

THE ROLE OF A PSYCHIATRY NURSE IN A FIRST PSYCHOTIC EPISODE

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Abstract

A first psychotic episode is an unexpected and generally horrifying experience for the patients and their relatives. The patient and the family find themselves in a strange and alien environment which they are not prepared for and because of this scary, chaotic period they may exhibit irrational behavior. In this acute phase the psychiatry nurse who is an important member of the healthcare team assumes a key role in means of providing the patient and the family with care, counsel and education. Any intervention and education implemented by the psychiatry nurse before the illness progress into a chronic state add to the chance of preventing the relapses and lessens the frequency of the hospitalization.

Keywords: *first episode; psychosis; psychiatry nursing*

1. Introduction

A first psychotic episode is an unexpected and generally horrifying experience for the patients and their relatives. The young patient finds himself as a member of a group in which he has never identified before, a group marked and isolated by others (1). For the family of the patient, rejection of the illness, despair, uncertainty about the future, guilt caused by illness, and uncertainty of how to act toward the patient are the most common observable attitudes. (2). In this acute phase the psychiatry nurse who is an important member of the healthcare team assumes a key role in means of providing the patient and the family with care, counsel and education.

2. A first Psychotic Episode and Psychiatry Nursing

Contemporary specialist psychiatry nurses work together with the individuals, the family and the society in order to evaluate psychological needs, to diagnose and to implement nursing care. Protection of mental health, screening and assessment, management of therapeutic environment, helping patients with care activities, case management, psychological education, crisis intervention, and counseling are the main roles for the psychiatry nurses (3,4).

Patients with impaired ability to evaluate reality, with severe psychotic symptoms and severe introvert patients with deteriorating self care abilities, need support and help for all their responsibilities (5). These needs are addressed by the psychiatry nurses by evaluating the patient along with the family and his or her environment (4).

In the treatment of the first psychotic episode the main focus is to get rid of the symptoms rapidly and without much effect to the patient's life (6). In the acute phase, the main objectives of the psychiatry nurse are to take care of the basic needs of the patients like ensuring the safety of patients and his /her environment, nourishment, sleep, personal care, to implement the medication and taking patient's history (4). During the first psychotic episode an accurate diagnosis is said to be more important than choosing a treatment method. Psychotic mood disorders and other psychotic disorders caused by different reasons like substance abuse can be easily confused with schizophrenia (1,6). In this early stage a psychiatry nurse has a very important role in taking an accurate history of the patient. At the same time, it is stated that psychosocial treatments for the patients and education for the patient and the family are at least as important as medication. It is observed that in the psychotic disorders, early stages of the illness are the most appropriate time for the early interventions that affect the long term course of the disease (7,8).

Studies show that in the treatment of mental disorders, treatments that exclude the family are insufficient (2,9). Identification of the difficulties of the patient's family as well as the difficulties of the patient and providing support are the main purpose of the psychiatry nurse. When caregivers feel supported, they can deal more easily with the problems which are created by the patients or with the problems that they think are created by the patients. Only working with patients without providing family support, produce limited results (10).

Various methods can be used by the psychiatry nurse when approaching patients and their families. These include home visits, meeting with the families of the hospitalized patients, individual family meetings, family therapy and family education. Among the psychosocial treatments one of the methods that can be used by the psychiatry nurse is psychoeducation (3). Psychoeducation is an educational program for patients and their families that focus on the disease etiology, clinical features, treatment, and outcome of the illness and the transfer of contemporary knowledge and experience (7). When encountered first time with the illness, the health education needs of the patient and the family are very important because it affects the long term course of the illness. Studies indicate that most patients and their relatives need health education on the subjects about general information about the illness, recognizing the signs of illness and coping with these symptoms, communication and social relations (7,8,11). Early interventions by way of education at the first stage of the illness are very effective at changing the variables that affect the prognosis of the illness. The level of expression of emotions, interaction between family members and the role of the patient in the family are some of the examples of these variables (12,13).

The goals of psychoeducation for the patient and the family are: to decrease the relapse, to improve patient functionality, to improve family functionality, to ensure compliance with co-operation and treatment. With psychoeducation family members can recognize the early symptoms of the illness, they can form a treatment plan and implement it, and also they can regulate family interaction (14).

The most appropriate time to take the family into psychoeducational family gatherings is reported to be the acute phase of the illness. When the patient's condition is serious families are more motivated to build relationships, to continue relationships, gather information, search trust and ask questions. It is easier to solve the problems if the education of patient and the family includes: definition of the illness, causes of the illness, treatment options, specifics of the medication, communication and relation building skills, coping methods and stress management and support systems (8,12). The psychiatry nurse should be aware of the fact that faster and more positive response to treatment in the first period of the illness is important and act accordingly. It is possible that the patient may fail to continue his/her medication properly or stop it altogether. It is especially important that the

patient and the family should be informed about the duration of the drug treatment (7).

Studies show that families who receive education better accept the illness, provide social support for the patient, and they are more in harmony with the patient. As a result, hospitalization frequency and duration lessens (15,16).

3. Conclusion

A first psychotic episode is a serious crisis for the patient and the family (1.11). In the psychotic disorders loss of mental faculties generally occurs and it extensively affects in material and moral ways not only the patient but the family too (17). It is obvious that any intervention at the early stages of the illness without the illness getting chronic affects the course of the illness. Any explanation coming from the psychiatry nurse may have life-changing consequences for the patient. Implementation of intervention and education by the psychiatry nurse in this stage, where the chance of success for treatment is maximal, are very important at preventing the relapses and lessening the frequency of the hospitalization.

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