

# MENTAL HEALTH

## ABSTRACT

Mental health is a fundamental aspect of overall well-being, influencing emotions, thoughts, and behaviours. Good mental health enables an individual to cope with stress, build relationships and contribute positively to their communities. Both physical and surrounding social environment contributes to shaping mental health of an individual. Mental health is a critical health issue, affecting millions of people world-wide across different age groups and background. Some mental disorders like depression, anxiety, and schizophrenia are most prevalent. This chapter explores the significance, components & indicator of good mental health, ICD Classification, Mental health act, Common mental disorders, psychotropic drug & psychological therapies for mental health.

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## IMPORTANT DEFINITIONS

- **Health**

The World Health Organization (WHO) defines health as "**a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.**" This definition, adopted in 1948, broadened the traditional understanding of health, emphasizing that health is not just the absence of illness but a holistic state of well-being.

- **Mental Health**

According to WHO, Mental health is defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

- **Nursing**

Nursing is a science which deals with prevention from illness, promotion of health, Rehabilitation of patient with illness.

- **Psychiatric Nursing**

Psychiatric nursing is a science which deals with prevention from mental disorders, promotion of mental health and rehabilitation of patient with mental health of a person.

## Good Mental Health

Good mental health is a state of well-being that enables person to manage life's typical challenges & perform effectively. Core domains that define good mental health are mental health literacy, attitude towards mental disorders, academic/occupational performance, self-perceptions and values, cognitive skills, behaviours, self-management strategies, emotions, social skills, family and significant relationships, physical health, sexual health, meaning and quality of life.

## Components of Mental Health

Component of mental health includes:

- The ability to accept self and others.
- The ability to fulfil own life's task.
- The capacity to feel right towards others and self.

## **Indicators of Good Mental Health**

Good mental health is the state of well-being that allows someone to function effectively, cope with the challenges, and enjoy life. Here are some common indicators:

- Emotional indicators
- Cognitive indicators
- Behavioural indicators
- Social indicators

## **Mental Illness**

According to WHO, Mental and behavioural disorders are understood as clinically significant conditions characterized by alterations in thinking, mood (emotions), behavioural associated with personal distress and impairment in functioning.

## **Sign of Poor Mental Health**

### **In Younger Children**

- Changes in academic performance
- Poor academic grades despite strong efforts
- Excessive worrying or anxiety about something
- Increase Psychomotor activities

### **In Older Children**

- Drugs and alcohol abuse
- Inabilities to cope up with daily problems and activities
- Changes in sleeping and eating habits.

### **In Adults**

- Confused thought process
- Prolonged sadness or irritability

## **Misconception about Mental Illness**

- Normal person never be abnormal
- Misconception that mental illness is not related with physical illness
- Low prevalence in India
- No treatment available
- It is contagious
- It is matter to be ashamed off

## ICD Classification

ICD 10	ICD 11
<p>ICD 10 comes under chapter 5 includes mental disorders. In this there are 11 categories (F<sub>00</sub> – F<sub>55</sub>).</p> <p>F<sub>00</sub>- F<sub>09</sub> – organic psychosis F<sub>10</sub> – F<sub>19</sub> – psychoactive substances F<sub>20</sub>- F<sub>29</sub> – Schizophrenia F<sub>30</sub>- F<sub>39</sub> – Mood disorders F<sub>40</sub>- F<sub>48</sub> – Neurosis F<sub>50</sub>- F<sub>59</sub> – Behavioural disorder F<sub>60</sub> – F<sub>69</sub> – personality disorders F<sub>70</sub>- F<sub>79</sub> – Mental disorder F<sub>80</sub>- F<sub>89</sub> – psychological development F<sub>90</sub>- F<sub>98</sub> – childhood F<sub>99</sub>- unspecified</p>	<ul style="list-style-type: none"> <li>• ICD 11 came in effect on 1 January 2021.</li> <li>• New name for psychiatric disorders is mental behavioural or neuro developmental disorder.</li> <li>• Mental disorder according to ICD 11 comes under chapter 6</li> </ul> <p>6A – severe mental disorders (schizophrenia, depression, catatonia, autism, ADHD).</p> <p>6B – Anxiety disorder (GAD, PAD, OCD)</p> <p>6C – elimination and substance abuse disorder, gaming, gambling (newly added), adaptive disorder.</p> <p>6D – Neurocognitive disorder or personality disorder (dementia, delirium)</p> <p>6 E – pregnancy related mental &amp; behavioural disorders</p> <p>sexual dysfunctional disorder, sleep wake cycle disorder are removed from psychiatric disorders in ICD 11</p>

## Mental Health Act (1987)

The Indian Mental Health Act was drafted by the parliament in 1987, but it came into effect in all states and Union territories of India in April 1993. This act replaces the Indian lunacy act in 1912.

The Mental Health Act in India is a piece of the legislation that governs the care & treatment of individuals with mental health disorders. Its primary objectives are to: (Hawks, 2005)

- Provide comprehensive care
- Protect human rights
- Promote mental health awareness
- Definition of mental illness
- Admission procedures
- Rights of patient
- Role of Mental health authorities in India
- Provision of mental health services throughout the country

## **Abnormal Behaviour**

### **Causes of Abnormal Behaviour**

1. Biological factor
2. Constitutional factor
3. Physical deprived
4. Psycho social factor
5. Social cultural factor Mental disorders

### **Common mental disorders**

#### **Organic Brain Syndrome**

**Definition:** It is acute or chronic organic diseases, in which the brain tissue and its function impaired.

Cause - Due to head trauma, toxic, metabolic& infection.

#### **It is of Two Types**

1. Acute organic brain syndrome (Delirium)
2. Chronic organic brain syndrome (Dementia)

#### **Symptoms**

- Impairment of personality, memory, and intellect without changes in consciousness of patient.
- It is chronic or progressive
- Illusion/hallucination rarely present
- Recent memory loss (Anterograde memory)
- Higher cortical function impaired

#### **Delirium**

It is a state of cloudy of consciousness in which attention cannot be sustained, environment wrongly perceived and thinking is deteriorate. Consciousness changes from cloudy to stupor. Patient may sudden impulsive violent and inappropriate behaviour. In this condition reverse sleep pattern seen, impaired judgement and illusion, hallucination also present. Insight is usually lacking. (S.L., 2010)

#### **Delirium Can be Caused by a Variety of Factors, Including**

1. Medications, infections, dehydration, electrolyte imbalance, alcohol or drug withdrawal, traumatic brain injury are some causative factors for delirium.

### **Sign & Symptoms of Delirium**

- Clouding of consciousness
- Disturbance in perception
- Disturbance in psychomotor activity
- Disturbed sleep-wake cycle
- Emotional disturbance

### **Dementia**

Dementia is an acquired global impairment in intellect, memory and personality without impairment of consciousness. In other words, it is a group of symptoms that affect cognitive function, memory, thinking, and behaviour.

**Causes:** The cause of this process is not yet fully understood, but it is thought to involve a combination of genetic and environmental factors.

- Accumulation of Beta Amyloid, an insoluble protein, which forms sticky patches (neurotic plaques) surrounded by debris of dying neurons.

<b>Untreatable and Irreversible Causes of Dementia</b>	<b>Treatable and Reversible Causes of Dementia</b>
<ul style="list-style-type: none"><li>• Parkinson's diseases</li><li>• Pick's diseases</li><li>• Degenerating disorders of CNS</li><li>• Alzheimer's diseases</li></ul>	<ul style="list-style-type: none"><li>• Vascular – multi-infarct dementia</li><li>• Infections</li><li>• Endocrine disorders</li><li>• Intoxications</li></ul>

### **Treatment of Dementia**

- Provide oxygen therapy
- Provide fluid and electrolyte
- Keep the patient in low stimuli
- Vitamin therapy (vitamin B<sub>1</sub>, B<sub>6</sub>, B<sub>12</sub>) [9]

### **Management of Organic Brain Syndrome**

#### **Medical Management**

- Antipsychotics.
- Benzodiazepines
- For hypoxia administer oxygen therapy.
- 100mg of vitamin B<sub>1</sub> (thiamine) IV for thiamine deficiency.
- Administer fluids to patient for fluid and electrolyte imbalance.

## Nursing Management

- Psychiatric History.

## Nursing Diagnosis

- **Disturbed thought processes** related to delusional thinking
- **Risk for injury** related to suicidal ideations, illusions, and hallucinations.
- **Impaired memory** related to cognitive impairment.
- **Risk for other-directed violence** related to suspiciousness of others.

## Schizophrenia

Schizophrenia is a disturbance of thought, mood, behaviour. Characteristics are social withdrawal, homelessness, they will not get job. (Hawks, 2005)

## Epidemiology

- Schizophrenia seen in age group between 15- 45 yrs.
- Equally seen in male & female
- Low socioeconomic people are more prone to schizophrenia.

## Sign & Symptoms

Positive Symptoms	Negative Symptoms
<ul style="list-style-type: none"> <li>• More dangerous</li> <li>• Well, respond to treatment</li> <li>• Only mostly present / seen in schizophrenia</li> <li>• Ex delusions, hallucination. Illusions,</li> </ul>	<ul style="list-style-type: none"> <li>• Not well respond to treatment</li> <li>• May be present with other mental illness</li> <li>• Lack of emotions</li> <li>• Ex. Apathy, anhedonia, low motivation, mutism, lack of hygiene</li> <li>• Lack of concentration.</li> </ul>

Primary Symptoms	Secondary Symptoms
A- Ambivalence A- Autism A- Associative disturbance A- Affective disturbance	<ul style="list-style-type: none"> <li>• Echolalia</li> <li>• Echopraxia</li> <li>• Hallucination</li> <li>• Tangentiality</li> <li>• Circumstantiality</li> </ul>

## Phases of Schizophrenia

1. **Premorbid Phase:** In this phase no illness occur only the risk factors are present e.g. shyness, timid, aloof, withdrawn.
2. **Prodromal Phase:** The sign and symptoms are present which may lead to acute schizophrenia e.g. Paranoid, suspiciousness, depressed mood, anxiety, delusion of reference, illusion, hallucinations. Duration of this phase weeks to month.
3. **Acute Phase:** for this phase at least 6 months sign presents in which at least one-month symptoms occur.
4. **Residual Phase:** positive symptoms are subside in this phase, only negative (nimbh, n.d.)

## Types of Schizophrenia

### 1. Simple Schizophrenia

- Extremely gradual Marked & disturbance in human relation
- Illusion, hallucination rare or absent.
- Goals are not realistic in life.
- Associate disturbance is present

### 2. Hebephrenic Schizophrenia

- Also called disorganised schizophrenia
- Silly smile, giggling, shallow laughter without provocation and become nude publicly.

### 3. (a) Catatonia Stupor

#### Client with Catatonic Stupor Suffer with

- Mute, apathy
- Depressive-like symptoms
- Patient can sit & lying whole day at the edge of the bed.
- Hold urine or stool or involuntary passes the stool
- If unobserved eat greedily
- Recovery sudden.

#### (b) Catatonic Excitement: Client with catatonic excitement suffer with –

- Wild unpredictable behaviour.
- Extremely dangerous, may attack who is standing nearby them



- Joyful excitement but not consistent like mania.
- Use cold approach to treat the client who is suffering with is type of schizophrenia.

#### **4. Paranoid Schizophrenia**

- Most common type
- Delusion of persecution, reference, grandiosity present.
- Hypochondrial ideas may seen
- Chip on the shoulder attitude e.g. I have crore of Rs, shaking the shoulder and goes away.

#### **Treatment**

Prevention – Mental health education

Hospitalization

Psychopharmacology (antianxiety, antidepressants, antipsychotics)

Psychotherapy (typical (haloperidol) & atypical)

Mileu therapy (behavioural, group, individual therapy)

#### **Depression**

Depression is word derived from ‘depremer’ which means **press down**. It is the disorder of affect characterised by sadness, mute, uncommunicative, suicidalideas, lack of attention, helplessness, worthlessness & hopelessness with retardation of psychomotor activity, depressed mood &retarded thought. In this there is decrease in the level of serotonin and increase in dopamine neurotransmitter. (Hawks, 2005)

#### **Phases of Depression-(Linda)**

- 1. Mild Depression:** Rigid ethically, High morel,Perfectionism, Meticulous, Easilyfatigue, Lack of intrust in activities, Lack of appetite, Persistent irritability, Drug abuse, Insomnia (early morning insomnia), Anxiety, Physical illness complaints, Body aches (most common symptoms in INDIA)
- 2. Acute Phase:** Head flex , Face immobile, Look downward, Psychomotor activity reduces, Patient takes lots of energy to answer, Suicidal thought, Weight loss, Anorexia, dehydration, Coated tongue, If not treated leads to depressive stupor

**3. Depressive Stupor:** Rarely seen, Loss of sensorium, Cloudy of consciousness, Some times panic anxiety may also seen, Excessive eating or loss of appetite, Marked suicidal ideas ( 5- 10 %)

### Types of Depression

- **Psychosis/ Depression:** in this illusion, hallucination, delusion and absent of insight is seen.
- **Bipolar Depression:** severe depression and hypomania present
- **Unipolar Depression:** only depression present
- **Dysthymia/ Neurotic Depression/ Environmental Depression:** occurs due to exogenous factors
- **Postpartum Depression:** in this there is a unstable mood 3- 12 months of after the birth.
- **Seasonal Affective Disorder:** depressive mood due to change in seasons.

### Symptoms of Depression

S -Sadness of mood/ depressed mood

I -Loss of intrust/ anhedonia

G- Feeling of guilt / feeling of worthiness

E- Energy loss/ fatigue

C -Loss of concentration

A- Loss of appetiteor increase appetite (weight may gain / loss)

P- psychomotor retardation

S- suicidal ideas

S- sleep abnormality (insomnia)

**Diagnosis** - DSM diagnostic criteria & MSE

### Treatment

#### Pharmacological Treatment

- Antidepressants
- SSRI
- Antipsychotics for delusion & hallucination
- Anxiolytics

### Somatic Treatment

- ECT
- TMS (transcranialmagnetic stimulation)

### Psychotherapy

- Cognitive behaviour
- Family therapy
- Interpersonal therapy

### Nursing Management

- Monitor for suicide
- Remove potential harmful objects
- Provide proper nutrition
- Do not allow to use sharp objects in washrooms
- Gradually increase group activities.

### Personality Disorder/ Dissocial Personality Disorder

#### Personality Disorder

- Any deviation from normal personality trait results in personality disorder.
- Very common 10- 20 % in society.
- These personality disorders are **ego syntony**
- Insight is absent.
- Personality disorders are very difficult to treat as person do not seek treatment ( my life my rule )

#### Cluster of Personality Disorders

<b>Cluster A (Odd &amp; Eccentric Behaviour)</b>	<b>Cluster B (Dramatic )</b>	<b>Cluster C (Anxious &amp; Fearful)</b>
Paranoid personality disorder	Borderline personality disorder	Dependent personality disorder
Schizoid personality disorder	Histrionic personality disorder	Avoidant personality disorder
Schizotypal personality disorder	Antisocial personality disorder	Obsessive compulsive personality disorder
	Narcissistic personality disorder	

## **Cluster A**

### **1. Paranoid Personality Disorder**

- These people have difficulty to trust others.
- Suspicious about others that they want to harm them.
- Extremely sensitive
- They avoid close relationship
- These people are extremely sensitive to jokes, they may offend by small things.
- These people never forget and forgive others for any mistake.
- They believe in conspirer theories.
- They always show extra violent always

#### **Treatment**

- Individual therapy & antipsychotic.
- Establish trust by maintaining one to one relationship

### **2. Schizoid personality disorder**

- These people are emotionally cold. They have lack of emotions for friends & family.
- Indifferent to others, they dose not care whether you criticized or praised them.
- Usually person is home bound, socially withdrawn and prefers to stay alone.
- Decrease intrusts in sexual activities.
- Inability to form close relationship
- Introvert and emotionally withdrawn

#### **Treatment**

- Individual therapy
- Gradually introduce the person to others.

### **3. Schizotypal Personality Disorder**

- Magical thinking, same events have illogical and personal meaning to them eg by giving bread to dog it will bring good news in your house.
- Inappropriate /constricted affect
- Impaired communication and unable to form close relationship. These people establish one to one relation
- Odd thinking.
- Delusion of reference present
- Momentary hallucinations present & paranoia present.

## **Treatment**

- Individual therapy
- antipsychotic
- establish trust

## **Cluster B**

### **1. Antisocial/ Dissocial Personality Disorder**

- These people who are suffering from antisocial personality have difficulty to follow norms of society.
- Always breaks the law
- They have lack of regards for right of others
- Unable to control gratification, these people do not care about safety of self & others in order to achieve what they want.
- They have lack of guilt
- These people called serial of offenders.

## **Treatment**

- Do not confront the antisocial behaviour because patient may show defensive behaviour.
- Set limits on the patient behaviour.
- Provide milieu therapy it will provide structured environment.
- Provide stimulus free environment.

### **2. Borderline Personality Disorder**

These people have unstable personality disorder.

- Unstable relationship, impulsivity, self image, emotions.
- If they involve in relation they become over excited and feel like after Romeo & Juliet they are Dabangg .
- They have high risk for suicide.
- Female are more prone to this type of personality.
- They have splitting kind of personality, they divide person as good or bad.

## **Treatment**

- Provide dialectical behaviour therapy, behaviour therapy, psychotherapy.
- Help the patient to develop self-image.

### **3. Histrionic Personality Disorder**

- Dramatic behaviour, they demand for constant attention.
- Eg a person hugs everyone in his office before going to home like he will never come back. When he come back next morning again hug like he is meeting after long time.
- Always wants to be centre of attention (attention seekers)
- Speaks in a impressionistic & seductive way
- When they do not get attention, they feel sad, angry and depressed.
- Role therapy/ role play can be used to treat them
- More common in female.

### **4. Narcissistic Personality Disorder**

- Narcissus king (these kind of personality became happy by seeing their face)
- More common in Male.
- Increase sense of self worth.
- Constant need for respect.
- Very fragile self esteem.
- Can not tolerate criticism
- Discrepancy is found between what the person states and what he thinks. (From outside they are very calm optimistic & open minded but from inside they are self explicatory)  
Note- Use supportive confrontation pointing out this discrepancy to person with mutual respect to make the aware person to it.
- Person can not harm them selves in order to achieve something.
- Lack of empathy for others

## **Cluster C**

### **1. Avoidant Personality Disorder**

- Person avoids social interaction because he feels that people will reject him.
- Avoid going to social activities due to fear of rejection.
- They sometimes seek treatment.

### **2. Dependent Personality Disorder**

- Relying too much on others to make daily life decisions.
- They can not take small decisions on their own
- When help is not available, they feel sad & depressed.
- When a close relationship ends, they imminently start a new relationship.

### **3. Obsessive Compulsive Personality Disorder**

- Over conscious.
- Very disciplined and punctual.
- They want to do every task with perfection which results in non competition of task.
- Very stubborn and rigid.

### **The Following Tests can be Used in the Diagnosis of Personality Disorders**

- CT scanning.
- Radiography
- MSE
- MMSE

### **Medical Management**

- Psychotherapy.
- Inpatient care.

### **Pharmacological management-**

- Antidepressants
- Anticonvulsants
- Antipsychotics

### **Psychotropic Drugs**

These are the chemicals agent which act on brain and CNS and alter emotions and feelings.

### **Psychotropic Drugs are**

1. Antidepressants
2. Antipsychotic
3. Anxiolytics
4. Hypnotics & Sedatives
5. Stimulants
6. Cognitive enhancers

<b>Class</b>	<b>Mode of Action</b>	<b>Examples</b>
Antidepressants	Enhance serotonin, norepinephrine, or dopamine levels	Fluoxetine, Sertraline, Amitriptyline, Venlafaxine, Bupropion
Antipsychotics	Block dopamine (D2) and/or serotonin (5-HT <sub>2</sub> ) receptors	Haloperidol, Risperidone, Clozapine, Olanzapine
Anxiolytics	Enhance GABAergic activity (GABA-A receptor agonists)	Diazepam, Lorazepam, Alprazolam, Buspirone
Stimulants	Increase dopamine and norepinephrine release	Methylphenidate, Amphetamine, Modafinil
Hypnotics & Sedatives	Enhance GABAergic activity, suppress CNS excitability	Zolpidem, Eszopiclone, Phenobarbital
Cognitive Enhancers	Enhance cholinergic/dopaminergic transmission	Donepezil, Memantine, Rivastigmine

## Psychosocial Therapy

Psychosocial therapy is therapeutic approach in which a therapeutic relationship maintains between therapist and client to modified or explore maladaptive pattern of behaviour.

### Classification

<b>Individual Therapy</b>	<b>Behavioural Therapy</b>	<b>Interpersonal Therapy</b>
Psychoanalysis	Behavioural modification	Marital therapy
Hypnosis	Systematic desensitization	Family therapy
Abreaction	Impulsive/ flooding	Others- milieu therapy, group therapy
Supportive	CBT	
	Aversion therapy	
	Assertive therapy	

### Cognitive Behavioural Therapy

- Maladaptive pattern of behaviour is eliminated by correct and revised negative thoughts and negative attitude.
- Based on guidance and counselling



- Highly structured
- Developed by Aaron Beck 1960
- Used for depression, anxiety, personality disorder and substance abuse.

## **Group Therapy**

Group therapy is a form of psychotherapy where a group of people meet with one or more therapists to work on personal and interpersonal issues. It can be a valuable tool for addressing a wide range of mental health concerns, including Depression, Anxiety, Trauma, Substance abuse, Relationship problems, Grief and loss, Eating disorders, Personality disorders. *(S.L., 2010)*

## **Indications**

- Depression
- Schizophrenia
- Suicidal thoughts
- Stupor

## **Contraindication**

- Absolute (increased ICP)
- Relative (pregnancy, retinal detachment, osteoporosis)

## **Technique of ECT / methods of ECT**

- Direct ECT
- Indirect ECT/ modified ECT

Direct ECT- atropine- 0.6 – 1mg & minor tranquilizers.

Indirect ECT use of muscle relaxants (0.3 - 0.5 mg), anaesthesia, thiopental (5-10 ml) & oxygen.

## **How it Works**

- The exact mechanism of how ECT works is not fully understood, but it is believed to affect brain chemistry and neural pathways.
- The seizure induced by the electric current may help to reset abnormal brain activity and improve communication between brain cells.

## **Procedure**

- ECT is typically administered in a hospital setting under general anesthesia.

- Muscle relaxants are also given to prevent muscle contractions during the seizure.
- Electrodes are placed on the scalp, and a brief electric current is passed through the brain, causing a seizure that lasts for about 30-60 seconds.
- The patient is monitored closely during the procedure, and vital signs are checked.

### **Side effects**

- Common side effects of ECT include headache, muscle aches, nausea, and temporary memory loss.
- In rare cases, more serious side effects like heart problems or seizures may occur.

### **Complications**

- Anterograde amnesia
- Jaw dislocation
- Fracture

### **Important to Note**

- ECT is a serious medical procedure and should only be considered under the guidance of a qualified mental health professional.
- It is not a first-line treatment and is typically reserved for cases where other treatments have failed.
- There is a stigma associated with ECT, but it is a safe and effective treatment for many people with severe mental illness.

### **Nursing Role**

#### **Pre ECT**

- Physical examination
- Written consent
- NPO (8- 12 hours)
- Remove metallic articles, artificial denture, makeup & nail polish
- Loosen the tight clothes
- Encourage the patient to empty bowl & bladder
- Give pre medication (Atropine & Calmpose)

#### **During ECT**

- Place the client in comfortable position.
- Post ECT position (Sideline / Dorsal recumbent)

- Administer medication
- Place mouth gag
- Support the shoulder and arm lightly, restrained the thighs with the help of sheet
- Hyperextension of the head and chin by nurse.
- Administer oxygen
- Place electrodes dipped in saline and water jelly

### Post ECT

- Observe the type of seizures
- Do suction immediately
- Oxygenation
- Check consciousness
- Record vitals
- Put the side rails

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