

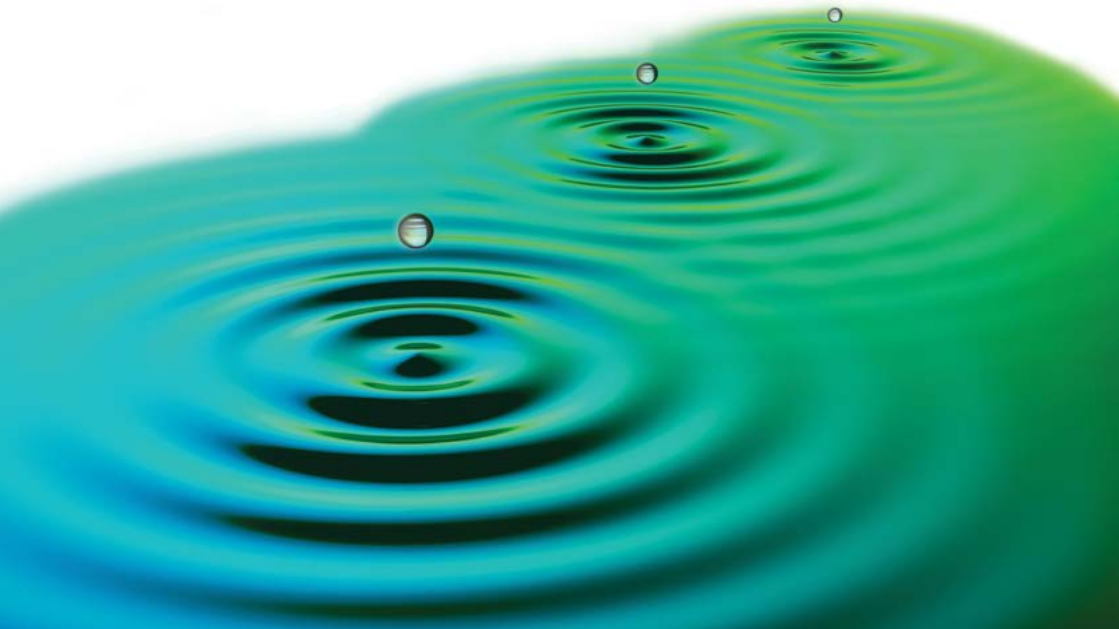
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**Clinical
Pocket
Reference**



Fundamentals of Acute Mental Health Nursing

Rose Havelock



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About this resource

This book aims to provide a *Clinical Pocket Reference* for mental health nurses working in acute mental health settings. It focuses primarily on the fundamentals of mental health nursing care and provides a reference resource to orientate ethical and effective mental health nursing practice in the acute setting. The aim of this resource is to consider how we as nurses can respond to people's lived experiences when in acute inpatient settings, providing compassionate and effective care.

As with all CPR resources it is fully peer reviewed.

For student nurses, registered nurses, nurse associates

This Clinical Pocket Reference resource provides key information to help you provide person-centred and recovery-oriented care. It provides a succinct and easily understood guide to patient assessment, treatment, and care and focuses on the acute and emergency aspects of mental health care for working-age adults.

For educators and preceptors

This resource contains key clinical information you will be able to share with your pre and post registration colleagues to further advance their skills and learning. The scenarios and reflections will be useful to aid discussion on a range of topics mental health nurses encounter every day. As a digital resource it can play an essential role in providing rapid access to the knowledge you need in your educational role.

This resource includes:

- scenarios and reflections to contextualise the content
- glossary of key terms
- QR code to take you to further reading and study
- available digitally as individual eBook download or as part of an online digital Clinical Pocket Reference Library

Contents

Introduction

1 Fundamentals in Nursing

- 1.1 Person-centred care
- 1.2 Becoming a reflective practitioner
- 1.3 Evidence-based practice (EBP)
- 1.4 Nursing theorists
- 1.5 Concepts that shape mental health practice
- 1.6 Nursing ethics
- 1.7 Other factors that influence mental health nursing practice

2 Consent, Mental Capacity Act (2005, Amended 2019) and The Mental Health Act 1983 (Updated 2007)

- 2.1 What is consent?
- 2.2 The MCA
- 2.3 Liberty Protection Safeguards (LPS)
- 2.4 The MHA
- 2.5 Receiving Section papers
- 2.6 Giving information to a detained patient: 'reading the rights'
- 2.7 Writing a mental health tribunal report
- 2.8 Using the Nurses' Holding Power, Section 5(4)

3 Maintaining Safety in The Acute Mental Health Inpatient Setting

- 3.1 Basic infection prevention and control measures
- 3.2 Managing specific risks
- 3.3 Approaches to managing risk
- 3.4 How to anticipate, prevent and manage violence and aggression
- 3.5 Using restrictive interventions
- 3.6 Sexual safety in mental health wards

4 Inpatient Pathway Nursing Assessment and Common Presentations

- 4.1 Key elements of effective inpatient care
- 4.2 Nursing assessment
- 4.3 Care planning
- 4.4 The person with depression

- 4.5 The person with anxiety
- 4.6 The person with psychosis
- 4.7 The person with mood disorder
- 4.8 The person who is suicidal
- 4.9 The person who self-harms/inflicts self-injury
- 4.10 The person with alcohol and substance misuse disorder

5 Medication

- 5.1 Shared decision-making
- 5.2 Legal categories of medicine
- 5.3 Nurse prescribing and a competency framework for all prescribers
- 5.4 Consent to treatment
- 5.5 Administering medication
- 5.6 Unit conversions
- 5.7 Drug calculations
- 5.8 General principles of record keeping
- 5.9 Compliance, adherence and concordance
- 5.10 Common medications and some common side effects
- 5.11 Rapid tranquilization (RT)/sedation
- 5.12 Pro re nata (PRN): given 'as required' medication
- 5.13 Finding up-to-date information about medicines

6 Physical Health

- 6.1 The social determinants of health
- 6.2 SMI and physical health
- 6.3 Physical healthcare on admission to an acute mental health setting
- 6.4 Improving physical health
- 6.5 Sepsis, malnutrition and venous thromboembolism (VTE) assessment
- 6.6 Preventing falls

7 Sustaining your Professional Practice

- 7.1 Reflection
- 7.2 Clinical supervision
- 7.3 Patient Safety Incident Response Framework (PSIRF)
- 7.4 Schwartz Rounds
- 7.5 Preceptorship
- 7.6 Revalidation
- 7.7 Resources for nurses

Introduction

This resource is written to support registered nurses (RNs) who are working in acute mental health settings with people who are acutely ill or distressed. Nursing associates, community nurses, paramedics and student nurses will also find it useful and informative.

Mental health nursing is influenced by a range of perspectives from:

- the psychiatric model which places emphasis on diagnosis and treatment of ‘mental illnesses’, or symptom reduction, to...
- a holistic view that mental distress needs to be understood as part of the person’s unique experience, influenced by social and psychological factors.

The Nursing and Midwifery Council’s Future Nurse: Standards of Proficiency for Registered Nurses’ states that nurses ‘play a vital role in providing, leading and coordinating care that is compassionate, evidence based and person-centred’. The first chapter of this resource starts with the concepts of compassion, person-centred care and evidence-based practice then moves to outline some of the key theories, concepts and approaches in mental health nursing which draw on psychological and sociological disciplines.



This symbol is used throughout this resource and acts as a reminder to consider the specific policies of your organisation.

Finally, throughout this resource there are opportunities for organisations to consider scenarios and reflect on practice dilemmas and questions:



Scenarios provide examples to show you how the content of the chapter applies in practice.



Reflections pose a question or two for you to consider and develop your own practice.

These features will help you to apply relevant information and reflect on your practice. This resource provides relevant information from the nursing literature, NICE and NHS policy to provide a rapid reference point. As such it offers foundational knowledge to support nursing practice in acute working age adult mental health. Use this resource alongside other key texts, Trust policies, NICE guidelines, and the DH (2015) Mental Health Act: Code of Practice 1983.

Source: NMC (2018) Future Nurse: Standards of Proficiency for Registered Nurses: <https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/>.

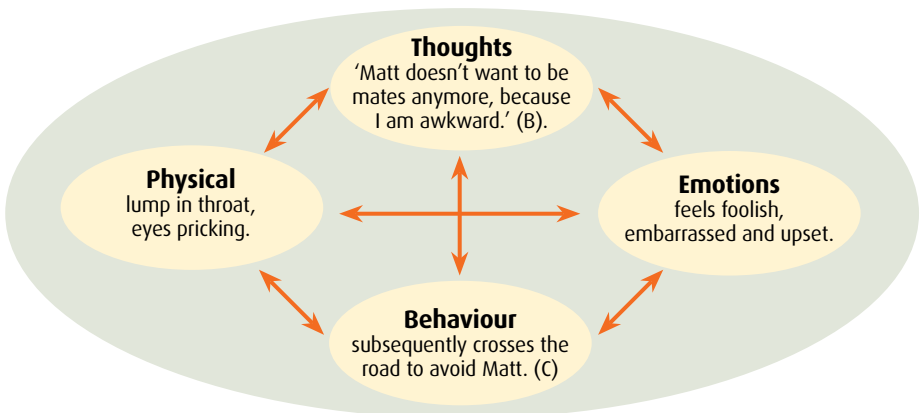
Scenario

S Tom is 16. He has had a history of being bullied and being called ‘awkward’. He has been feeling low in mood and experiences low self-esteem and feels uncomfortable in social situations with people he does not know. He is walking to the shops when he sees Matt, an old school friend, over the road. Tom waves and calls over, but Matt puts his head down and does not acknowledge Tom’s greeting. Tom thinks, ‘Matt doesn’t want to be mates anymore. It’s because I’m awkward.’ Tom feels foolish and embarrassed, and upset that he waved. He experiences a lump in his throat and his eyes prick a little. The following week Tom sees Matt again and turns away quickly to avoid him.

Together, Tom and his nurse develop a shared understanding (or formulation) and can identify the five areas of his story and its ABC elements:

- Situation/environment – sees Matt and waves. (A)
- Thoughts – ‘Matt doesn’t want to be mates anymore, because I am awkward.’ (B)
- Feelings – feels foolish, embarrassed and upset.
- Physical symptoms – lump in throat, eyes pricking.
- Behaviour – subsequently crosses the road to avoid Matt. (C)

Situation/environment:
sees Matt and waves.



Finally, Tom and the nurse identified that it was helpful to ask Matt why he hadn’t spoken to Tom.

Tom sees Matt the following week. Tom approaches him and Matt explains that he hadn’t seen him the week before.

The nurse and Tom devised a behavioural experiment to test if others think he is awkward. Feedback from two people who had conversations with Tom confirm that he was not perceived as awkward.

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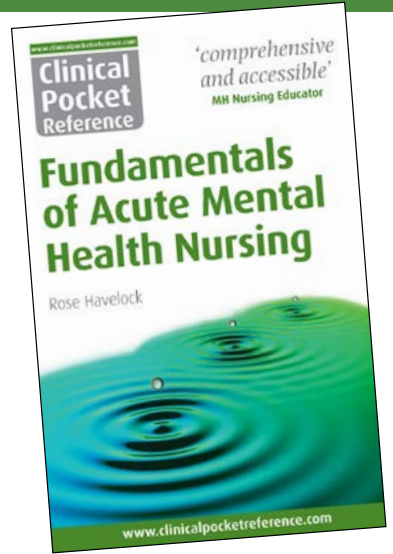
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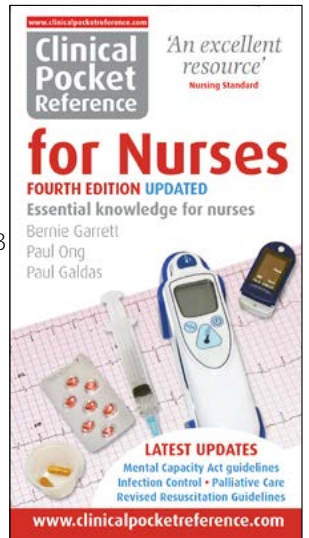
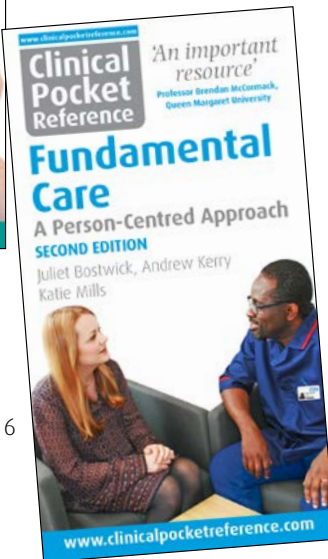
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About the Author

Rose Havelock is an experienced nurse educator and clinician with a background in acute mental health nursing, substance misuse services, and forensic psychiatry.

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