Mental health nursing and anxiety: Maintaining homeostasis.

Ono Elisabeth*

Department of Health Care Policy, Harvard Medical School, Harvard University, Boston, USA

Abstract

Despite being fragmented, the histories of psychiatry and psychiatric nursing can be linked to early philosophers. The first person to construct a questionnaire for the mentally sick utilising biographical data to establish the appropriate path of psychological treatment and care was Marcus Tullius Cicero in particular. In the Middle East, during the eighth century, some of the earliest known facilities for mental health treatment were built. For diagnosis and treatment, Muslim doctors of the mediaeval era relied on clinical observations. Psychiatric hospitals were constructed in 13th-century mediaeval Europe to accommodate the mentally sick, but there were no nurses to look after them and treatment was infrequently given. These establishments primarily served as a place for the mad to live. The entire high point.

Introduction

Hospitals for the mentally ill had a belief in adopting religious intervention throughout the height of Christianity in Europe. To aid their reintegration into society, "soul companions" were paired with the mad. Their main concern was making personal spiritual connections with the depressed and troubled. These lifelong buddies are now recognised as the first generation of mental nurses.

Some colonists in the United States adopted community health nursing techniques during the colonial era. Dangerous people with mental disorders were imprisoned or kept in cages, maintained, and fully supported by community attendants. Wealthier colonists cared for their insane relatives by hiring attendants or nurses and housing them in their attics or cellars. In some societies, mentally ill people were used as slave labour and auctioned off. Some people were made to leave the city. Small institutions were developed as a result of the failure of informal community care as the colonies' population grew.

At the Pennsylvania Hospital, the first "lunatics ward" was established in 1752 with the intention of treating the mentally ill. The most cutting-edge medical procedures available at the time, including haemorrhage. Shock and blistering procedures. Overall, the caregivers for the patients held the view that institutionalised people should be treated with respect. They felt that if patients were treated like rational beings, they would behave accordingly; additionally, if they were given confidence, patients were less likely to abused [1].

The introduction of moral treatment for those who are mentally ill began in the 1790s. Philippe Pinel and William Tuke's idea of a secure refuge provided institutionalised patients who had previously experienced abuse or slavery protection and care. Dorothea Dix played a crucial role in the opening of 32 state asylums in the US to provide the sick with top-notch care. During the American Civil War, Dix oversaw the Union Army Nurses, who provided medical care to both Union and Confederate soldiers. It was a promising trend, but attendants and nurses were frequently charged with ignoring or abusing the patients and severing their ties to their relatives [2].

Physical and biological interventions

Psychiatric medication: A frequently used treatment method is psychiatric medication, which is administered either orally or intramuscularly by a large number of psychiatric mental health nurses. Medication can be prescribed by nurse practitioners. Assessing patients' responses to these medical treatments and any side effects will be done by nurses. In order for the individual receiving care to, whenever possible, make an informed decision using the best medically based evidence available, nurses will also provide information on medications [3].

Understanding and empathy

Psychiatric nurses' compassion and empathy help patients maintain a healthy psychological equilibrium. It's crucial to communicate an understanding since doing so makes patients feel valued. Without placing blame, passing judgement, or making fun of others, one should be encouraged to communicate views and feelings. People who live in organised societies, which frequently stigmatise the mentally ill due to their disease, value feeling essential in their life. Patients who are empowered and feel important will be more able to function normally than they were prior to the commencement of their condition [4,5].

Conclusion

The mental nurse maintained the desire and capacity to comprehend the patient despite harsh personal insults. It becomes crucial to have fast empathy for unfavourable circumstances. Involvement is also necessary when patients anticipate that nursing staff would comprehend even when they are unable to verbally communicate their demands. The likelihood of dramatically improving patient care increases when a mental nurse understands the patient

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