

4TH EDITION

Neeb's Fundamentals *of* Mental Health Nursing



LINDA M. GORMAN
ROBYNN ANWAR



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Neeb's Fundamentals of Mental Health Nursing

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*To Corie, who saw me as an author many years ago.
(LG)*

*To Mayme, I realize how much easier this journey would have been if you were here. Wasim and Andrea, I appreciate your belief in my abilities. “Mom Bessie,” who renewed her practical nurse license at age 94. Linda, thank you for being my mentor through this process. Shirley, Toni, and Ted—Thank you.
(RA)*



Neeb's *Fundamentals of Mental Health Nursing* is a psychiatric nursing text tailored specifically to the needs of the LVN/LPN student. We understand that many students at this level of preparation do not have the opportunity for clinical experience in a psychiatric setting, but they will encounter patients with mental health issues in their rotations. Students will encounter patients and their families with psychiatric diagnoses as well as a variety of psychosocial issues and behaviors that challenge them. This text will provide the basic knowledge and skills to address many of these challenges, with an emphasis on communication. This new edition also brings enhancements via the Internet through *DavisPlus*.

Our goal with this text is to provide basic information about mental health theories, personality development, coping and communication styles, psychiatric diagnoses, and nursing actions, all as they pertain to the practice of the LVN/LPN.

The impact of psychiatric disorders continues to be a concern in the United States. Depression, anxiety, eating disorders, and substance abuse continue to be major health problems. How society responds to debilitating mental illness has been the subject of much debate. Clearly the need for nurses to have education in caring for people with mental health issues is essential.

The Fourth Edition of *Neeb's Fundamentals of Mental Health Nursing* brings new authors who have expanded on the foundations that Kathy Neeb created so successfully in the first three editions. The new authors bring broad experience in psychiatric nursing, education, and clinical practice. New chapters in this Fourth Edition include postpartum issues as well as separate chapters on depressive and bipolar disorders. We have added more features to enhance the concepts and make them more meaningful and current.

Chapters 1 to 9 provide the basics of mental health nursing concepts, with an emphasis on communication. Chapters 10 to 22 are “clinical” chapters in that they cover specific diagnoses and/or populations. Many of the chapters include the following new or enhanced key features:

- *Neeb's Tip* will give a “clinical pearl” that succinctly describes a key take-away from the chapter.
- *Critical Thinking Questions* are expanded and interspersed in the chapters to emphasize a concept and challenge the student to apply the concept just covered. Many of these include case-based scenarios.
- *Toolbox* provides additional resources for students who want more information. These can be further explored on the book's Web site.
- *Pharmacology Corner* in Chapters 10 to 20 and 22 covers important current information about medications used for the specific population that will pertain to the LVN/LPN scope of practice.
- *Clinical Activities* are suggestions for the student to utilize when caring for patients with a particular disorder.
- *Classroom Activities* include suggestions for projects or actions that students and faculty can use in the classroom to enhance learning.
- *Case Studies* are in-depth, with questions to help the student apply knowledge learned in the chapter.
- *Multiple Choice Questions*—At least 10 questions are provided at the end of the chapters, with the answers/rationales in Appendix A. Additional NCLEX questions are on the book's Web site.
- Sample Care Plans are provided in the clinical chapters.
- Appendix E, which is new, matches common behaviors with nursing diagnoses.

Internet-based enhancements include podcasts, updated references, and other resources such as drug monographs and Neeb's blog. Neeb's blog will provide an opportunity for the student to reflect on learning and experiences that can be shared with others. For the instructor, this Fourth Edition provides access to PowerPoint presentations, test bank questions, and other expanded features.

This edition coincides with the publication of the *DSM-5, Diagnostic and Statistical Manual for Mental Disorders* by the American Psychiatric Association that was published in 2013. The terminology used throughout this edition reflect the changes in this major psychiatric reference. Although the

LVN/LPN student will not be using the *Manual* routinely, a familiarity with the terminology that is used by other health-care professionals is essential. The chapter titles reflect the new terminology where changes have been made.

We, as practitioners and educators in the field of mental health, have seen the impact of mental health issues on our patients and society. We hope that the students who utilize this book will gain a new perspective that includes up-to-date knowledge as well as empathy for the suffering these disorders can cause. We hope this book will contribute to knowledgeable and compassionate LVNs/LPNs.



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—LINDA GORMAN
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UNIT **1**

Foundations *for* Mental Health Nursing



History of Mental Health Nursing

Learning Objectives

1. Identify the major trailblazers to mental health nursing.
2. Know the basic tenets or theories of the contributors to mental health nursing.
3. Define three types of treatment facilities.
4. Identify three breakthroughs that advanced mental health nursing.
5. Identify the major laws and provisions of each that influenced mental health nursing.

Key Terms

- American Nurses Association (ANA)
- Asylum
- Deinstitutionalization
- Free-standing treatment centers
- National Association for Practical Nurse Education and Service (NAPNES)
- National Federation of Licensed Practical Nurses (NFLPN)
- National League for Nursing (NLN)
- Nurse Practice Act
- Psychotropic
- Standards of care

■ The Trailblazers

For centuries, nurses have been many things to many people. People have nurses to thank for cooking, cleaning, and ministering to those who fought battles.

Long before people knew what aerobic or anaerobic microorganisms were, nurses knew when to open or close the windows. Nurses helped women give birth to their young and nursed the babies when mothers were unable to or when mothers died during or shortly after giving birth. The first flight attendants were nurses. For centuries, nurses have gone about the business of caring for people, but they have not always done that quietly. Who

were the nurses who took the risks? Who were the ones who spoke out on behalf of the patient and the profession? In times when nursing was considered only “women’s work,” and when women were not politically active, the major trailblazers were female.

Florence Nightingale

Florence Nightingale (1820–1910) (Fig. 1-1), has been called the founder of nursing. Her story and her contributions are numerous enough to fill many volumes. She was born of wealth and was highly educated. When she was very young, she realized she wanted to be a nurse, which did not please her parents. Conditions in hospitals were poor, and her



Figure 1-1 Florence Nightingale at work during the Crimean War.

parents wanted her to pursue a life as wife, mother, and society woman.

Florence worked hard to educate herself in the art and science of nursing. Her mission to help the British soldiers in the Crimean War earned her respect around the world as a nurse and administrator. This was no easy task because many of the soldiers at the Barrack Hospital at Scutari resented her intelligence and did what they could to undermine her work.

The relationship between sanitary conditions and healing became known and accepted due to her observations and diligence. Within 6 months of her arrival in Scutari, the mortality rate dropped from 42.7% to 2.2% (Donahue, 1985, p. 244). She insisted on proper lighting, diet, cleanliness, and recreation. She understood that the mind and body work together and that cleanliness, the predecessor to today's sterile techniques, is a major barrier to infection and promotes healing. She carefully observed and documented changes in the conditions of the soldiers, which led to her adulation as “The Lady with the Lamp” (from the poem “Santa Filomena” by H. W. Longfellow).

Santa Filomena

by Henry Wadsworth Longfellow
*When'er a noble deed is wrought,
 When'er is spoken a noble thought,
 Our hearts, in glad surprise,
 To higher levels rise.*

*The tidal wave of deeper souls
 Into our inmost being rolls,
 And lifts us unawares
 Out of all meaner cares.
 Honour to those whose words or deeds
 Thus help us in our daily needs,
 And by their overflow
 Raise us from what is low!
 Thus thought I, as by night I read
 Of the great army of the dead,
 The trenches cold and damp,
 The starved and frozen camp,
 The wounded from the battle-plain,
 In dreary hospitals of pain,
 The cheerless corridors,
 The cold and stony floors.
 Lo! in that house of misery
 A lady with a lamp I see
 Pass through the glimmering gloom,
 And flit from room to room.
 And slow, as in a dream of bliss,
 The speechless sufferer turns to kiss
 Her shadow, as it falls
 Upon the darkening walls.
 As if a door in heaven should be
 Opened and then closed suddenly,
 The vision came and went,
 The light shone and was spent.
 On England's annals, through the long
 Hereafter of her speech and song,
 That light its rays shall cast
 From portals of the past.
 A Lady with a Lamp shall stand
 In the great history of the land,
 A noble type of good,
 Heroic womanhood.
 Nor even shall be wanting here
 The palm, the lily, and the spear,
 The symbols that of yore
 Saint Filomena bore.*

She was a crusader for the improvement of care and conditions in the military and civilian hospitals in Britain. Among her books are *Notes on Hospitals* (1859), which deals with the relationship of sanitary techniques to medical facilities; *Notes on Nursing* (1859), which was the most respected nursing textbook of the day; and *Notes on Matters Affecting the Health, Efficiency and Hospital Administration of the British Army* (1857) (Donahue, 1985, p. 248).

The first formal nurses' training program, the Nightingale School for Nurses, opened in 1860. The goals of the school were to train nurses to work in hospitals, to work with the poor, and to teach. This meant that students cared for people in their homes, an idea that is still gaining in popularity and professional opportunity for nurses. Florence Nightingale died at the age of 90.

Dorothea Dix

Dorothea Dix (1802–1887) (Fig. 1-2) was a schoolteacher, not a nurse. She believed that people did not need to live in suffering and that society at large had a responsibility to aid those less fortunate. Her primary focus was the care of prisoners and the mentally ill. She lobbied in the United States and Canada for the improvement of **standards of care** for the mentally ill and even suggested that the governments take an active role in providing help with finances, food, shelter, and other areas of need. She learned that many criminals were also mentally ill, a theory that is borne out in studies today. Because of the efforts of Dorothea Dix, 32 states developed **asylums**



Figure 1-2 Dorothea Dix.

or “psychiatric hospitals” to care for the mentally ill. There is a monument to her that symbolized her efforts on the Women’s Heritage Trail in Boston.

Linda Richards

While Dorothea Dix was working for political help in mental health, a nurse named Linda Richards (1841–1930) (Fig. 1-3) was pushing to upgrade nursing education. She was the first American-trained nurse, and in 1882 she opened the Boston City Hospital Training School for Nurses to teach the specialty of caring for the mentally ill. By 1890, more than 30 asylums in the United States had developed schools for nurses. Linda Richards was among the first nurses to teach and work seriously with planning and developing nursing care for patients. In cooperation with the **American Nurses Association (ANA)** and the **National League for Nursing (NLN)**, she was instrumental in developing textbooks specifically for nurses that had stated objectives for outcomes of nursing education and patient care.



Linda Richards
America's First Trained Nurse
Born in Potsdam, 1841

Figure 1-3 Linda Richards.

Harriet Bailey

The first textbook focusing on psychiatric nursing was written in 1920 by Harriet Bailey. It included guidelines for nurses who provided care for those with a mental illness. Bailey understood that nurses caring for these patients needed proper training. After she published her book, the NLN began requiring all student nurses have a clinical rotation in a psychiatric setting (Videback, 2013).

Effie Jane Taylor

Effie Jane Taylor (Fig. 1-4) initiated the first psychiatric program of study for nurses, in 1913. She is also well known for her development and implementation of patient-centered care, putting emphasis on the emotional and intellectual life of the patient. Effie Taylor received a diploma in nursing from Johns Hopkins School of Nursing, later to become a nursing professor in psychiatry (American Association for the History of Nursing, Inc., 2007).

Mary Mahoney

Mary Mahoney (1845–1926) (Fig. 1-5) is considered to be America’s first African-American professional nurse. Her contributions were primarily in home care and in the promotion of the acceptance of African



Figure 1-5 Mary Mahoney.

Americans in the field of nursing. An award in her name is presented at the annual ANA convention to a person who has worked to promote equal opportunity for minorities in nursing. During her career, it was necessary to open separate schools of nursing for African American students because they were banned from the schools for white students. Two of these separate schools were Spelman Seminary (currently known as Spelman College) in Georgia and Tuskegee Institute in Alabama.

Hildegard Peplau

Dr. Hildegard Peplau (1909–1999) (Fig. 1-6) was a nurse ahead of her time. She believed that nursing is multifaceted and that the nurse must educate and promote wellness as well as deliver care to the ill. In her book, *Interpersonal Relations in Nursing* (1952), Dr. Peplau brought together some interpersonal theories from psychiatry and melded them with theories of nursing and communication. She believed that nurses work in society—not merely in a hospital or clinic—and that they need to use every opportunity to educate the public and follow role models in physical and mental health. Peplau saw the nurse as:

1. *Resource person.* Provides information.
2. *Counselor.* Helps patients to explore their thoughts and feelings.



Figure 1-4 Effie Jane Taylor. (From Yale University, Harvey Cushing/John Hay Whitney Medical Library.)



Figure 1-6 Hildegard Peplau.

3. *Surrogate.* By role-playing or other means helps the patient to explore and identify feelings from the past.
4. *Technical support.* Coordinates professional services (Peplau, 1952).

In addition to this, she believed in building a collaborative therapeutic relationship between the nurse and the patient. In her book she cites four stages of this relationship (Peplau, 1952):

1. *Orientation.* Patient feels a need and a will to seek out help.
2. *Identification.* Expectations and perceptions about the nurse-patient relationship are identified.
3. *Exploration.* Patient will begin to show motivation in the problem-solving process, but some testing behaviors may be seen; patient may have a need to “test” the nurse’s commitment to his/her individual situation.
4. *Resolution.* Focus is on the patient’s developing self-responsibility and showing personal growth.

In 1954, the first graduate-level nursing program was developed by Dr. Peplau at

Rutgers University to provide training for clinical nurse specialists for psychiatric nursing.

Hattie Bessent

In the early 1980s, the National Institute of Mental Health granted money to be used for the education and research of minority nurses who were choosing to upgrade to master’s and doctorate levels of practice. Hattie Bessent (Fig. 1-7) is credited with the development and directorship of that program. In 2008 the ANA presented Dr. Bessent with its Hall of Fame Award.

Critical Thinking Question

The “trailblazers” were risk takers. One of the professional responsibilities of nursing is to try to give something back to our profession. How will you, as an individual, become a trailblazer? What direction should nursing as a whole take to strengthen the profession? What criteria should be important when deciding what level of preparation in nursing should allow the nurse to be a specialist in mental health?

Classroom Activity

- Have students (and colleagues) research trailblazers in nursing and, on an assigned day, come to class with a prop and a brief explanation of the trailblazers and their contributions to nursing.



Figure 1-7 Hattie Bessent.

■ The Facilities

People who have mental illnesses are everywhere; popular statistics say that about one in every three Americans will experience some form of mental illness at some point in life. The trailblazers in nursing realized that mental illness is different from medical-surgical disorders. They understood that each person's mind is truly unique and therefore nurses need information and training specific to those illnesses. To help meet those needs, they took action to improve the quality of care for those patients. This was not enough, however, and it became evident that persons with moderate to severe mental disorders were often better served through care in special facilities.

Asylums

These special facilities were called asylums, which Webster Online, in part, defines as “1: a place of refuge; 2: protection given to criminals and debtors; 3: an institution for the care of the needy or sick and especially of the insane.” Patients in asylums were frequently treated less than humanely. Custodial care was provided, but patients were often heavily medicated. Nutritional and physical care was minimal, and often these patients were volunteered for various forms of experimentation and research.

One of the largest asylums in the United States was known as ByBerry, later to be renamed Philadelphia State Hospital (Fig. 1-8). This facility reportedly provided inhumane treatment to its patients. With the onset of deinstitutionalization and due to the poor conditions, this facility saw its last patient in 1990.

Hospitals

As treatment facilities evolved, the term asylum and the connotations associated with it became unpopular. In 1753, Pennsylvania Hospital established a facility to treat those with mental disorders. The hospital was established by Dr. Thomas Bond and Benjamin Franklin. Until the Community Mental Health Act of 1963 was passed, housing of this clientele was primarily handled by individual state hospital systems.



Figure 1-8 ByBerry, later to be renamed Philadelphia State Hospital.

Today, hospitals handle patients with psychological needs according to the size of the hospital and its resources. To comply with regulations surrounding mental health issues, in smaller communities these patients may be seen in a hospital emergency room and then referred to other clinics or hospitals. Communities large enough to support such programs may provide in-house mental health treatment as well as outpatient treatment and aftercare. Metropolitan areas commonly provide treatment via several options, including hospitals and free-standing treatment centers.

Free-Standing Facilities

Free-standing treatment centers may be called detoxification (detox) centers, crisis centers, or similar names. Most people are familiar with the Betty Ford Center. Many free-standing treatment centers provide care ranging from crisis-only to more traditional 21-day stays. As with the Betty Ford Center, a stay can last up to 120 days. This, too, depends largely on the size and needs of the individual community. More discussion on the types of treatment facilities occurs in the section on The Laws.

■ The Breakthroughs

It was not until 1937 that formal clinical rotations in mental health began for nurses. Today, these rotations are required for students in nursing programs, but students in practical or vocational nursing are usually

exposed to mental health theory and very short observational experiences. In 1955, theory relating to mental health nursing became a requirement for licensure for all nurses.

Throughout the 1800s and early 1900s, progress was made in developing humane, effective treatment of mental illnesses. With the best knowledge available to them as a profession, nurses were forward thinkers in providing specialized care to people unfortunate enough to have illnesses that were somehow different from the tuberculosis, smallpox, and influenza that filled hospitals. There was one major difference, however: Medicines existed to help in treating those diseases. At that time, no one had been able to find pharmacologic help for people with emotional, behavioral, or physical brain disorders. That would change in the 1950s.

Psychotropic Medications

In the early 1950s, chemists were experimenting with combinations of chemicals and their effects on people. In 1955, a group of **psychotropic** medications called phenothiazines was discovered to have the effect of calming and tranquilizing people. One well known phenothiazine is Thorazine. What a world of possibility this opened for people living with and caring for those with mental disorders! Suddenly it was possible to control behavior to a degree, and patients were able to function more independently. Other forms of therapy became more effective because patients were able to focus differently. Some patients improved so dramatically that it was no longer necessary for them to remain hospitalized and dependent on others. Between the mid-1950s and the mid-1970s, the number of patients hospitalized with mental illnesses in the United States was cut approximately in half, mainly because of the use of psychotropic drugs.

Deinstitutionalization

The use of phenothiazines (see Chapter 8) became so effective that state hospitals and other facilities dedicated to the care and treatment of people with mental illness saw

a large decline in population. It became costly to run these large buildings and continue to employ staff. The combination of these effects, as well as new laws pertaining to the care of the mentally ill, resulted in a movement called **deinstitutionalization**. People who had formerly required long hospital stays were now able to leave the institutions and return to their communities. Once discharged, some went to group homes and others to their own homes. Deinstitutionalization was and still is a controversial issue, but it was a huge step in returning a sense of worth, ability, and independence to those who had been dependent on others for their care for so long.

Critical Thinking Question

The laws have said that people who have mental illnesses should be treated using the least restrictive alternative. Deinstitutionalization allows these people to live among us in the community. Consider the following scenario: Your city has just purchased the house next door to you, and the plan is to develop this into a halfway house for women who have been child abusers. You are the parent of a 3-year-old and you are also a mental health nurse. What would you do? What are your thoughts and feelings about this situation?

Nursing Organizations and Recommendations

A natural progression from the breakthroughs that were happening in nursing was the development of organizations for nurses. The American Nurses Association (ANA) is recognized as an organization for registered nurses (RNs). One of its goals is to promote standardization of nursing practice in the United States. It also promotes the certification of nurses who meet specific criteria. The concept of psychiatric nurse specialists, clinicians, or advanced practice nurses is a result of the work of the ANA. The American Psychiatric Nurses Association provides leadership in recommending standards of care for nurses who care for people with mental illness. This organization invites nurses who are RN-prepared. Further information can be obtained at its Web site, www.apna.org.