Evolution of Community Mental Health Care **Current and Future Perspectives OBJECTIVES** Upon completion of this presentation, participants will be able to: 1, define the term community mental health. 2. differentiate among primary, secondary, and tertiary prevention in community mental health nursing. 3. describe the historical factors leading to the current mental health care and impact. Cont. objectives 4. describe the role of the nurse in community mental health. 5. apply the nursing process to the care of mentally ill clients in the community.

COMMUNITY MENTAL HEALTH	
Defining Community Mental Health	
The phrase community mental health describes a	
change in focus of psychiatric-mental health care	
from the individual to the individual's interaction with the environment. It also describes a place	
where comprehensive care is delivered: outside of	
hospitals, in the least restrictive setting, and	
hopefully at home.	
Five Components of Service	
This has become almost synonymous with	
community mental health:	
■ Outpatient service	
■ Partial hospitalization	
■ Emergency services	
■ Consultation and education	
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Concepts for the Community Montal	
Concepts for the Community Mental Health Movement	
Concepts of the basic orientation for the community mental health movement:	
■ Primary prevention	
■ Secondary Prevention	
■ Tertiary Prevention	

Primary Prevention	
Therapeutic approaches such as infant stimulation	
and parenting education programs that aim to	
prevent mental illness or disorder before it OCCUrs. (Johnson)	
Reduction of the incidence of mental disorders	
within the population by helping individuals to cope more effectively with stress and by trying to	
diminish stressors within the environment.	·
(Townsend)	
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Secondary Prevention	
Health care that is directed at reduction of the prevalence of psychiatric illness by shortening	
the course (duration) of the illness. This	
accomplished through early identification of problems and prompt initiation of treatment.	
(Townsend)	
E.g., crisis intervention, counseling, hot lines, walk-in services, brief psychotherapy,	
hospitalization, psychoactive medication, etc.	
Continue Duncemation	
Fertiary Prevention	
herapeutic approaches such as halfway houses	
and residential placements that aim to reduce	
long-term disability from emotional disorder through a program of rehabilitation, after care,	
and re-socialization. (Johnson)	
ealth care that is directed toward reduction of the residual effects associated with severe or	
chronic physical or mental illness. (Townsend)	

Evolution of Community Mental Health Care ■ In the United States today, community mental health is the primary model of care for people with mental illness. ■ Components of the model include team care, case management, outreach, and prevention. ■ In most states the model is implemented through comprehensive community mental health centers (CMHCs), yet neither the model and its Cont. evolution of community mental health care components nor the CMHCs are refined processes and systems of care. ■ Rather, the model continues to evolve in this era of health care reform as the CMHCs react to societal, political, and fiscal pressures. (Johnson) Current and Future Perspectives in Mental Health Care Era of Managed Care ■ Managed care is an approach to the delivery of health services that emphasizes cost control and appropriate utilization of services to offset more costly treatments. ■ Managed care seeks to reduce hospital stays and increase community care, since care tends to cost more in hospitals than in community settings.

Cont. managed care	
■ Nurses conduct comprehensive client histories	
to determine health problems and interventions	
that improve quality of care and cost	
effectiveness.	
Health care services are lacking. Therefore	
health care reform is currently a major political, social, and economic issue.	
Social, and economic issue.	
Community Newsing Definitions	
Community Nursing Definitions	
■ Community-Oriented Nursing Practice	
■ Public Health Nursing Practice	
■ Community Health Nursing Practice	
■ Community-Based Nursing Practice	
• Community-Dased variing in active	
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Settings	
Community	
■ Community ■ Environment	
■ Environment ■ School	
Control of the Contro	
■ Industry ■ Church	
Prison	<u>. </u>
■ Playground	
■ Home	

Clients	
∎Individuals	
■ Families	
■Groups	
■ Populations	
■ Communities	
Interventions	
■ Disease Prevention	
■ Health Protection	
■ Health Maintenance	***************************************
■ Health Restoration	
■ Health Surveillance	
	Marie Company of the
Services	
■ Personal Health Services	
■ Populations/Aggregate Services	
■ Community Services	
(Stanhope and Lancaster, 2000)	
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Barriers to Care	- /			
■ Lack of insurance	11000000			
■ Lack of transportation ■ Eligibility criteria, which may require an	address			
■ Lack of knowledge of available services				
■ Stigma				
	1.20			
Nurses Role at the Community	'			
Mental Health Center				
■ Counselor ■ Educator	100 (100 (100 (100 (100 (100 (100 (100			
■ Educator Administrator				
■ Therapist				
■ Supporter	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
■ etc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,		
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Application of the Nursing Proc	ess to			
Community Mental Health				
■ Assessment and Nursing Diagnosis ■ Planning				
g				
■ Intervention				

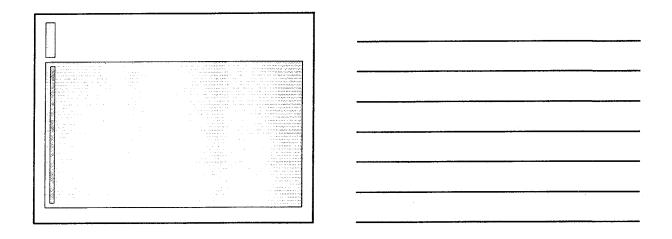
Assessment ■ Identify and describe the needs of the community ■ Assess various factors that influence and contribute to the mental health and mental disorders in the community ■ Identify and discuss barriers that prevent access to care for mentally ill people and measures to promote access to care Cont. assessment ■ Describe and discuss specific health care concerns of mentally ill people in the community ■ Identify support system ■ Assess sociocultural status Available relevant community resources ■ Transportation ■ Religious affiliation **Nursing Diagnosis** ■ The nurse analyzed the data gathered about the client's life situation and about the community and determines the level of need. ■ This analysis leads the nurse to identify diagnoses prompting the plan and the nursing intervention.

Planning ■ The nurse and other members of the treatment team carefully evaluate the client's needs and the community resources before beginning the planning process. ■ Planning takes into consideration the goals that the client, family, and significant others want to achieve. (realistic, attainable, short-term goals are imperative to facilitate successful treatment outcomes.) Intervention ■ Primary prevention Primary prevention aims to prevent illness or disorder before it occurs. e.g., counseling situational crisis bereavement etc. Cont. intervention ■ Secondary prevention Secondary prevention reduces prevalence through early case finding and prompt intervention. E.g., accessible treatment/medication referrals to appropriate services short-term hospitalization intensive outpatient treatment, etc.

Cont. intervention ■ Tertiary prevention Tertiary prevention aims to reduce long-term disability through rehabilitation, after care, and resocialization. e.g., assess stress level coping behaviors new patterns of adaptive behavior new coping skills, etc. Evaluation ■ Reduce symptomatology ■ Extent of adverse effects from treatment ■ Change in substance abuse patterns ■ Functioning and productivity ■ Psychiatric inpatient readmissions ■ Positive change as defined by consumers Cont. evaluation ■ Social integration ■ Living in housing of choice ■ Involvement in the criminal justice system ■ Report of increased respect and dignity

Assessing support system ■ Who are the important people to the client? ■ What are their relatives state of health or illness? ■ How involved are they able or willing to be? ■ What role(s) does the client serve for them? ■ What service, religious, and self-help groups are available? (Many people who are mentally ill, especially if they are chronically ill, live in isolation.) Living arrangements ■ In what type of dwelling does the client live? ■ Is there adequate plumbing, heating, refrigeration, and air circulation? ■ Can the client live without supervision? Are halfway houses, group homes, or adult homes with supervision if necessary? ■ How receptive is the community to people with mental illness? Transportation ■ How accessible is the agency to the client? ■ Are outreach services provided? ■ Are alternative means of transportation available? ■ Is reimbursement provided?

Summary ■ Community mental health services are designed to provide comprehensive, continuous care to populations who need them. ■ The aims of community mental health are health promotion, prevention of illness or disorder (primary prevention), limitation of disability (secondary prevention), and rehabilitation (tertiary prevention). Cont. summary ■ Mental health workers, professionals and paraprofessionals, are used in addition to psychiatrists to provide mental health care to individuals, families, and communities. ■ The shift in funding from federal to state and local levels has reduced mental health services and endangered the viability of community mental health. Cont. summary ■ The community mental health nurse applies the nursing process to provide comprehensive services to clients.



Reference

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Date	Event	Impact	
1946	Congress passes the National Mental Health Centers Act	National Institute of Mental Health created (NIMH)	
1955	Mental Health Study Act	Joint Commission on Mental Illness and Mental Health established	
1960	Report of Joint Commission of Mental Illness and Mental Health	Action for Mental Health published	
1963	Report on Mental Illness and Mental Retardation from the President to Congress	Community Mental Health Centers Act passes	
1975	Congress extends Community Mental Health Centers Act 29	Continued federal funding for building and staffing of Centers	
1977	General Accounting Report	Provides impetus for establishment of Community Support Program	
1978	President's Commission on Mental Health 31	Reports to President on status of Mental Health Services	
1981	Omnibus Reconciliation Act (Public Law 97- 35)	Shifts responsibility back to states Increased service variety in community Settings Development of health maintenance Organizations expanded	
1990s	Expended use of Medicaid and Medicare dollars Health Care Reform	Provides assistance to states in improving and Increasing the range of services	
1992	Congress established the Center for Mental Health Services (Public Law 102-321) Public Health Service report "Healthy People 2000: National Health Promotion and Disease Prevention Objectives"	Sets national priorities for the promotion of health and the prevention of disease	

Source: Johnson, 1997, p 882