

COMMUNITY MENTAL HEALTH NURSING-AN INNOVATION THROUGH FACULTY PRACTICE IN PAKISTAN

Gulnar Akber Ali, Nasreen S Lalani

ABSTRACT

The concept of community mental health prevention and promotion are vital components of integrated health care; however it is not very well established in most of the developing countries like Pakistan. Mental health nurses from a private university teaching hospital planned their mental health promotion activities through performing home visits in collaboration with a community based social welfare service in Karachi, Pakistan over the period nearly two years. The purpose of those 20 months visits was to promote clients mental wellbeing along with addressing their physiological needs by introducing the concept of early identification of health seeking behaviours and promoting Psychiatric rehabilitation in the identified families of the given population in Karachi. This paper recognizes the innovative and pioneering work in community mental health care promotion led by the mental health Nursing Team of Aga Khan University, in Pakistan. Also, this write up identifies the evolving role of a mental health nurse in Pakistan, principally in community setting, where not only early recognition but rehabilitating clients with mental health issue is still a big challenge. Thus, this article distinguishes an expanded role of a mental health nurse as a nursing counselor, family educator and human rights advocator in Pakistan.

Key words: Community mental health nursing, Innovation, Faculty practice, Psychiatric rehabilitation.

INTRODUCTION

As part of nursing faculty practice, at the Aga Khan University Hospital School of Nursing and Midwifery, Pakistan, several members of mental health interest group volunteered their services to a local social welfare organization. Over a year through certain community mental health developmental projects and multidisciplinary team effort, various case studies were identified with remarkable transformations. Such professional endeavor includes home visiting, teaching learning sessions and workshops on psycho-social issues and their prevention. The aim of all these community based activities was to promote health on holistic grounds particular with reference to clients and families with certain acute and chronic psychiatric problems. Such cases include supporting clients with the history of substance abuse, domestic violence, schizophrenia, self-harm depression and mental retardation. With the firm support of local community and social welfare organization, the nursing team successfully brought a significant difference in the quality of life of the identified sufferer and their entire family. Hence, this paper aims to recognize the innovative and pioneering work in community mental health care promotion led by the mental health Nurs-

ing Team of Aga Khan University, in Pakistan. Also, this write up identifies the evolving role of a mental health nurse in Pakistan, principally in community setting, where not only early recognition but rehabilitating clients with mental health issue is still a big challenge. Thus, this article distinguishes an expanded role of a mental health nurse as a nursing counselor, family educator and human rights advocator in Pakistan.

Background and Significance

The concept of community mental health prevention and promotion are vital components of integrated health care; however it is not very well established in most of the developing countries like Pakistan. Over the population of 160 million, the total number of psychiatrists is 300, with 125 psychiatric nurses, 480 mental health care psychologists and 600 mental health care social workers were reported in Pakistan¹. Moreover, it has been found that only 0.4% of the total cost estimation is being allocated towards mental health out of the total health budget of Pakistan². Hence, mental health nursing is a constant challenge in Pakistani context. The struggle in Pakistan continues because of mental health practitioners, stigma attached to psychiatric care, poor facilities, limited awareness, illiteracy <50%, concept about mental illness, alternate practitioners for mental health and low priority of government for mental health in the country². It's important to note that 10-16% of general population in Pakistan suffers from mild to moderate psychiatric illnesses in addition to the 1% suffering from severe mental illnesses as reported by WHO¹. Also, its vitally important to recognize that prevalence of anxiety and depressive disorders in Pakistan was 33%, more in fe-

Gulnar Akber Ali, Senior Instructor, Aga Khan University School of Nursing and Midwifery, Stadium Road, Karachi, Pakistan
E mail address: gulnar.ali@aku.edu

Nasreen S Lalani, Senior Instructor, Aga Khan University School of Nursing and Midwifery, Stadium Road, Karachi, Pakistan
E mail address: nasreen.sulaiman@aku.ed

Correspondence:
Gulnar Akber Ali

males, middle age, low level of education, those having difficulties with finances and relationship problems³. Hence, this evidence based practice identifies the effects of person specific health care strategies specifically via home visiting to counsel, advocate and involve all family members in certain healthy practices to promote personal wellbeing on holistic grounds. Also, the aim of this paper is to signify the Nurses' role in Psychiatric Rehabilitation as it a highly neglected area in mental health. Moreover, this paper identifies several nursing competencies required by a psychiatric nurse to perform a leadership role as counselor and advocator while performing home visiting and providing specialized consultation for rehabilitation.

METHODS

Mental health nurses from a private university teaching hospital planned their mental health promotion activities through performing home visits in collaboration with a community based social welfare service in Karachi, Pakistan over the period nearly two years. Certain local households were identified where both male and female including young children, adults, elderly and special need children were identified with acute and chronic mental health problems. This includes clients with the history of physical problems such as hypertension, stroke, diabetes, brain tumour, fractures, blindness and mongolism; and psychiatric illnesses like Mood disorders such as, anxiety and depression, bipolar affective disorder, and other problems such as domestic violence, substance abuse, dementia, and schizophrenia.

The purpose of those 20 months visits was to promote clients mental wellbeing along with addressing their physiological needs by introducing the concept of early identification of health seeking behaviours and promoting Psychiatric rehabilitation in the identified families of the given population in Karachi. The nurses' process was followed beginning with assessment, planning, interventions and evaluation. Psychosocial and behavioural therapies like group sessions, self-reflections, anger and stress management techniques, relaxation exercises, sports activities, colour therapy, music art and dance therapies were introduced to improve their socialization and promote self-concept. These interventions assisted the individuals and groups in promoting their mental health by enhancing their positive attitude, self-confidence, improving their problem solving and decision making abilities and satisfaction in their future life goals which is the core of psychiatric rehabilitation.

Empowering Interventions

Recent studies supports that psychiatric rehabilitation involves utilizing psychosocial interventions to assist persons with the illness to attain their highest level of independent functioning, strongest level of symptom control and greatest level of subjective life satisfaction⁴ which includes assertive community treatment, supported employment, illness management and recovery,

integrated treatment for co-occurring mental illness and substance abuse, family psycho education and medication management. The psychiatric rehabilitation philosophy is consistent with the goal of recovery⁵. Thus, this rehabilitation project attempts to mark the difference in mental health care and its measurable outcomes in terms of compliance, active participation and behavioural modification for a healthy lifestyle for the marginalized and socially isolated clients and stigmatized families in Karachi, Pakistan.

Following are some case studies for further details and care interventions practiced by the nurses in community.

Case Study 01

35 years old Amina, married, with two kids, five and three year old respectively. Ali, Amina's husband was a known case of drug addiction since last 05 years and got unemployed as well. During home visiting it was identified that Ali used to do all kind of marital and domestic violence on Amina. She had acquired hepatitis from her husband and now kids were at high risk of developing Hepatitis C. Hence, nurses arranged for a referral and the whole family was screened for Hepitis C. Formal and informal teaching on Hepatitis spread and control was also given to prevent the risk factors. Furthermore, at one instance, Amina stated, "...many a times, I do not have anything for breakfast or even for lunch and this makes me more depressed that how would I look after my young kids and raise family without any support." It was observed by the nurses that Amina was living in a one bedroom apartment, with one mattress, one cupboard and one old TV in her house. Upon visits, husband was seen to be lying on the mattress and watching the TV, whereas the kids were most of the time out of the house without slippers. Also, it was reported by Amina that she can't manage to go for circumcision for the kids as she can't afford to have that procedure done. Since her kids were grown up, the said procedure requires general anaesthesia and costs more money.

Nurses also found that Amina was suffering from multiple problems ranging from physical ill health to psychological pain as well. She was found confronting so many role conflicts at the same time. Due to low socio-economical condition, she was not only a victim of physical abuses but also along with her ill health, she was in a caregiving role to her family. Although some financial support was provided for her household and food expenses by the private welfare institution, however, nurses felt that we should make her independent as much as possible. Upon multiple visits, it was identified that she knew sewing but could not afford to buy as sewing machine. Therefore, she was provided a sewing machine from a community donor as an outcome of advocacy services by the nurses. Now Amina could be found much more at ease as she was before and is earning independently and is enabled to pay the instalment of the machine by herself. A vast change was observed in her and

her family after this intervention. Upon one of her recent visits, she reported that she feels self-efficacious, empowered and satisfied and her husband has also inspired from her hard work and has started working as an electrician at a local shop.

Thus, through certain psychosocial health teaching and referral interventions, remarkable changes were observed in Clients' physical and mental states by the nurses. Initially 10 out of 15 families were identified in crisis situation, struggling with the role transformation as a care provider to the chronically ill family member. Mostly women from all ages were identified highly affected by such added role along with other traditional household activities in social context of Pakistan. During home visit while providing counselling services to the sufferer and care givers it was identified that not only the reported client however, the women involved in care giving role are majorly suffering from depression and with low self-esteem problems. The following case studies identify the same below.

Case Study 02

This is another case study of a family where again it's the mother who has to take the responsibilities of her whole family, where husband is old, blind and bed bound and both her sons were mentally challenged, one with schizophrenia and other with bipolar disorders.

With regular visits, listening and providing the needed support in terms of health and finance, counseling and care, the family was able to manage for themselves. Both the sons were provided immediate psychiatric referrals, counseling sessions and occupational therapy assisted them to be independent to their optimum functioning status and were sent out to look for economic opportunities for themselves. With minimal support and ongoing reinforcements, both the sons managed to find a job in a factory on daily wages, while the employed was informed about their health status. The family was found to be functioning at a much higher level than before with such kind of intervention. Moreover, regular follow up visits were done with the family for monitoring the progress.

Case Study 03

Fatima, a 60 year old elderly lady, a retired nurse, living alone in a community provided one bedroom apartment. On our first visit, she appeared to be thin and skinny, suffering from MI and other respiratory complications. According to her, due to her household and siblings responsibilities, she never got married and remained the sole financial supporter of the family throughout her life. But now she was all alone, her own family had left her and nobody was willing to take care of her. They all felt that she was mentally challenged, can't control her anger and therefore, nobody wants her to be with them. Fatima, was managing with her illness and knew about her Medicare as she herself was a nurse. For covering up her financial and medical expenses, she had to go

door to door, institution to institution for her financial coverage and felt like a beggar. Upon interviewing, she cried and verbalized that:

"What is for me in the life? The whole life I struggled for my family and now everyone has left me for suffering. Every now and then community asks me to change my shelter and now I am fed up. Now my health does not allow me such frequent movements and I feel depressed. Please let me live or die. Nobody comes to me or greets me. I'm all alone..."

Loneliness and social isolation leading to spiritual distress were also identified as major underlying processes that had affected their physical and mental wellbeing of both sufferer and care giver. Nurses by providing integrated health prevention and promotion activities including counselling, individualized conflict resolution sessions, stress management activities and coping strategies tried to promote Client's wellbeing on holistic grounds. Various studies support that the efficacy of any therapeutic regimen is highly based on subjective experience to the healing response⁶. Also, several nursing researches have been done to understand the relationship between healing and consciousness^{7,8}. Wayne J⁹, while defining the relationship between health, illness, healing and consciousness explained that disease is an objectively measurable pathological condition of the body. On the contrary, illness is a feeling of not being normal and healthy and it may be due to a feeling of psychological or spiritual imbalance. Furthermore, he explains that healing is an emergent process of the whole system, and may or may not involve curing. In addition, this is physical, mental, social and spiritual processes of recovery, repair, renewal and transformation that increase wholeness. Hence, through various community mental health interventions, the nursing team aimed to bring meaningfulness and hope in affected individuals and families for their recovery and transformation as a whole.

CHALLENGES

Though the whole experience of working with families was intriguing, however was filled with multiple challenges. These challenges included limited manpower as it was entirely a voluntary activity, limited referral services to local General Practitioners, vocational centers, schools, psychiatric services available in the community. Moreover, the existing health model is inclined more towards the treatment and tertiary care whereas, the health prevention and promotion is given the least priority. Rehabilitation Centers are almost none existing in the country and is in its evolution phase. Sometimes, it became extremely stressful and frustrating for the nurses to take a decision as where to go from here, no way forwards could be stipulated. In those cases, sometimes, the nurses faced relapse in the families and had to reinvent the whole nursing process with the families. Moreover, nurses themselves were vulnerable, as they had to face multiple difficult and demanding situations while inter-

acting with the families. However, there was no mentoring or counseling facilitation for nourishing their own mental wellbeing

CONCLUSION

Being community Mental Health Nursing Educators, we strongly felt that home visits to promote mental health care is entirely a new concept in Pakistan which requires cultural acceptance, competency and institutional support to execute integrated care plans for both hospital and community setups. Community Mental health is an emerging field which requires professionals to work upon because, nurses play an instrumental role in psychiatric patients rehabilitation by changing health related behaviors, enhancing compliance for the disease management through building collaborative and therapeutic relationships and working with families and communities overall. However, it requires effective Implementation of an integrated Nursing curriculum on national level in both private and government nursing schools which can only be actualized if education institution have specialized Nursing faculties who can implement the concept of health prevention and promotion on holistic grounds. Moreover, access to community resources and facilities is vitally important to channelize effective collaboration among Healthcare Professionals at community level. In addition, it's important to acknowledge the role of primary health care providers both in trained and untrained capacities to plan need based training sessions as per the local identified needs.

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