

 <p><b>Connecticut Valley Hospital Nursing Policy and Procedure</b></p>	<p><b>SECTION A: NURSING SERVICE ORGANIZATION CHAPTER 2: STANDARDS OF NURSING PRACTICE AND CARE</b></p> <p><b>Policy and Procedure: 2.1 Psychiatric Mental Health Nursing Practice Ethics, Description and Phenomena of Concern</b></p>
<p>Authorization: Nursing Executive Committee</p>	<p>Date Effective: May 1, 2018 Scope: Connecticut Valley Hospital</p>

### **Practice Ethics:**

Nursing's respect for the client's dignity, autonomy, cultural beliefs, and privacy is a particular concern in psychiatric-mental health nursing practice. The nurse serves as an advocate for the client and is obliged to demonstrate nonjudgmental and nondiscriminatory attitudes and behaviors that are sensitive to client diversity. Unethical behavior, e.g., violations of informed consent, breaches of confidentiality, undue coercion, and illegal acts, can increase the client's vulnerability demanding special vigilance on the part of the nurse who is responsible to protect the client and to report practices which compromise the public's right to humane and appropriate care. Nurses working with psychiatric, mental health clients are prepared to recognize the special nature of the provider, patient relationship and take steps to assure therapeutic relationships are conducted in a manner that adheres to the mandates stipulated in the *Code for Nurses* (ANA 1980).

### **Description of Psychiatric-Mental Health Nurse:**

Psychiatric-mental health nursing is the diagnosis and treatment of human responses to actual or potential mental health problems. Psychiatric-mental health nursing is a specialized area of nursing practice, employing theories of human behavior as its science and purposeful use of self as its art.

Psychiatric-mental health nurses deliver primary mental health care. Primary mental health care is initiated at the first point of contact with the mental health care system. Primary mental health care is defined as the continuous and comprehensive services necessary for promotion of optimal mental health, the prevention of mental illness, health maintenance, management of and/or referral of mental and physical health problems, the diagnosis and treatment of mental disorders and their sequelae, and rehabilitation. Because of its scope, psychiatric-mental health nursing is necessarily holistic and considers the needs and strengths of the whole person, the family and the community.

Diagnosis of human responses to actual or potential mental health problems involves the application of theory to human phenomena, through the processes of assessment,

diagnosis, planning, intervention or treatment, and evaluation. Theories relevant to psychiatric-mental health nursing are derived from various sources, including those from nursing as well as the biological, cultural, environmental, psychological and sociological sciences. These theories provide a basis for psychiatric-mental health nursing practice.

An assessment, derived from data collection, interview and behavioral observations, provides information upon which a diagnosis is based and, when appropriate, validated with the client. The psychiatric-mental health nurse uses nursing diagnoses and standard classifications of mental disorders such as *The Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association (American Psychiatric Association 1987) or the *International Classification of Diseases* (World Health Organization 1993) to develop a treatment plan based on assessment data and theoretical premises. The nurse then selects and implements interventions directed toward a client's response to an actual or potential health problem. The nurse periodically evaluates the client outcomes and revises the plan of care to achieve optimal results.

Actual or potential mental health problems of clients pertaining to:

- The maintenance of optimal health and well-being and the prevention of psychobiologic illness.
- Self-care limitations or impaired functioning related to mental and emotional distress.
- Deficits in the functioning of significant biological, emotional, and cognitive systems.
- Emotional stress or crisis components of illness, pain, and disability.
- Self-concept changes, developmental issues, and life process changes.
- Problems related to emotions such as anxiety, anger, sadness, loneliness, and grief.
- Physical symptoms that occur along with altered psychological functioning.
- Alterations in thinking, perceiving, symbolizing, communicating, and decision making.
- Difficulties in relating to others.
- Behaviors and mental states that indicate the client is a danger to self or others or has a severe disability.
- Interpersonal, organizational, systemic, sociocultural, spiritual, or environmental circumstances or events which affect the mental and emotional well-being of the individual, family, or community.

- Symptom management, side effects/toxicities associated with psychopharmacologic intervention and other aspects of the treatment regimen.