of capacity to form a significant interpersonal connection
❖ Exhibits a lack of discernment

❖ Irresponsibility refers to the lack of willingness or ability to take responsibility for one's conduct.

❖ Having a pessimistic outlook.

❖ Is unaware of one's own limitations (capabilities and shortcomings).

❖ Displays dependence needs due to emotions of inadequacy.

◈ Lack of ability to comprehend or grasp the true nature of reality

◈ Has a limited ability to identify and acknowledge one's own potential and talents as a result of a negative self-perception?

◈ Prevents issues instead of addressing or resolving them.

◈ Prevents problems rather than dealing with or resolving them

◈ Mental illness is characterized by an individual's failure to effectively manage stress, leading to disturbances, lack of organization, inappropriate responses, unacceptable behavior, and an inability to meet personal and societal expectations.

History and Evolution of Psychiatric-Mental Health Nursing:

The emergence of psychiatric-mental health nursing may be traced back to the reform movements of the late 19th century. These efforts aimed to shift the emphasis of mental asylums from providing rigorous and custodial care to offering medical and social therapy for those with mental illness. In 1882, Dr. Edward Cowles established the world's first officially organized training school within a hospital for the mentally ill at McLean Asylum in Massachusetts.

In the past, physicians were responsible for providing training to psychiatric nurses. In 1913, Effie Jane Taylor created the inaugural training course for mental nursing as part of a general nursing education program at Johns Hopkins Hospital (Boyd, 1998). This course functioned as a pattern for subsequent nursing education programs. In 1920, Harriet Bailey, a colleague of Taylor, authored the pioneering psychiatric nursing textbook titled "Nursing Mental Disease" (Boling, A., 2003).

Psychiatric-mental health nursing, under the guidance of nursing leadership, has adopted a biopsychosocial approach and created specialized nursing procedures to care for patients with mental problems. The nurse specializing in psychiatric and mental health (PMH) also started to recognize the educational and practical aspects of training required to provide care for individuals with mental problems.

Origins of the Psychiatric-Mental Health Advanced Practice Nursing Role:

The development of specialized nursing at the postgraduate level commenced in the late 1950s as a result of the enactment of the National Mental Health Act of 1946 and the establishment of the National Institute of Mental Health in 1949. The National Mental Health Act of 1946 designated psychiatric nursing as one of the four fundamental disciplines for delivering psychiatric care and treatment, alongside psychiatry, psychology, and social work. Nurses actively contributed to addressing the increasing need for psychiatric care that arose from the greater recognition of mental health disorders following the war (Bigbee, H. L., & Amidi-Nouri, A., 2000). The high incidence of "battle fatigue" prompted the recognition of the necessity for an increased number of mental health experts.

Phases Development of Psychiatric–Mental Health Nursing: (Videbeck, S., & Videbeck, S., 2013)

Phase 1: The Emergence of Psychiatric–Mental Health Nursing (1773–1881):

❖ Specialized facilities were constructed to accommodate patients with psychiatric problems.

❖ Benjamin Rush authored the inaugural American textbook on psychiatry.

❖ Staff members were employed to engage in social interactions with patients.

❖ Philippe Pinel categorized patients based on their observable behaviors.

❖ By 1872, schools of nursing had been founded in both Boston and Philadelphia.

Phase 2: Development of the Work Role of the Psychiatric Nurse (1882–1914)

❖ Training institutions for psychiatric nurses were founded at McLean Hospital in Belmont, Massachusetts, and at Buffalo State Hospital in New York in 1882.

❖ State mental hospitals in 1890 hired nurses who had received formal training.

❖ The establishment of the first undergraduate mental nursing program occurred.

❖ The National Society for Mental Hygiene was established in 1909.

❖ Rural areas were chosen as the location for the construction of large state mental hospitals.

Phase 3: Development of Undergraduate Psychiatric Nursing Education (19151935):

◈ Linda Richards, the inaugural recipient of a nursing degree in the United States, proposed that individuals with mental illness should be provided with equivalent levels of care as those with physical ailments.

◈ Student nurses gained practical training in psychiatric facilities.

◈ There were textbooks created with a focus on mental nursing practice.

◈ The first textbook on mental nursing was written by Harriet Bailey and was titled Nursing Mental Diseases.

◈ In the field of mental health, new procedures such as electroconvulsive therapy (ECT), prefrontal lobotomy, and insulin shock therapy were implemented.

◈ An organization called the National Committee for Mental Hygiene was created.

Phase 4: Development of Graduate Psychiatric Nursing Education (1936–1945)

◈ By 1937, standardized clinical experiences had been implemented in psychiatric hospitals.

◈ Psychiatric nursing courses were offered by about half of all nursing schools, but it wasn't until 1955 that they were made a prerequisite for nursing license.

◈ Guidelines for the curriculum of graduate programs in psychiatric nursing were established by the National League of Nursing Education. There were three graduate programs supported by universities by 1943.

Phase 5: Development of Consultation and Research in Psychiatric Nursing Practice (1946–1956)

◈ Graduate nurse education programs that specialize in caring for people with mental illness were made possible by the Mental Health Act of 1946.

◈ In 1956, the National League of Nursing Education established a committee to examine and amend a suggested blueprint for the creation of a sophisticated clinical program in mental nursing. The

committee's meeting resulted in the Brown Report, which emphasized the need to increase funding for psychiatric research in order to find treatments and cures for mental disease.

Conclusion:

The psychiatric nursing course effectively reduces negative thoughts towards mental illness and enhances positive opinions of psychiatric nursing. It is crucial to conduct research that investigate the attitudes of nursing professionals towards mental illness and psychiatric nursing, as well as the factors that influence these attitudes, starting from their first year of education. Additionally, efforts should be made to enhance their understanding and ability to battle stigmatization. Additionally, it is recommended to compare using a control group, analyze attitudes towards various mental health issues, and evaluate the effects of theoretical education and clinical practice independently.

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