Community Health Nursing II — Unit 7: Mental Health Disorders

Community Mental Health

Meaning

- **Mental health** includes emotional, psychological and social wellbeing and affects how a person thinks, feels, relates to others and manages daily life.
- A **mental disorder** involves clinically significant disturbance in thinking, emotion or behaviour, usually with distress or impaired functioning.
- Mental disorders are health conditions and should not be treated as moral failure, weakness or a reason for discrimination.
- Community mental-health care links prevention, early identification, treatment, rehabilitation and continuing support close to where people live.

Causes and Contributing Factors

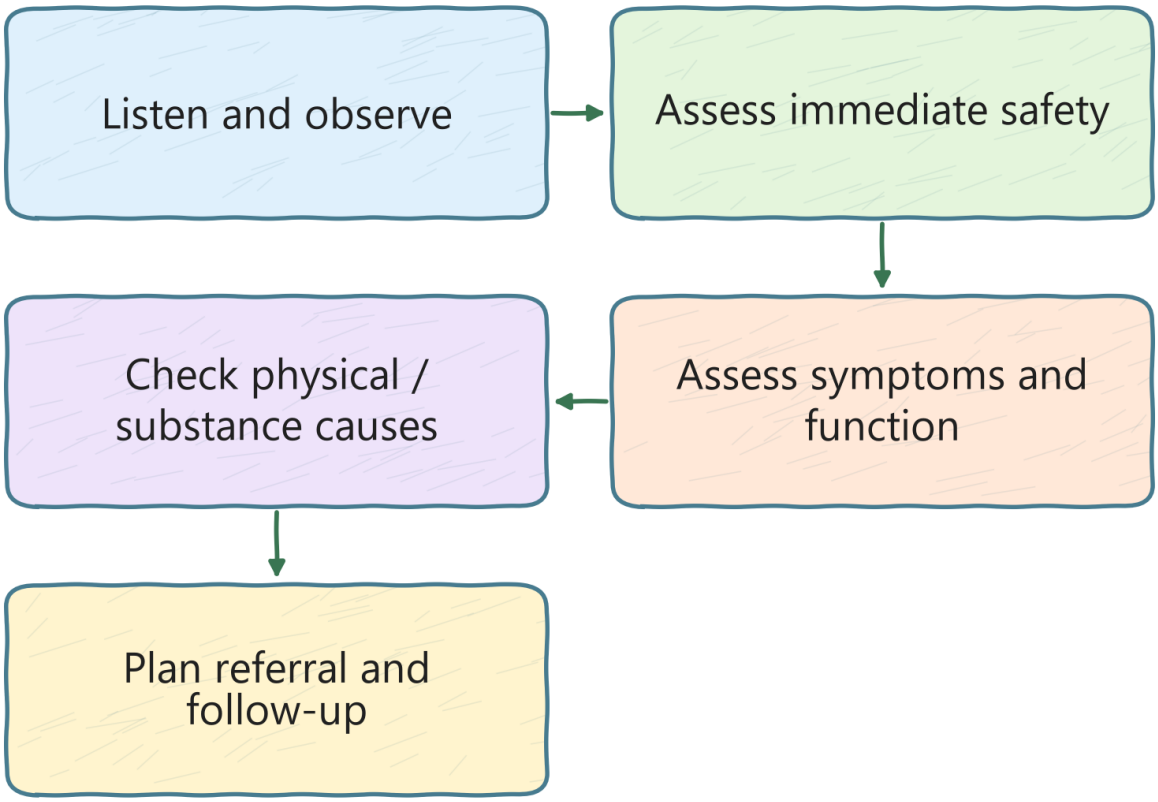
- Biological vulnerability, physical illness, substance use, trauma, social adversity and stressful events can interact in the development of illness.
- Family support, safe housing, meaningful activity and accessible treatment can strengthen recovery.
- A single symptom or difficult life event does not by itself establish a psychiatric diagnosis.

Core Principles

- Provide respectful, private and person-centred care and use language that describes the person before the diagnosis.
- Assess physical health and social needs along with psychological symptoms.
- Involve family or other supporters with the person's agreement and according to lawful consent and safety requirements.
- Support recovery, decision-making and participation rather than assuming that long-term illness removes a person's abilities.

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Screening and Mental-health Assessment



Community mental-health assessment

Initial Approach

- Introduce yourself, explain the purpose of the discussion and provide a calm setting with privacy.
- Ask what the person has noticed, how long it has been present and how it affects sleep, relationships, work and self-care.
- Review medical illness, medicines, alcohol or drug use, recent loss, violence and previous treatment.
- Ask about safety directly when there are signs of self-harm, suicidal thinking, severe neglect or risk to others.

Mental Status Examination

1. Appearance and Behaviour

- Observe grooming, eye contact, activity, cooperation and unusual or distressed behaviour without making judgemental assumptions.

2. Speech

- Note rate, volume, amount and coherence of speech and any difficulty maintaining a conversation.

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3. Mood and Affect

- **Mood** is the person's sustained emotional experience, while **affect** is the emotional expression observed during the interview.
- Ask about sadness, anxiety, irritability or unusually elevated mood and compare this with observed expression.

4. Thought

- Assess the organisation of thoughts and their content, including hopelessness, excessive guilt, unusual beliefs or thoughts of harm.
- A **delusion** is a firmly held false belief that is not explained by the person's cultural context and is not readily changed by evidence.

5. Perception

- A **hallucination** is a perception occurring without the corresponding external stimulus, such as hearing a voice when no one is speaking.
- Ask whether an experience is frightening or gives commands and assess its effect on safety.

6. Cognition

- Assess alertness, attention, orientation and memory in relation to language, education and sensory ability.
- Sudden inattention or fluctuating awareness suggests possible delirium and needs medical assessment.

7. Insight and Judgement

- **Insight** is the person's understanding of their experiences and possible need for help.
- **Judgement** concerns the ability to consider consequences and make practical decisions in the situation.

Screening Tools

- Validated tools such as PHQ-9, GAD-7, AUDIT or appropriate cognitive screens can support assessment when staff are trained to use them.
- Use a suitable language version and follow the tool's administration and scoring instructions.
- A positive screen indicates a need for assessment and is not a confirmed diagnosis.
- A low score does not override a serious safety concern, psychosis or marked decline in functioning.

1. PHQ-9

- The **Patient Health Questionnaire-9** asks about depressive symptoms during the previous two weeks and their frequency.
- A response suggesting self-harm needs direct safety assessment regardless of the total score.

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2. GAD-7

- The **Generalised Anxiety Disorder-7** assesses the frequency of common anxiety symptoms during the previous two weeks.
- It supports assessment of symptom burden but does not identify every cause of anxiety.

3. AUDIT

- The **Alcohol Use Disorders Identification Test** examines alcohol consumption, signs of dependence and alcohol-related harm.
- Results guide discussion and further assessment without labelling the person solely from a score.

Immediate Referral Indicators

- Recent self-harm, suicidal intent, inability to maintain safety or serious threats to others require urgent assessment.
- New psychosis, severe agitation, catatonia, refusal of essential food or fluids and severe self-neglect need prompt medical and psychiatric review.
- Reduced consciousness, seizures, fever, head injury, severe withdrawal or suspected poisoning may indicate a medical emergency.

Depression

Definition

- **Depression** is a disorder characterised by persistent low mood or loss of interest, with associated symptoms that affect functioning.
- Symptoms commonly persist for at least two weeks, but severe symptoms or safety concerns require help without waiting for a time threshold.

Features

- The person may have reduced energy, poor concentration, sleep disturbance, appetite or weight change and feelings of worthlessness or excessive guilt.
- Some people mainly report bodily pain, fatigue or digestive symptoms.
- Thoughts of death or self-harm may occur and should be asked about directly and sensitively.

Assessment

- Explore symptom duration, severity, daily functioning, social stressors and previous episodes or treatment.
- Ask about past periods of unusually elevated or irritable mood, reduced need for sleep and increased activity because bipolar disorder changes treatment decisions.
- Assess possible medical contributors, medicine effects, substance use and pregnancy or postpartum status.

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Management

Psychological and Social Care

- Listen without minimising the experience and agree on manageable daily activities and support.
- Structured psychological treatments may include behavioural activation, problem-solving approaches or cognitive behavioural therapy delivered by trained providers.
- Address practical problems such as violence, debt, isolation and lack of food through appropriate services.

Medicines

- A qualified prescriber may recommend an antidepressant according to severity, history, preferences and contraindications.
- Explain that benefit develops over time and that early side effects do not always indicate treatment failure.
- Monitor agitation, new suicidal thinking, unusual mood elevation and other concerning changes, especially after starting or changing treatment.
- Do not advise abrupt discontinuation or independent dose changes.

Follow-up

- Review symptoms, function, adherence, side effects and safety and arrange earlier contact when risk is increased.
- Improvement should include daily functioning and participation, not only a lower symptom score.
- Persistent severe symptoms, psychosis or inadequate response requires specialist review.

Anxiety Disorders

Definition

- **Anxiety** is a feeling of apprehension accompanied by physical and behavioural responses.
- An anxiety disorder involves excessive or persistent anxiety or fear that causes distress or interferes with daily life.

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