

**COURSE DATA****Data Subject**

Code	34384
Name	Psychiatric nursing and mental health
Cycle	Grade
ECTS Credits	4.5
Academic year	2019 - 2020

Study (s)

Degree	Center	Acad. year	Period
1200 - Degree in Nursing	Faculty of Nursing and Chiropody	3	Other cases
1213 - Degree in Nursing (Ontinyent)	Faculty of Nursing and Chiropody	3	Annual

Subject-matter

Degree	Subject-matter	Character
1200 - Degree in Nursing	17 - Nursing in mental health	Obligatory
1213 - Degree in Nursing (Ontinyent)	17 - Enfermería en salud mental	Obligatory

Coordination

Name	Department
SANCHEZ MARTINEZ, VANESSA	125 - Nursing

SUMMARY

The psychiatric and mental health nursing is the branch of nursing that deals with the study of altered responses presented by the person, family and / or society as a result of real or potential psychological disorders and its configuration as psychiatric illnesses.

The psychiatric and mental health nursing is strongly related to three other areas of knowledge: nursing methodology, psychology and psychiatry.



Nursing methodology focuses on the detection of altered human responses and care planning for the person, family and society with real or potential health problems that may arise, preventing disease and promoting and maintaining health. We consider this area is a central area of knowledge to offer students the basis of the organized and structured care planning, centered on a conceptual framework.

Psychology is based on the knowledge of the individual, their vision of the world around them, how they perceive the environment and its ability to interact with it; the symptoms and signs that constitute psychiatric disorders, are precisely changes of the considered healthy psychological processes.

Psychiatric knowledge is the basis of the subject, so our program has been set taking into account a number of aspects: the different manifestations of psychiatric disorders (severe and less severe), their taxonomic classification according to DSM-V, altered responses, control, monitoring and evaluation of side effects of each type of treatment, maintenance of health status, etc.

Different psychiatric disorders generate different responses of the individual and family, so we consider essential to learn about the management of these disorders.

It is imperative at the same time, to link this area of knowledge with other areas such as neurology, so that students know the biological causes that produce psychiatric disorders, geriatrics due to disorders that are generated in the process of aging, community health care for the framework of community-based psychiatry requires the creation and use of community social resources, and other.

The vision proposed for the course is structured in five levels:

1. The concepts of “difference, otherness, stigma, marginalization” and its impact not only in the illness process but also in the recovery period, maintenance of health and social reintegration of the person.
2. Prevention and health promotion, highlighting the risk factors, biological, psychological and social basis, the difficulty of conceptualizing health and mental illness, and other.
3. Knowledge of psychopathology and psychological disorders and their impact on responses and functional patterns of individuals and families dealing with the differences that may occur in gender and ages of life. Conditions that we treat at this level are: Perception, thought, conscience, memory, attention and guidance. The skills taught in these areas were linked as a continuation of the same areas that have been taught in Psychology (1st Grade year), which will continue the process of health to illness as a continuum. Alterations in communication and behavior would be proposed for the subject Psychology, as being the subject in 1st year encourages the understanding and management by the student on the less assertive behavior of the individual.
4. Knowledge and management of individuals with severe mental and less severe disorders following the proposed taxonomic DSM-V, its impact on the family and the detection and influence of altered responses in terms of pathology.



5. Health care proposals: community psychiatry and its alternatives (inpatient acute care, day hospitals, home care, medium-stay hospitalization and others). The continuity of care by the nurse in the field.

PREVIOUS KNOWLEDGE

Relationship to other subjects of the same degree

There are no specified enrollment restrictions with other subjects of the curriculum.

Other requirements

OUTCOMES

1200 - Degree in Nursing

- Be able to provide comprehensive and professional nursing care that is appropriate to the health needs of the person, family and community being cared of, from the recognition of the citizens' right to health, and in accordance with the current state of development of scientific knowledge and with the quality and safety standards established in applicable legal and deontological regulations.
- Understand a person's interactive behaviour based on gender, group or community, within their social and multicultural context.
- Understand people, considering them from a holistic perspective as autonomous and independent beings, act without prejudice, ensure respect for their opinions, beliefs and values and guarantee their right to privacy through professional secrecy and confidentiality.
- Know and apply the theoretical and methodological foundations and principles of nursing, for the promotion and protection of health, the prevention of illness and the comprehensive care of people, in order to improve the quality of life of the population.
- Base nursing interventions on scientific evidence and available means.
- Plan and provide nursing care for individuals, families or groups, focusing on health results and evaluating its impact, using guides to clinical practice and care that set out the processes involved in the diagnosis, treatment or care of a health problem.
- Design care systems for individuals, families or groups, focusing on health results, evaluating their impact and implementing appropriate changes.
- Encourage and respect the patient's right to be involved, informed and independent when decisions are taken, in accordance with their experience of the process of health, illness and death.
- Promote healthy lifestyles that encourage self-care among individuals, families and communities.
- Know and apply communication techniques and tools from a non-sexist perspective, both in interpersonal relationships and in group dynamics.



- Know the most relevant mental health problems in the different stages of the life cycle, providing comprehensive and effective care in the field of nursing, applying gender analysis.
- Bachelor's thesis. Cross-disciplinary subject area involving work related to different subjects.

LEARNING OUTCOMES

The Student will be able to:

- Detect at an early stage mental Health problems
- Differentiate signs and symptoms that configurate the diferent illnesses
- Detect and to manage the altered funcional health patterns in people with mental Health problems
- Manage family behaviours that contribute to maintain the illness
- Know the services network in the community and those necessary for social reintegration and reinsertion.

DESCRIPTION OF CONTENTS

1. Social consequences of mental disorders

Dimension: A look to the real life of the person with a mental disorder. General concepts

Lesson 1. Difference. Stigma and margination.

2. Knowledge of the consequences of psychological disorders as altered human responses

Dimension: Psychopathology. Signs and symptoms of the mental disorders.

Altered human responses consequence of those disorders

Lesson 2. From psychology to psychopathology. Perception disorders. Altered human responses.

Lesson 3. Thought disorders. Altered human responses.

Lesson 4. Conscience disorders. Altered human responses.

Lesson 5. Memory disorders. Altered human responses.

Lesson 6. Attention and orientation disorders. Altered human responses.

3. Knowledge of the consequences of the psychiatric disorders as altered human responses

Dimension: Psichiatria. Psychiatric disorders. Specific care planning.

Lesson 7. Biological, psychological and social explanations.

Lesson 8. Concepts of mental health and mental illness.

Lesson 9. Psychiatric disorders in childhood

Lesson 10. Psychiatric disorders in teenagers.

Lesson 11. Psychiatric disorders in the elderly.

Lesson 12. Schizophrenia

Lesson 13. Affective disorders: depression and mania.

Lesson 14. Anxiety disorders: Panic attack, Somatomorphm and Dissociative disorders.

Lesson 15. Phobia and obsessive disorders.



Lesson 16. Alimentary behaviour disorders: Anorexia and bulimia

Lesson 17. Personality disorders

Lesson 18. Sexual disorders.

Lesson 19. Illness behaviour

Lesson 20. Suicide behaviour.

Lesson 21. Gender and psychiatry.

Lesson 22. Addictive behaviour

4. Community psychiatry

Dimension Different health care proposals. Hospital and community care. Health maintenance.

Lesson 23. Different modalities of psychiatric hospitalization.

Lesson 24. Community Psychiatric nursing.

Lesson 25. Rehabilitation and social reintegration.

WORKLOAD

ACTIVITY	Hours	% To be attended
Theory classes	59,50	100
Classroom practices	6,00	100
Tutorials	2,00	100
Development of group work	5,00	0
Study and independent work	26,00	0
Readings supplementary material	5,00	0
Preparation of evaluation activities	6,00	0
Resolution of online questionnaires	3,00	0
TOTAL	112,50	

TEACHING METHODOLOGY

Different methodologies are combined: master classes, videos, role-playings, work with real clinical histories and online work.

EVALUATION

The final calification will be divided into two parts:

1. 3 self-evaluations via Aula virtual (30%), counting up to 10% each (20 questions with 4 options)
2. A final evaluation (70%):



- Among 40 and 60 Tets questions with four alternative answers (4 to 6 points). Incorrect and non-responded answers will subtract correct answers (for every 3 incorrect, 1 correct less, for every 5 non-answered, 1 correct).
- Among 2 and 4 short development questions (half a sheet of paper). Among 2 and 4 points.

REFERENCES

Basic

- - Fornés J. Enfermería de salud mental y psiquiátrica, Planes de cuidados. Madrid: Panamericana, 2005.
- Vallejo J, Leal C. Tratado de psiquiatría (2 volúmenes). Barcelona: Ars Médica. 2005.
- Stuart, GW. Enfermería psiquiátrica: principios y práctica. Madrid: Elsevier, 2006.
- Shives LR. Enfermería psiquiátrica y de salud mental, conceptos básicos. Madrid: McGrawHill, 2005.
- Vallejo Ruiloba J. Introducción a la Psicopatología y a la Psiquiatría. Barcelona Masson 2012.
- Fornés J. Enfermería de salud mental y psiquiátrica. Valoración y cuidados. Editorial Médica Panamericana: Madrid, 2012.
- American Psychiatric Association. DSM-5 : manual diagnóstico y estadístico de los trastornos mentales. Texto revisado. Barcelona: Masson, 2014.
- Eby L, Brown NJ. Cuidados de enfermería en salud mental. 2ª Ed. Madrid: Prentice Hall; 2010.
- Galiana, JL. Enfermería Psiquiátrica. Madrid: Elsevier, 2016.
- Granada JM. Manual de enfermería psiquiátrica. Madrid: Editorial Glosa, 2009.
- Isaacs I. Enfermería de Salud Mental. Interamericana. Madrid McGraw Hill. 2001

Additional

- - Ackerknecht EH. Breve historia de la psiquiatría. Valencia: Seminari d'Estudis sobre la Ciència, 1993.
- Fornés J, Carballal MC. Enfermería de salud mental y psiquiátrica: Guía práctica de valoración. Editorial Médica Panamericana, 2001.
- Aranza JR. Guía práctica de farmacología del sistema nervioso central 2011. Gumbau Relaciones Gráficas: Barcelona, 2011.
- Salazar M, Peralta C, Pastor J. Tratado de psicofarmacología: bases y aplicación clínica. Editorial Médica Panamericana: Madrid, 2005.

ADDENDUM COVID-19

This addendum will only be activated if the health situation requires so and with the prior agreement of the Governing Council



1. Continguts / Contenidos

Es mantenen els continguts previstos / Se mantienen los contenidos previstos.

2. Volum de treball i planificació temporal de la docència

2. Volumen de trabajo y planificación temporal de la docencia

No canvia el volum de treball descrit en la Guia original, ni l'horari de les activitats presencials. Es manté l'horari de les sessions, donant flexibilitat per l'entrega de treballs, afavorint que persones que no es puguin connectar al moment, entreguen les tasques més avant (unes hores després). / No cambia el volumen de trabajo previsto en la Guía docente original, ni el horario de las actividades presenciales. Se mantiene el horario de las sesiones, dando flexibilidad a las personas que no han podido conectarse en el momento, para entregar las tareas más adelante (horas después).

3. Metodología docente

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La metodologia docent s'adapta a les possibilitats no presencials actuals: la classe teòrica presencial es substitueix per presentacions de diapositives locutades d'una durada aproximada d'una hora, amb un fòrum d'una hora posterior per plantejar i resoldre dubtes. Les sessions practiques de treball en grup es realitzen a través de sessions virtuals emprant Blackboard collaborate. / La metodología docente se adapta a las posibilidades no presenciales actuales: la clase presencial se sustituye por presentaciones de diapositivas locutadas, de una hora aproximada de duración, con un foro de una hora de duración posterior para presentar y resolver dudas. Las clases prácticas de trabajo en grupo se realizan a través de sesiones virtuales empleando de Blackboard collaborate.



4. Avaluació

4. Evaluación

Les activitats realitzades a les pràctiques obligatòries de l'assignatura es consideraran avaluació continua i seran puntuables, fins el 30% de la nota final. La prova final representarà fins el 70% de la nota final de la assignatura en ambdues convocatòries.

La prova final de primera convocatòria tindrà dues parts, amb pes repartit al 50%:

- Part 1: preguntes tipus test, amb 25 preguntes de quatre alternatives, amb penalització d'errors i limitació de temps.
- Part 2: Desenvolupament d'un cas / problema. Es presentarà un cas clínic sobre el que es realitzaran preguntes transversals sobre la matèria apresa en l'assignatura.

Prova final de segona convocatòria. 100% de la prova final en forma de desenvolupament d'un cas o problema. //Las actividades realizadas en las prácticas de la asignatura se considerarán evaluación continua y serán puntuables, hasta un 30% de la nota final. La prueba final representará hasta el 70% de la calificación final de la asignatura en ambas convocatorias.

La prueba final de primera convocatoria tendrá dos partes con un peso repartido al 50%:

- Parte 1: preguntas tipo test, con 25 preguntas de cuatro alternativas, con penalización de errores y limitación de tiempo.
- Parte 2: Desarrollo de un caso / problema. Se presentará un caso clínico sobre el que se realizarán preguntas transversales sobre la materia aprendida en la asignatura.

Prueba final de segunda convocatoria. 100% en forma de desarrollo de un caso o problema.

5. Bibliografia

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Es manté la bibliografia recomanada. / Se mantiene la bibliografía recomendada.