

## **Community mental health community psychiatry**

### **Definition:**

Community psychiatry can be defined as the provision of psychiatric services to the patient within their community environment with an aim to achieve full social integration.

This model is client-centered and has a commitment to the community.

### **Objectives**

- Responsibility to a population and community participation:
  - Include the participation of the community regarding the mental health care needs and programmed
- Being closer to the patient:
  - Mental health services should be provided to the patient at his home or place of work
- Continuity of care:
  - A therapist/nurse following a given patient through emergency services, hospitalization and follow up in community
- Client-centered approach:
  - Focuses on clients given attention to psychological problems to promotion of personal growth.
- Avoidance of unnecessary hospitalization:
- Economical, avoids the stigma of being hospitalized in a mental hospital and avoids the regression which the mental hospital settings encourage
- Evaluation and research:
  - Getting information about the usefulness and success of the programme so as to modify and make new plans

➤ Prevention:

- To prevent the occurrence of mental illness.

**Types of Community Psychiatric Services:**

- 1- Community Mental Health Center These centers provides a number of services including emergency services and adult and child and adolescent services.
  - Treatment services provided include medication administration, individual and family therapy and psych education. CMHC may also offer rehabilitation services in the form of structured day programmed, vocational and residential services. Psychiatric Home Care
- 2- Psychiatric home care
  - Psychiatric home care is the service provided at the home of the patients who are unable to access community health care independently because of physical or mental conditions.
  - The psychiatric nurse visits such patients one to three times per week.
  - She also acts as a case manager who coordinates the different services required, e.g. occupational therapist, meals at home.
- 3- Partial Hospitalization Programmed
  - Offers intensive, short-term treatment similar to an inpatient service except that the patient returns home daily in the evening under the care of a family member.
  - Includes patients from acute inpatient services prior to discharge and patients whose symptoms may worsen and require hospitalization.

**Barriers to Treatment**

- 1- Stigma
  - Stops patients and their families from approaching mental health services

2- Lack of manpower

Lack of trained personnel, administrative and policy matters and understaffing

3- Geographical factors

Poor coverage of rural areas, distance, the need to travel and time constraint

4- Financial factors

Cost of travel to get services and loss of wages

5- Programmed factor

Fragmented services for various age groups, administrative and policy problems, neglect of the elderly and lack of national priorities for mental health

**The community mental health team:**

The community mental health team should include

- Psychiatrist,
- Clinical psychologist,
- Psychiatric social worker,
- Psychiatric nurse,
- Occupational therapist

And other administrative staff to provide services

- Such as hospitalization,
- Follow up,
- Residential services,
- Consultation and education.

**1- Psychiatrist**

Medical doctor with special training in mental illness and behavioral/emotional problems. Diagnoses conditions and prescribes medical treatment

## **2- Clinical psychologist**

Provides individual and group therapy, Performs psychiatric testing

## **3- Therapist**

Provides individual therapy, Conducts group therapy sessions

## **4- Social worker**

Community resource education, Discharge planning

## **5- Recreation therapist**

Incorporates leisure activities in group settings to demonstrate healthy coping mechanisms

## **6- Nurse**

Administers medications, Conducts group education sessions, Provides patient support and directs care

## **7- Psychiatric technician**

**8- Assists nursing staff:** Provides support to client

## **Bill of Rights for Mental Health Patients**

- Right to the least restrictive treatment alternative
- Right to informed consent
- Right to refuse treatment
- Right to confidentiality
- Right to keep personal items

1- Right to the least restrictive treatment alternative.

The nurse must attempt to provide treatment in a manner that least restricts freedom

2- Right to informed consent

- Informed consent is the client's permission to perform treatment
- Legal liability for informed consent lies with the physician
- The nurse acts as the client's advocate to ensure informed consent was obtained

3- Right to refuse treatment

- The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his or her action

4- Right to confidentiality

- Pt.'s privacy is protected
- Protection of client records and communications

5- Right to keep personal items

- People in a hospital or other treatment facility retain the right to keep their personal possessions
- Items must be protected and returned upon release from the facility

**Exceptions include:**

- the belonging poses a serious threat to self or others
- items that may be dangerous would be held in a secure place during hospitalization
- personal items must be returned to the client upon release from the facility

- Psychiatric patients have the right to freedom from restraint or seclusion except in an emergency situation:

**Restraints or seclusion:**

Restraints or seclusion are used for an individual whose behavior is out of control and who poses an inherent risk to the physical safety and psychological well-being of the individual and staff or others.

Restraints or seclusion are never used for punishment or for the convenience of staff.

- **Mechanical Restraints**

Set of leather straps used to restrain the extremities of the individual

Individual is always in seclusion if in restraints

- **Physical Restraints**

Seclusion (solitary confinement in a locked room)

Holding (used with smaller children)

Requires 1:1 supervision

**Restraints and Seclusion Guidelines:**

- Restraints or seclusion can be initiated without a physician's order in an emergency
- Physician must be notified for an order within 1 hour of initiation

**Criteria for hospitalization of a mentally ill client**

In order to be considered eligible for admission to an acute inpatient psychiatric unit, an individual must meet one or more of the following criteria:

- The client is an imminent threat to himself/herself
- The client poses an imminent threat to the safety and/or well-being of others
- The client is unable to provide for his/her basic needs in spite of having adequate resources
- The client is out of control

### **Types of admission:**

#### **1- Voluntary Hospitalization**

Admission process similar to medical hospitalization, Mean the patients are willing to seek treatment and agree to be hospitalized

Patient may stay as long as treatment is deemed necessary Patient have the right to leave at any time

Voluntary: sought by patient or guardian

- Patients have right to demand and obtain release
- Many states require patient submit written release notice to staff

#### **2- Involuntary Hospitalization**

- Client is hospitalized without consent, the patient does not wish to be hospitalized and treated.
- Situation must be considered an emergency
- Client receives observation and treatment for mental illness

An individual can be involuntary admitted

-- When the client is danger to themselves or others, attempted suicide or represent a danger to others.

- inability to provide for basic human needs, including food, clothing, shelter, essential medical care, or personal safety

– Necessary when person is danger to self or others, unable to meet basic needs as result of psychiatric condition

- **Emergency involuntary hospitalization**

– Commitment for specified period (1-10 days) to prevent dangerous behavior to self/others

- **Observational or temporary involuntary hospitalization**

– Longer duration than emergency commitment

– Purpose: observation, diagnosis, and treatment for mental illness for patients posing danger to self/others

### **Release from the hospital**

Voluntary admitted client have the right to leave, provided they do not represent a danger to themselves or others .they can sign a written request for discharged and can be released from the hospital

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