
INTEGRATION OF THE MENTAL HEALTH COMPONENT IN GENERAL NURSING EDUCATION

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This paper describes an ongoing WHO project to strengthen the knowledge and teaching skills of nurse educators so that they can integrate the mental health component within the general framework of the nursing educational programme. It was prepared in consultation with staff of other divisions in WHO Headquarters, staff in the WHO Regional Offices and nurse experts in Member States. The project has two parts: a narrative which describes the theoretical framework, principles and major content areas of the mental health component and a checklist to assist nurse educators to evaluate their nursing curriculum and teaching methods.

The emphasis in this paper is on mental health skills that are particularly relevant to those parts of nursing outside psychiatry. It is acknowledged that nurse training should also contain a psychiatric component which is to be considered separately, including the effects of mental disorders occurring with other illnesses and how these should be managed.



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Introduction

This paper describes an ongoing WHO project to strengthen the knowledge and teaching skills of nurse educators so that they can integrate the mental health component within the general framework of the nursing educational programme. The project has two parts: a narrative which describes the theoretical framework, principles and major content areas of the mental health component and a checklist to assist nurse educators to evaluate their nursing curriculum and teaching methods.

Mental health concepts and skills are an essential component of all nurse caring activities. Additionally they are especially important as efforts are being made to reorient nursing educational programmes toward Primary Health Care (A Guide to Curriculum Review for Basic Nursing Education, WHO, Geneva, 1985). This reorientation means that nursing education and nurses' roles are moving away from the traditional hospital roles and are focussing more on interactions with communities, families and individuals in all spheres of activity rather than only when they are ill, in hospital or health centre services. Community-oriented nursing emphasizes helping people in their own communities to participate actively in the development of health services and to be responsible for their own, their children's and their elder's health. The success of community oriented activities is largely dependent upon the social interactions and the interpersonal relationship skills of the people who offer assistance. Their understanding of psychosocial factors that influence the health of children and adults as they respond to stress or threatening situations is also required. Thus increasing the mental health component in nursing and integrating its concepts into all courses and clinic practice will enable nurses to be more effective community oriented workers, families, and communities in all aspects of human life experiences.

Some factors, however, may interfere with the incorporation of physical and mental health aspects in care. In some parts of the world, the study of pathophysiology and mastery of skills is emphasized for the care of persons with high acuity health care needs. In some places, socio-cultural norms or organizational factors may not support the value of communication and interpersonal relationships with patients and their families. Or, faculty may lack an array of teaching skills such as role playing or group methods which promote self understanding, an essential component in teaching effective communication and interpersonal relationships.

Framework

It is necessary that nursing students have an opportunity early in their educational programme to explore their own attitudes and values. This process will help them increase their self understanding and the application of mental health concepts, an essential factor to ensure that nursing care is comprehensive, holistic and humanistic. By enabling people to function more competently, they are helped to improve, maintain or rebuild their overall health, thus fostering self care. A mental health component in nursing and health care contributes to general health and well being not solely to the prevention or treatment of mental illness.

Mental health content cannot be learned in isolation taught only by specialists or in specialist settings. The assessment and care of individuals with psychiatric disorders or abnormal emotional states are, however, important and should also be part of the basic education of all nurses. This paper focuses only on those psychosocially and culturally influenced health needs outside psychiatric settings. The integration of psychiatric concepts and skills is to be considered separately, and there is a place for these to be taught by specialists. The broader mental health component, on the other hand, must be taught in all courses and practiced by all nurses in all settings.

Community oriented nursing emphasizes the value of helping people in their own communities to participate actively in the development of health services and to be responsible for their own, their children's and their elder's health. The nurse needs to understand the psychosocial factors that influence the health of children and adults as they respond to stress or threatening situations. The success of community oriented activities is dependent upon the social interactions, team work, interpersonal relationships and problem-solving skills of the people who offer assistance. The integration of the mental health component in nursing education and practice enables all nurses to be more effective in community-oriented care.

Scope of the mental health component in nursing

The review of a basic nursing curriculum for mental health concepts and competencies should address all levels of mental health skills which a nurse would be expected to perform when she graduates. Particular attention is drawn to:

1. The normal ways in which individuals and families cope with everyday experiences of human development, life stage events, illness, and/or death. These include the emotional states, fears and anxieties, as well as the problem solving abilities of individuals, families, groups and the community which can influence their health status positively or negatively.
2. The religious and spiritual beliefs and cultural practices which affect attitudes and behaviours regarding people's psychological and social well being.

Goals of the mental health component

1. Enhance general nursing care through teaching students to recognize and meet people's basic human needs, develop people's capabilities for self care; and plan and/or refine nursing services to make them more responsive to people's needs.
2. Promote people's psychosocial and social well being through helping family's ability to promote the psychological and social well being of its members, helping communities to develop support group programmes and to involve its members in problem-solving and decision making.
3. Prevent specific mental, emotional, social or physical problems through providing anticipatory guidance, support, helping people to understand how to modify their health behaviours to prevent illness or complications, working with community leaders to plan and organize resources to deal with the psychosocial effects of disasters.
4. Assess, provide prompt intervention and referral of people with mental health problems.

Basic principles for incorporating mental health concepts into nursing education

For nurses to integrate a mental health component into their nursing care, their education must provide opportunities for students to acquire relevant mental health knowledge and develop necessary mental health attitudes and skills. The knowledge, attitudes and skills are drawn from the behavioural, social and nursing sciences about human behaviour and human responses. They concern the psychological, social and cultural aspects of human life related to community, family and individual health needs and practices. The application of mental health concepts and skills in nursing practice depend on an understanding of human growth and development, human behaviour, relationships and reactions in times of health and illness. A mental health component requires that nurses develop human relations and communication skills and the ability to use problem-solving and helping processes skillfully in diverse settings. Educational experiences, particularly experiential learning opportunities, must foster the development of caring and empathic attitudes so that nurses can convey respect, sensitivity and support in their behaviour towards others. How they are incorporated into the nursing educational programme will depend on the social cultural context and the structure and policies of the educational and health care system of which the programme is a part.

Guidelines

General guidelines include:

1. Mental health concepts and skills should be introduced early in the programme to enhance the student's self knowledge and provide a foundation for further learning of theories of human behaviour and human relation skills. The mental health component must be clearly identifiable throughout the curriculum rather than being isolated in one or more courses. They must be continuously reinforced and expanded throughout the programme.
2. Simply teaching about mental health concepts and skills in the classroom is not enough. Students must also have experiential learning experiences to promote self understanding of their feelings and values and to develop their attitudes and skills so that they can apply their knowledge.
3. Mental health is part of normal life and the emphasis should be on normal growth and development, everyday interactions and relations and the stress encountered in usual daily living situations.
4. Opportunities for students to apply mental health concepts and to practice their skills should be arranged in general hospitals, health centres and community settings rather than in psychiatric hospitals or even community based psychiatric services.
5. The sociocultural environment in which people live must also be considered since it influences how people interact with others, deal with daily life stresses and express their mental health needs. The concepts and skills should, therefore be consistent with local socio-cultural values and practices rather than taken from textbooks that have been written with other cultures in mind.

Topics for integrating a mental health component into nursing education

The following is a list of some key areas to provide a core upon which specialty clinical knowledge and skills can be built to prepare nurses for general practice. These are covered in part A of the checklist.

1. Human psychology and health behaviour. This addresses people as bio-psycho-social beings and emphasizes the interdependent functioning of the mind and body; psychological factors such as basic human needs, attitudes, perceptions, thoughts, emotions; socio-cultural factors including values, beliefs, cultural practices that determine how people behave in everyday life activities as well as in times of illness, injury and disability; and how the processes of perception, learning and motivation influence life style behavioural patterns relating to health and illness and to seeking and following health care treatments.
2. Traditional cultural psychology. This pertains to how cultural beliefs and values influence people's health and illness beliefs and behaviours; what they ascribe as illness; to whom they turn for help; their acceptance or rejection of mental health or interpersonal behavioural problems.
3. Psychosocial development throughout the life cycle. This includes basic human physiological and psychosocial needs; life events or developmental stages, such as child-birth, parenthood and child-rearing, beginning school and/or work, family separation through migration, divorce, death or retirement.
4. Mental health assessment. This covers analysis of behavioural observations, verbal cues and structural resources to identify individual, family and community values, needs, coping patterns and functional ability to support member well being.

5. Communication. This emphasizes the process of verbal and non-verbal communication; skills for establishing rapport and conveying empathy and caring.
6. Problem solving/coping skills. This includes the steps that persons use to define the problems, identify and use resources or behavioural methods to meet a need, reduce stress or resolve a conflict.
7. Group membership skills. This refers to ways in which group members assume roles that help to achieve group task or socially oriented goals.

Part B of the checklist contains the mental health components related to helping individuals, families and communities cope with disabling conditions, the stress of illness, and life stage events. It includes the psychosocial effects of acute, chronic or terminal illness, injury, disability and disfigurement as well as responses to hospitalization, medical procedures and pain and to the usual life stage developmental changes.

Development of the checklist

A three part curriculum checklist, consisting of 8 general mental health concepts and skills were subdivided into 64 items and 12 topics which focussed on stresses of illness, treatment and developmental changes, and included instructional components. It was prepared in consultation with WHO headquarters and Regional Office staff and with nurse experts in Member States. It was field tested in approximately 40 schools of nursing in the 6 Regions of WHO. The reviewers suggested refinements which have been incorporated, and they verified the usefulness of the curriculum review. Some faculty used it to critique their curriculum and make necessary changes; others requested workshops to assist them to augment the knowledge and teaching skills of their faculty.

A survey instrument, developed in a related project for WHO/PAHO to look at faculty perception of the adequacy of their mental health preparation, was added in a modified form to help schools of nursing plan faculty educational programmes. This instrument has not been further field tested.

Findings of a survey

Data from 9 Caribbean nursing schools (St. Kitts, St. Lucas, Kingston, Grenada, Bahamas, Guyano, Port of Spain, the Hospital School of Nursing and the Community College School of Barbados) were collected in 1988. The preliminary data showed that all but one school defined objectives for the mental health concepts and topics. Almost all of the teaching was by lecture. Teaching by classroom laboratory methods such as role play, observation/demonstration, and supervised clinic practice was more frequently used to teach mental health topics than concepts.

Less than half of the schools provided opportunities to evaluate the learning of practice concepts and 78% evaluated the theoretical learning. While two schools integrated almost all of the concepts and topics, some were seldom taught. These include: psychosocial development, stress reduction, genetic counselling, work skills and satisfaction, team/group development and interpersonal relationships. The data and responses from nurse faculty in the schools indicated that the checklist was useful to identify mental health concepts and skills that are neither taught nor evaluated.

Discussion

These preliminary findings demonstrate that the checklist can be useful to guide curriculum revision. When the faculty preparation questionnaire is added, individual schools can identify areas where the faculty need further development in mental health content and/or teaching methods. A comparison of findings from several schools would facilitate area and regional planning for curriculum workshops and the development of curriculum policy. Such efforts would foster the principles underlying the human dimension of the nursing process.

In the future, cross cultural curriculum studies need to be conducted. The data base would help to develop educational policies for nursing education and to promote improvements in nursing education and practice. Resources will be needed to support the research and educational programmes so that the teaching-learning process of family, group and community health would be ultimately enhanced.

Summary

The theoretical framework, scope and major content areas of the mental health component in the general nursing curriculum are described. The development of a checklist of mental health concepts and teaching skills as well as tool for faculty to assess their preparation in mental health are presented. Comparative data from 9 schools in one region demonstrate the usefulness of the 2-part checklist to guide curriculum revision, develop workshops and national/regional educational policies.

INTEGRATION OF MENTAL HEALTH CONCEPTS AND SKILLS IN NURSING

CHECKLIST

Teachers may assess curricula/courses to check whether or not each of the concepts/skills are included, and if so, to identify: (1) if course objectives are specified (Refer to WHO Offset Publication No. 35, Education Handbook of Health Personnel for a fuller description of the setting of course objectives); (2) when the concept/skills were taught; (3) what kind of teaching methods are used; and (4) whether students' learning of the concepts/skills is evaluated (See Glossary of Mental Health Topics and Teaching Methods for definitions).

In Part A, each individual item is an important part of the mental health component of nursing curricula. Please check (x) the items (a, b, c, etc) in each column and indicate the year(s) when the concept/skills if taught, e.g. year 1, 2 etc.

In Part B, each main topic is important and the individual items are given only as examples. Please check (x) the topics in each column that applies and the year(s) when the topic is taught, e.g. year 1, 2 etc.

Glossary of terms used to describe teaching methods

Lecture

teacher gives oral presentation of concepts/skills to assembled students who are responsible for note taking

Role play/simulation

students are assigned to portray or act out roles in a simulated real life nursing care situation

Self-instruction

students use prepared materials (e.g. programmed instruction, learning packages) which provide questions for student response, feedback, and testing so that students can learn with minimal teaching guidance

Process recordings

students use visual (audio tapings or written recordings/logs/diaries) to depict and analyze the process of interpersonal interactions/relationships and receive feedback from the teacher

Demonstration/observation in clinical settings

teacher uses or students observe examples or actual performances for illustration of concepts/skills

Supervised clinical practice

students are given assignments for application of concepts/skills in real-life situations. Such practical applications are directly supervised by the teacher or the students report back to the teacher for feedback.

5. Mental health assessment

Individual

- a) facial expression and body posture
- b) behaviours
- c) perception, feelings, needs
- d) values
- e) coping response to stress
- f) self-concept
- g) resources

Family

- a) functional ability
- b) communication patterns
- c) effect of family members on each other
- d) resources
- e) effect of sick person on family
- f) effect of family on sick person

Community

- a) coordination of nursing services with health, mental health and social agencies
- b) problem solving capabilities
- c) communication patterns
- d) transportation-roads
- e) water
- f) food
- g) sanitation
- h) shelter

6. Helping process & Problem solving/coping skills

- a) applied to individuals
- b) applied to families
- c) applied to groups/community

7. Stress reduction

- a) exercise
- b) recreation
- c) relaxation
- d) biofeedback
- e) meditation

8. Teamwork (groups)

- a) leadership
- b) roles
- c) decision-making
- d) communication patterns
- e) developing the community to function as a "work group"
- f) problem solving skills

objectives
year(s) taught
lecture
role playing/simulation
self-instruction/process recordings
demonstration/observation
supervised clinical practice
evaluation of student learning

- 8. Psychology of terminal illness
 - a) diagnosis
 - b) bereaved friends/relatives
 - c) dying

- 9. Life stage events
 - a) entering school, career, marriage
 - b) pregnancy, child birth, child rearing & child launching
 - c) birth control & genetic counselling
 - d) loss of health/functional ability
 - e) loss of job, parent, spouse, divorce, retirement
 - f) migration/relocation

- 10. Substance Abuse
 - a) alcoholism
 - b) drug addiction

objectives
year(s) taught
lecture
role playing/simulation
self-instruction/process recordings
demonstration/observation
supervised clinical practice
evaluation of student learning

**FACULTY PERCEIVED PREPARATION FOR INTEGRATING
MENTAL HEALTH CONCEPTS IN BASIC NURSING EDUCATION**

Please check (x) the column which best describes how well prepared you feel you are to teach each of these mental health concepts/skills in your nursing curriculum.

	<u>Well Prepared</u>	<u>Average</u>	<u>Insuffic- iently Prepared</u>
1. self awareness/values			
2. self care/motivation			
3. assertiveness/leadership			
4. observation			
5. interviewing			
6. health education			
7. psychosocial aspects of acute illness			
8. psychosocial aspects of chronic illness			
9. psychosocial aspects of mental retardation			
10. psychology of pain			
11. psychological reaction to hospitalization			
12. psychological reaction to procedures			
13. psychological reaction to disfigurement			
14. grieving process			
15. assess coping response to stress			
16. psychosocial development of children			
17. maternal and family development			

GLOSSARY OF TERMS FOR THE MENTAL HEALTH TOPICS

Both mental health and physical health are integral components of health as defined by WHO. It is important that the following topics which pertain to help people cope with changes, events or conditions are included in educational programmes for all nurses.

Psychological aspects of acute illness refers to how a person reacts to an acute illness or trauma. Many factors influence the response such as whether or not the condition is perceived as a threat to life, its social cultural meaning, availability of treatment and the extent to which it interferes with work and/or family roles.

Psychological and social aspects of chronic illness/conditions focusses on the meaning the individual, family and/or community place on the illness, the level of disability, loss of work or social role, and its expected progression and/or threat to life. The cost and accessibility of care and its relationship to the health care system are also of concern.

Psychological and social aspects of mental retardation and genetic anomalies refers to the social cultural meaning to the individual, family and community in the context of its perceived cause, that is, whether it can be prevented or is a predestined condition. Important considerations are the level of disability, cost, availability of care, and the potential for self-care and/or vocational training.

Psychology of Pain refers to the importance of understanding how social cultural norms of pain tolerance, the severity of pain and the length of time when an individual experiences pain influences how people respond to pain. It also involves educational/counselling skills to decrease discomfort.

Psychological aspects of hospitalization by various age groups and work and social roles focusses on the stress experienced from separation and loss of familiar/comforting families, friends, and environment, and the importance of continuity of family care, age appropriate health teaching about hospital procedures and rehabilitation.

Psychological aspects of procedures deals with the fear, pain and intrusiveness which generally accompany treatments for illness. Sensitivity to the developmental stage and the cultural meaning of the treatment as well as the illness is important to help children and adults cope with the distress that may accompany nursing procedures.

Disfigurement deals with the psychological reaction to loss of mobility, change in body image, and/or sexual attraction. The nurse's ability to assess the needs of the individual and family, to support them, to provide continuity of care and to make appropriate referrals is especially important.

Psychology of terminal illness includes understanding the patient and the family's usual reactions to receiving a terminal diagnosis and acquiring skills to help them cope with the inevitable changes that the course of the illness and its care entails.

Life stage events focus on anticipatory guidance and support for individuals and families to foster psychological growth and problem solving ability in periods of role transition (school, work, and family roles), or at times of loss (health, work or residence).

Substance abuse pertains to the assessment, management and referral for alcoholism and drug addiction and to an understanding of its relationship to physical illness and behavioural problems.

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