

Mental Health Nursing: Addressing the Growing Demand for Specialized Care

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Abstract

The WHO recognizes that there is a global shortage of workers trained in mental health care. Nurses maintain a key role in the functioning of many health systems around the world, yet many do not receive adequate training to provide mental health care. In addition, nurses supporting those with mental health conditions often have to contend with their own lived experiences of mental distress. By recognizing the support nurses require, it is anticipated that some of the stigma relating to health professionals with mental distress can be reduced. Efforts to provide support to nurses and other health professionals experiencing mental health issues must be increased, and help should be readily available and accessible within the workplace. Mental health nursing, or psychiatric and mental health nursing, addresses a wide range of mental health issues. But while it can be one of the most rewarding disciplines, it is fraught with challenges too. Despite its large global prevalence, mental health nursing is seen as an underserved specialty with a shortage of specialists. This is of considerable concern when you consider the debilitating nature of many conditions and the impact they can have on individuals, families, and communities. The associated burden of disease is likely to lead to a growing demand; at the same time, there could be a decrease in the mental health nursing workforce. So we consider the diverse skills required in mental health settings, the extent of the global shortages, and factors that are contributing to them.

keyword: mental health nurses, specific knowledge, education, and clinical skills

1. Introduction to Mental Health Nursing

Mental health and illness are some of the last 'taboo' areas of health, often shrouded in silence and compounded for some with fear, ridicule, and misunderstanding. However, mental illness has been identified as "the major public health challenge of this century." There is a rise in the demand for specialist mental health nursing care. This demand is fueled by national policies, the introduction of a range of national policy guidance, and locally, service users wishing to receive the care and treatment they need and 'deserve' at the moment they require it. There is also an increase in political and public/media attention. The ongoing and current endeavor to combat the taboos associated with mental illness and the wish to push this area into the public as a frequently high-profile area of concern will ultimately attract more individuals to seek out mental health nursing as a profession; that is certainly the hope and wishful thinking of those who lead this field of nursing.

(McNicholas et al.2021)At present in the United Kingdom, mental health components are provided within pre-registration nursing education and have been an ongoing commitment from higher education institutes to provide nurse education and support for nursing individuals who will care for and about those who developed their mental health problems. This brief guide to specialist mental health nursing realizes that through focused investment in higher education and its staff, mental health nursing can be beneficial and congruent to the current and future needs of individuals who receive a diagnosis of mental illness or, at different points in time, meet and lose the defining characteristic of good mental health. The guide works from the perspective that contemporary mental health nursing is 'currently fit for purpose' and illustrates this with practice and nurse education assurance that dynamically link the managing relationships between standardized patient services, education, and research. Recognizing the lack of mentions or positivity in the nurse-patient relationship or conversations with service users, the term 'confidential connection' is used as a way of encompassing both the nurse-patient management connection and the communication difficulties. Distinguishing both the nurse's viewpoint and that

of the person receiving care is also acknowledged by prefixing the term connection with 'nurse' or 'patient.' These stand as a reminder and indicate where nurses or patients' mutual concerns and resources are being highlighted. (Thompson et al.2024)

1.1. Evolution of Mental Health Nursing

Mental health nursing is a uniquely specialized area of nursing, which requires a blend of health promotion, physical health care, and nursing care skills that not all general nurses possess. Throughout history, those with mental health problems have been marginalized, punished, and subjected to torture and corporal punishment. Mental health has evolved in a complex interplay between the disciplines of the arts, ethics, social medicine, and science. It is exasperation and embarrassment about our inadequacies in understanding and dealing with mental suffering that underpins stigmatizing attitudes that marginalize people. The evolution of mental health nursing is irrevocably linked to the perspectives held regarding those who have mental health problems. (Anderson et al.2021)

Historical treatment of the mentally ill ranges from punishment at one extreme to medical and psychological therapies at the other, the progression being neither linear in its development nor predictable. Since the development of civilization, our concern for those who exhibit odd, bizarre, or difficult behavior has been multifaceted. A spectrum of approaches, encompassing medical, social, religious, and legal concerns, has included the mentally ill at points in history and culture. Evidence found in prehistoric graves or historic communities illustrates trephined skulls, illustrating intervention, possibly in hope of a cure. The Greeks classified illnesses, including that of the mind. The constitution of the sick person established treatment offered. Four body humors were thought to energize emotional states. Hippocrates proposed that mental ill health resulted from an imbalance between the humors and suggested interventions to purify and redress the imbalance. (Insel, 2022)

1.2. Importance and Scope of Mental Health Nursing

In any hospital or clinical setting, ensuring patient safety is a crucial responsibility of the nursing profession. In psychiatric and mental hospitals, this role can become even more challenging due to the nature of patients' illnesses, as well as the behaviors they may exhibit. Physical as well as emotional safety are required. In addition, the unique way that a mental health nurse is called upon to provide care also necessitates training that is focused on the nature of mental illness, therapeutic communication, and safety mechanisms designed to provide the patient with basic care while minimizing the risk of hospitalization as well as severe correction. All these factors combined result in this "specialty" of nursing. (Varcarolis and Fosbre, 2020)

Modernization of mental institutions and the current trend of treating and managing mental illness are based on an increase in community care. This new model offers many temporarily and repeatedly hospitalized patients the opportunity to reinsert themselves in the community. Most of their institutional care comes through referral as a non-resident patient, that is, from an initial contact in the community environment, under free demand or supported by the family. A large number of RNs, especially in traditional areas like family programs, have little or no professional experience in mental health. The requirements for mental health care and the necessary technical competencies favor the qualified practice of professionals trained in mental health. (Mahindru et al., 2023)

2. Current Challenges in Mental Health Care

One of the main challenges in the mental health nursing field is getting proper education and training to fully understand the nuances of mental health patients. Oftentimes, nurses work with mental health patients without having any real training and ultimately make their conditions worse, which is the exact reason why the patient is there in the first place. The second challenge is negative health care provider attitudes towards patients with mental health issues. Oftentimes, mental health patients are stigmatized, blamed, mistreated, or seen as burdens instead of harmed patients. The third challenge is improperly meeting patient rights and needs. As a part of nurses' duties, it is required to uplift the dignity of their patients and provide them with as much comfort, care, respect, and understanding as possible. Some of the most critical challenges in caring for mental health patients are managing the distance with the patient, remaining neutral, and showing unconditional positive regard. Family commitment, disclosure of the diagnosis, and partnership in treatment can aid in the success of the general high-quality care provided by mental health nurses (Liu et al.2020).

However, at the same time, the complications involved in the patient-led caretaker with patient legal directives for or against disclosure of the diagnosis and excluding family roles in the treatment plan seem to increase the stress levels for the nurses. The perception of mental health nurses' support for human rights and their competence in working with patients played a significant role in the willingness to seek psychiatric intervention during a psychiatric episode. Psychiatric nursing was associated with perceptions of support for human rights and was considered more competent in their work; that willingness to seek psychiatric intervention was associated with positive long-term psychiatric attitudes. (Dean et al.2021)

2.1. Shortage of Mental Health Professionals

Several factors contribute to the growing need for specialized mental health care. First, the number of older Americans, a group that experiences mental health problems at a higher-than-average rate, is growing rapidly.

Baby boomers have reached or are close to retirement age. Such individuals generally enjoy better physical health than previous cohorts, but they are not necessarily better off psychologically. During the past 20 years, the number of people age 65 and older in the United States has nearly doubled. Based on the aging of the post-World War II baby boom generation, the over-65 population will increase significantly by 2030. People ages 65 and older (particularly older women) are at increased risk of suicide, an act that is generally related to untreated depression. (Giaquinto et al.2022)

Second, a new group of stressed adults is emerging. Just as baby boomers surpass their parents in number, a baby boom echo is following them. This baby boomlet, born in the late 1970s, the 1980s, or the early 1990s, is beginning to enter professions that are characterized by high levels of occupational stress and to establish families, a life stage characterized by high emotional stress. These people face environmental crises in the form of unprecedented social and economic stress due to the delivery of needed social services. Specifically, many children in the United States lack adequate health care, nutrition, housing, and educational attainment. Thus, the presence of mental health professionals is crucial in effective treatment for physically and emotionally stressed children. Finally, the need for effective psychiatric treatment is particularly visible with the massive increases in the rate of drug addiction, crime, homelessness, and unemployment among young adults from this society's most impoverished urban and rural communities. (Penninx et al., 2022)

2.2. Stigma Associated with Mental Health

Stigma associated with mental health has decreased over time, but it still exists. Misinformation, negative language, and cultural differences have contributed to discrimination against individuals with mental illnesses, leading to a decrease in self-esteem and self-efficacy and reduced opportunities for students, professionals, and people with lived experiences of mental illness seeking to communicate their stories of recovery because of fear of the impact of their mental illness disclosure. Media has attempted to counteract this trend with the proliferation of mental health programs; however, negative portrayals of individuals with mental illnesses have also contributed to public stigmatization of this vulnerable population. Ultimately, social exclusion resulting from fear of mental illness and discrimination leads to isolation, self-fear, depression, and other negative psychological and physical effects. Stigma can only be combated through understanding, respect, and encouragement. (Thornicroft et al.2022)

An individual person with a positive attitude and behavior can be influenced to change mental health knowledge and participation. Mental health nurses play an important role through their public presentation, which can influence these attitudes and behaviors. It is expected that the next generation of nurses will be more accepting of individuals with mental illnesses and that they will have positive interactions with these patients, no matter what care setting they work in. It is thus essential for nurse educators to be values-based and have appropriate mental health content in their curriculum. (Nyashanu et al.2022)

3. Specialized Skills and Knowledge in Mental Health Nursing

The breadth and depth of knowledge and skill required to care for patients experiencing mental healthcare challenges is unique, and specialized mental health nurses are best equipped to provide it. Mental health nursing is grounded in a broad array of influences, including medical sciences, biological sciences, sociology, social sciences, behavioral sciences, genetics, and public health. A significant part of mental health nursing involves working with people in distress and suffering from a wide range of conditions, for example, anxiety and depression, to life-threatening conditions. The area of expertise of mental health nurses strategically positions these professionals to lead the way in reducing the treatment gap and narrowing the prevalence of disorders. (Wand et al.2022)

Mental health nursing education programs are prepared to educate mental health nurses. However, it is not just the education or experience; there are specific competencies that mental health nurses are required to have. These competencies encompass an understanding of relationship-centered, trauma-informed, and culturally congruent care, as well as a host of other skills and knowledge, for example, best practice quality initiatives such as primary care integration, tele-mental health delivery, evidence-based mental health intervention delivery, and substance abuse therapy, caring for those who have been severely or mildly distressed. Mental health nurses are best positioned to provide care that is comprehensive and covers the mental, emotional, and behavioral health as well as addictions of individuals across the lifespan. Mentally healthy communities offer the best opportunity for a world population to thrive. (Chen et al.2020)

3.1. Therapeutic Communication Techniques

A therapeutic nurse-client relationship begins with the initial contact and involves the use of verbal, non-verbal, and para-verbal communication skills. This relationship is fundamental to the provision of effective direct client care irrespective of the client's length of stay within a clinical or hospital setting. Clients present for care with physical symptoms that co-exist with emotional responses and assumptions, resulting in thoughts and actions. Initially, there is the assessment phase of the relationship during each client contact using therapeutic communication techniques, which often yield healing effects. (Wright, 2021)

Normal communication has seven characteristics. Therapeutic communication contains the same characteristics but has evolved specific techniques to improve interactions and achieve specific outcomes. Therefore, nurses

need to acquire additional skills through education and determine the setting and goals of the therapeutic relationship. This important skill strengthens the professional nurse-client relationship with healing consequences. However, therapeutic communication techniques vary and range from the strictly controlled, structured, intently focused engagement to those that are less structured and that the nurse does without being aware of specific techniques utilized. (Yoo et al., 2020)

3.2. Crisis Intervention Strategies

Accessing emergency departments for a mental health crisis has long been a part of health care delivery. These visit rates have increased significantly during the past few years, potentially due to a lack of accessible community mental health resources or increased stigma surrounding mental illness. Volume during times of higher acuity is also affecting many non-mental health patients. Crisis intervention strategies are designed to help individuals regain control over their symptoms and to receive timely care. Nurses and other health care professionals provide crisis intervention services by, when appropriate, seeing patients as soon as possible after their arrival, conducting a brief psychosocial assessment, and providing an appropriate intervention. Careful and thorough charting of the patient's current state of behavior and symptoms, presenting problem, a brief evaluation of mental status, available support systems, current and recent use of illegal or harmful substances, and known primary psychiatric diagnosis is essential. When contacting or setting up a meeting with the care provider, it is important to stress the immediacy of the patient's need. (Rennert-May et al.2021)

Innovations in emergency department processes designed by interdisciplinary teams of experts have had positive effects on the timeliness and quality of assessment and intervention for patients with a primary psychiatric diagnosis. Committed groups formed to improve the care of mental health patients in crisis have developed successful interventions. Other innovations included two attempts at home visits or telehealth management with recurrent emergency department users. Institutionally informed clinical initiatives continue to be important at many facilities. Formalized programs that have been incorporated utilize specially trained clinical nurses, paramedics, and others to work with police in managing mental health crisis calls, in making leverage-free mental health arrests, and in presenting individuals understood to have specific mental health needs may help mitigate the need to go to the emergency room. (Brunetto et al.2022)

4. Innovations in Mental Health Nursing

The implementation and integration of current evidence is a major issue. Simulation, the deliberate practice of safely performing tasks in a controlled environment, was cited as a potential method of integrating leadership skills such as self-awareness and reflection into existing mental health nursing curricula. There have been increasing suggestions of the positive application of various technologies to mental health nursing research, teaching, and practice. It has created a new community that was once the preserve of well-established self-help organizations, which were often disease-specific, deficit-oriented, and located within primary care. The project aimed to ascertain whether there are opportunities to offer customized workplace depression programs for nurses. (Huang and Wang2020)

Method: The mixed methodology design included a survey of nurses and their managers, examining facilities available within occupational health departments, trustees, and professional organizations, the content analysis of stakeholder suppliers of products, and feedback from those products. Results highlighted varying levels of use, experience, barriers, and support around communication technologies. Both engagement continue to increase, offering an important source of service user information, consultation, care monitoring, and support which needs further work to understand and capitalize. The role of supporters is also shown to offer additional opportunities and challenges, where professional relationships can extend to assisting the maintenance of well-being. (Ho and Chung, 2020)

4.1. Telehealth and Remote Monitoring

Telehealth refers to the practice of providing care for the patient remotely when the provider and the client are not physically located in the same place. It may include video conferencing, mobile health applications, telehealth ecosystems with round-the-clock assistance, and care provided via specialty or primary care clinics. In a telehealth session, the client's vital signs can be monitored, including temperature, heart rate, blood pressure, body weight, blood sugar, and other measures. Telehealth technology is convenient and reduces the need for in-person appointments, letting clients access care without leaving the comfort of their home or community. These services and technology can supplement mental health treatments and create access where service is limited or unavailable. The term telemental health refers to the use of telecommunications to support inpatient or outpatient mental health treatment. (Di et al.2021)

There is growing evidence for the effectiveness of telehealth in providing mental health services. For psychiatric emergencies, remote assessment has proven to be reliable and accurate. National guidelines were developed for the use of telepsychiatry, covering electronic mental health record-keeping and the need to comply with privacy regulations. With the right training, it is possible to deliver an accurate diagnosis based on mental health client information provided during telehealth sessions. (Tsou et al.2021)

This last recommendation is important, as it could significantly reduce the time spent in hospitals waiting for a psychiatric evaluation. Although it is generally considered to be effective, telepsychiatry is not appropriate for

every mental health client. For the best results, telemental health sessions should be highly structured, with specific goals to be achieved. Since it only provides the client with auditory and visual information, telemental health does not allow for identifying the smells, gestures, and body language that therapists generally use to improve understanding of the mental health client. This issue is less of a problem today with exposure to video technology, which reduces the potential of missing nonverbal cues. (Greenwood et al.2022)

4.2. Digital Mental Health Tools

The development of digital technologies has rapidly revolutionized mental health care, and the range of available digital tools continues to grow. Such developments offer a wealth of opportunities for the field of mental health nursing, but also a number of risks and challenges that cannot be overlooked. A growing emphasis is placed on the development and use of these digital tools during nursing education and their continued evaluation in routine clinical practice. The utilization of digital mental health tools also has important ethical implications. (Figueroa and Aguilera, 2020)

Given the private, sensitive nature of much of the information exchanged within the digital space about mental health, the transfer of this information to potentially hundreds of startup companies effectively functioning as digital intermediaries must be carefully considered. Considerable attention is needed to the development of regulations about the transfer of ownership or the rights attributed to the data provided by diverse applications and electronic health records; this would also enable more careful communication of the actual risks inherent in using different privacy policies in nursing education. (Martinez-Martin et al.2021)

Despite the wide range of tools that are emerging, a recent literature review estimated that as many as 500,000 mental health applications were available in the marketplace, only a fraction of which had been professionally evaluated and approved. For all stakeholders involved, healthcare professionals and users, appropriate information must be provided about the validity and reliability of these tools, which remain relatively unpredictable. (Gross and Mothersill, 2023)

5. Conclusion and Future Directions

This descriptive literature review of the emerging role of mental health nursing in response to the changing landscape of healthcare delivery has highlighted the need for this specialized focus to address mental health care across a number of sectors. Nursing schools continue to include mental health nursing content within the undergraduate program as a means to optimize the clinical conduct of all new graduates through all phases of illness and levels of acuity. Nurses working in critical care already experience high levels of stress and burnout, often in a geographical location where mental health nurses are minimally available to them. It is predicated that as mental health and mental illness affect different aspects of primary, secondary, and tertiary care, there will be an ongoing and increased demand for nurses to work in these areas as their numbers will no longer match the mental health demands.

In the future, mental health nursing must work to improve the measurement of the impact the specialty has. The growing collaborative relationships with our colleagues in hospitals, communities, and NGOs give mental health nurses the opportunity to demonstrate a measurable enhancement in the quality of care provided to those vulnerable patients. The result will be improved patient outcomes and greater job satisfaction. There is the potential for huge growth in the demand on mental health nurses' capacity. Furthermore, mental health nursing may inadvertently disappear within the current functioning of the medical model, which provides mental health nursing practice its scope and its parity of practice with the mental health nurse's foundational profession. With the increasing commitment to the whole person, instead of disengaged illness from the person, times could not be better. We need to make sure the foundation so carefully laid according to international best practice and locally necessary creates the structure to meet our patient needs.

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