Community-based Curriculum in Psychiatric Nursing Science

Abstract

As community-based health care delivery is now a prominent feature of the health care system in South Africa, nursing curricula are being challenged to prepare student nurses for community-based nursing roles and responsibilities.

The purpose of this study was to describe guidelines for a community-based curriculum in psychiatric nursing science for a nursing college in KwaZulu-Natal. A qualitative, quantitative, exploratory, descriptive and contextual design was employed. To reach the purpose of the study, a situational analysis was done in three phases to identify the principles for a community-based curriculum for psychiatric nursing science.

Phase I: A document analysis of relevant government policies and legislation.
Phase II: Statistics from psychiatric hospitals and community psychiatric clinics.
Phase III: Focus group interviews with nurse educators and literature control and conceptual framework.

The principles obtained from the three phases were used to formulate the guidelines for a community-based curriculum in psychiatric nursing science (Phase IV). Eight guidelines with practical implications are described for the implementation of a Community-based curriculum in Psychiatric Nursing Science.

Introduction and Problem Statement

Current and future changes within the health care system require reformation in the education and development of professional nurses. As community-based health care delivery becomes an increasingly prominent feature of the health care system, nursing curricula are being challenged to prepare student nurses for community-based nursing roles and responsibilities in an ever-changing health care environment (Bellack, 1998:99). The move to a community-based curriculum will play an important part in shaping the future of the nursing profession (Lowis, 1992:368). With regards to the psychiatric services, a systematic deinstitutionalisation of psychiatric inpatients is occurring and most are being sent home to families, relatives or hostels. Health care providers have already witnessed a drastic change in hospital admissions and length of stay, as well as the proliferation of community clinics.
and home care services. It is predicted that in future the vast majority of nurses will be working in community settings (Kuennen & Moss, 1995:387).

According to Uys (1999:30) there are approximately 4 500 psychiatric patient beds in institutions in KwaZulu-Natal, whilst approximately 55 000 patients receive follow-up care in the community. With most patients being in the community, it would be necessary for the psychiatric nursing science curriculum to be community-based. This is the reality of the situation in KwaZulu-Natal. The paradigm shift in psychiatric nursing science in KwaZulu-Natal is to provide a curriculum that meets the mental health needs and problems of the community.

Internationally, there also seems to be a nursing education curriculum revolution with a paradigm shift (Rentschler & Spegman, 1996:389). The psychiatric nursing science curriculum needs to be community-based in order to be compatible with the new realities of the situation, that is most psychiatric patients are in the community and therefore the learning experiences of the student psychiatric nurses should be in community-based settings (Bellack, 1998:99).

From the above introduction and problem statement the following research question applies, namely: What are the principles of mental health care to be included in the guidelines for a community-based curriculum in psychiatric nursing science for a nursing college in KwaZulu-Natal?

**Purpose Of Study**

The purpose of the study is to describe guidelines for a community-based curriculum in psychiatric nursing science for a nursing college in KwaZulu-Natal. The guidelines described in Phase IV, will be based on the principles obtained from Phases I, II and III. To reach this purpose, a situational analysis will be done to obtain the principles for a community-based curriculum by:

- Conducting a document analysis of relevant government policies and legislation (Phase I).
- Collecting the statistics of psychiatric diagnoses of patients admitted to a psychiatric hospital admission unit and two community psychiatric clinics in the year 1996 (Phase II).
- Conducting focus group interviews with psychiatric nurse educators. From the findings of the focus group interviews, a literature control and conceptual framework were done (Phase III).

The principles of Phase I, II and III resulted in Phase IV, which forms the guidelines for a community-based curriculum in psychiatric nursing science for a nursing college in KwaZulu-Natal.

**Definition Of Central Concepts**

**Psychiatric nursing science**

Psychiatric nursing science is a human clinical health science based on a variety of theoretical frameworks with emphasis on the psychosocial and biophysical sciences. It constitutes knowledge regarding the promotion of mental health and the primary-, secondary- and tertiary prevention of mental illness (SANC, 1993:151) (Wilson & Kneisl, 1996:32; Stuart & Sundeen, 1995:8).

**Community-based curriculum**

A community-based curriculum is a means of achieving educational relevance to the community's health needs, in this instance, mental health needs of the community. It focuses on the health needs of individuals, families and groups in the community. It consists of an appropriate number of learning activities in a balanced variety of settings in the community, including rural and urban areas. The distribution of community-based learning activities throughout the duration of the curriculum is an essential characteristic of a community-based curriculum (WHO, 1987:8).

**Research Design**

It is a design using qualitative, quantitative, exploratory, descriptive and contextual strategies. The research was conducted in four phases. Phases I, III and IV were qualitative and Phase II was quantitative.

Phase I: Relevant government policies and legislation that influence mental health care


Data analysis constituted a document analysis to identify the principles that will be used for the guidelines for a community-based curriculum in psychiatric nursing science.

Phase II: Statistics from the psychiatric hospital admission unit and community psychiatric clinics

A non-probability sampling method was used where the first 100 patients' documents from an admission unit of a psychiatric hospital and the first 100 patients' documents from two community psychiatric clinics were used. Therefore a total of 300 patients' documents were used and 300 diagnoses were obtained. The sample was chosen according to a theoretical sampling principle (Polit & Hungler, 1997:237).

The diagnoses were tabulated according to the categories of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). Once the name, namely the psychiatric diagnoses have been summarised in a frequency distribution, comparisons were made of the specific categories according to the DSM IV categories. The simple descriptive statistics used were percentages.

Phase III: Focus group interviews and literature control

Phase III was conducted in two parts, namely: In part 1, focus group interviews were conducted with psychiatric nurse educators. After the analysis of the data from the focus group interview, a literature control and conceptual framework were described.

The accessible population of psychiatric nurse educators (n=6) was used for the focus group interviews. The eligibility criteria were that the psychiatric nurse educators have taught psychiatric nursing science over the last two years and were presently teaching the subject.

Focus group interviews (Krueger, 1994:06) were conducted with the psychiatric nurse educators. It was an agenda focus group with clear questions (Krueger, 1994:63). The curriculum process was used as framework for the questions during the focus group interviews and entailed their viewpoints of a community-based curriculum in psychiatric nursing science, the philosophy, the outcomes or overall objectives, the learning content, the learning experiences such as method, media, strategies, resources and assessment. The interviews were tape recorded and transcribed verbatim.

Data analysis was done according to the Huberman and Miles approach (in De Vos, 1998:340). The conceptual framework of the curriculum process was used as categories for the data analysis. To ensure trustworthiness, the researcher, as well as two external independent cod-
The psychiatric diagnoses, in order of prevalence are Schizophrenia, and other psychotic disorders; mood disorders, especially depression; disorders of infancy, childhood and adolescence; substance related disorders; anxiety disorders; delirium, dementia and other amnestic disorders; personality disorders; somatoform disorders and lastly malingermg.

Findings Of Phase iii:
Findings of Focus Group Interviews and Literature Control and Conceptual Framework
Based on the agenda of the focus groups the following categories were identified, namely
- Community-based curriculum
- Philosophy
- Outcome-based curriculum
- Learning content
- Learning experience
- Assessment or evaluation

The conceptual framework for the study is described in figure 1. The following are the salient points or principles for the community-based curriculum for psychiatric nursing science from Phase iii of the research.

Community-based curriculum
A community-based curriculum focuses on educating student psychiatric nurses to meet the mental health needs and problems of the community (WHO, 1987:8). A community is within a hospital and outside the hospital. A community is made up of people who interact by sharing their political-, social-, economic-, cultural- and mental health interests and aspirations. An assessment of the community’s mental health needs and problems starts with assessment of individuals and families who make up the community. Research should be done in the form of statistics of psychiatric diagnoses at psychiatric hospitals and clinics in order to establish the prevalence of mental conditions, which in turn will reveal the mental health needs and problems. Community involvement is
Table 1: Statistics Of Diagnosis
(Adapted From Diagnostic And Statistical Manual Of Mental Disorders-fourth Edition)
AND Kaplan & Sadock (1994 : 309)

<table>
<thead>
<tr>
<th>DIAGNOSTIC CATEGORY</th>
<th>TOTAL NUMBERS</th>
<th>TOTAL OF THE ROW</th>
<th>PERCENTAGE</th>
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</thead>
<tbody>
<tr>
<td>Disorders usually diagnosed in infancy,</td>
<td></td>
<td></td>
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<tr>
<td>Childhood or adolescence</td>
<td>39</td>
<td>49</td>
<td>16,33%</td>
</tr>
<tr>
<td>- MENTAL RETARDATION</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- ATTENTION DEFICIT AND BEHAVIOUR DISORDER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delirium, Dementia and Amnesia and other Cognitive Disorders</td>
<td>14</td>
<td></td>
<td>4,60%</td>
</tr>
<tr>
<td>- DEMENTIA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Related Disorders</td>
<td>8</td>
<td>30</td>
<td>10,33%</td>
</tr>
<tr>
<td>- ALCOHOL RELATED DISORDERS</td>
<td>3</td>
<td></td>
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<tr>
<td>- AMPHETAMINE RELATED DISORDERS</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- CANNABIS RELATED DISORDERS</td>
<td>6</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>- POLYSUBSTANCE RELATED DISORDERS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia and other Psychotic Disorders</td>
<td>54</td>
<td>86</td>
<td>28,60%</td>
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<tr>
<td>- SCHIZOPHRENIA</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- SCHIZOPHRENIFORM DISORDER</td>
<td>9</td>
<td>86</td>
<td></td>
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<tr>
<td>- SCHIZO AFFECTIVE DISORDER</td>
<td>7</td>
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<td>- DELUSIONAL DISORDER</td>
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<td>86</td>
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<td>- BRIEF PSYCHOTIC DISORDER</td>
<td>8</td>
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<tr>
<td>Mood Disorders</td>
<td>63</td>
<td>82</td>
<td>27,33%</td>
</tr>
<tr>
<td>- DEPRESSIVE DISORDERS</td>
<td>19</td>
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<td></td>
</tr>
<tr>
<td>- BIPOLAR DISORDERS</td>
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<td>Anxiety Disorders</td>
<td>8</td>
<td>23</td>
<td>7,6%</td>
</tr>
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<td>- PANIC DISORDER</td>
<td>2</td>
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<tr>
<td>- SOCIAL PHOBIA</td>
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<td></td>
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<tr>
<td>- OBSESSIVE COMPULSIVE DISORDER</td>
<td></td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>- POST TRAUMATIC STRESS DISORDER</td>
<td>8</td>
<td></td>
<td></td>
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<tr>
<td>Somatoform Disorder</td>
<td>2</td>
<td></td>
<td>0,6%</td>
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<tr>
<td>- CONVERSION DISORDER</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>Personality Disorders</td>
<td>2</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>- ANTI-SOCIAL PERSONALITY DISORDER</td>
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<td></td>
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<tr>
<td>- BORDERLINE PERSONALITY DISORDER</td>
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<tr>
<td>- HISTRIONIC PERSONALITY DISORDER</td>
<td></td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Additional conditions that may be the focus of clinical attention</td>
<td>8</td>
<td></td>
<td>2,6%</td>
</tr>
<tr>
<td>- MALINGERING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>300</td>
<td></td>
<td>99,99%</td>
</tr>
</tbody>
</table>
necessary for the success of the curriculum because the community can participate in epidemiological studies for identifying mental health needs and problems and assist in the practical aspects. Close collaboration is needed with leaders, community representatives or community members. The nurse educator should develop a relationship of trust with the community. Negotiation skills are very important for community entry and involvement. Informing the community psychiatric nurse, governmental departments and non-governmental departments and voluntary groups in the community about the psychiatric nursing curriculum. Requesting their assistance and involvement for community entry and practical aspects. Community involvement is enhanced if there is positive visible influence by the student psychiatric nurse in the mental health care of the community. Clinical accompanying by the psychiatric tutors, who can give guidance to students on how to handle patients with problems (Mellish, 1998:100).

Continuity of community involvement can be ensured by the community psychiatric clinic staff, incoming new students or continuing with the planned programmes. The community psychiatric nurse is the key person for entry into the community mental health arena. The student psychiatric nurse must be culturally sensitive to the community’s values, beliefs and practices in order to obtain and maintain community participation (Snadden & Mowat, 1995:298).

Philosophy
The philosophy is the first stage of the community-based curriculum process. The philosophy should be holistic and it should incorporate the philosophy of the South African Nursing Council. The philosophy of the nursing college that will be conducting the curriculum must be included. The philosophy should be sensitive to the philosophy of the community it is to serve. The attitude of nurses should be facilitative, that is helpful, caring and apply advocacy towards the mentally ill. They should embrace the adult learning principles. The philosophy should have a constructivistic philosophical perspective where the learner experiences deep-holistic life-long learning, and is an active constructor of her own knowledge. This learning brings about a conceptual change (Mashaba & Brink, 1994:7). The philosophy should reflect the mental health needs and problems of the community.

Outcomes-based curriculum
The community-based curriculum in psychiatric nursing science should be an outcomes-based curriculum in keeping with requirements of the South African Qualifications Authority. Emphasis is on what the student knows and can do at the end of the learning programme. Attention needs to be given to critical outcomes as this is mandatory. Learning outcomes are the results of the learning process and refer to knowledge, skills, attitudes and values the student is expected to acquire in a given learning area.

Specific outcomes are essential and refer to knowledge and understanding and should be displayed in the particular context of psychiatric nursing science. The outcomes-based curriculum must be congruent with the philosophy of the community, that is their culture, values, beliefs, the philosophy of the Nursing Council, the nursing college, the discipline of psychiatric nursing science and the nurse’s own philosophy. The outcomes-based curriculum should focus more on community-based care than institutional care. The outcomes-based curriculum must have a competency-based approach, whereby there will be competence in theory and practice.

Learning content
The learning content should be on the knowledge, skills, attitudes and values required for a community-based curriculum in psychiatric nursing science. The SANC Regulation 425 requirements for subject content in psychiatric nursing science is mandatory to be included, that is the aetiology, pathology, clinical presentation, diagnostic investigations, diagnosis, prevention, treatment, prognosis and rehabilitation of prevalent psychiatric conditions. The learning content must be outcomes-based in keeping with the outcomes based curriculum. The learning content is important but not over-emphasised. The learning content should include knowledge, skills, attitudes and values in the: Nursing process, psychopathology, terminology, mental health, mental health legislation and policies, primary health care aspects, problem solving and crisis intervention (Klopper, 1994:16).

Learning experiences
Learning experiences are in the classroom and at the community-based sites. Learning experiences assist students to meet specific outcomes. Teaching strategies are a broad plan of action to achieve learning outcomes. The deductive strategy is important where students’ active participation is required. Co-operative learning strategy is used where group work is essential. Problem-based learning is where a student utilises a problem as a stimulus to discover a solution. Facilitation on behalf of the nurse educator makes it easier for students to participate.

Mentoring provides educational and personal support to the student throughout the period of practical placement. Preceptorship of students enhances their learning in clinical settings.

Lectures, simulations, role-plays and videos are used in the classroom. Epidemiological studies are important to identify mental health problems. Case studies are important for developing psychiatric nursing skills in assessment and planning of care for specific patients.

Workbooks, projects and assignments are valuable when students are allocated to community-based practical sites. Resources are the community-based sites such as the community psychiatric clinics, patients’ homes, work places, sheltered workshops, governmental organisations, non-governmental organisations, such as mental health societies, voluntary organisations, such as Life Line and self-help groups, such as Alcoholic Anonymous.

Assessment (evaluation)
Assessment will be by means of continuous assessments. Assessment will be done regarding psychiatric knowledge, skills, attitudes and values. Theoretical assessment will be done in the class and practical assessments at community-based sites.

Assessment will be of the specific outcomes. Assessment will be of diagnostic assessments, formative assessments and summative assessments. Assessments will be made of pre-tests, standardised tests, questionnaires, observations, discussions, readings, checking, questions and answers, assignments, portfolio assessments, clinical performances, interviews, examinations, projects, student feedback, simulations, case studies, research, essays, debates and demonstrations.

Conclusion and Guidelines
The findings of Phases I, II and III resulted in Phase IV, which constitutes the guidelines for a community-based curriculum in psychiatric nursing science.

Guideline 1
A community-based curriculum should reflect the mental health needs and problems of the community.
Guideline 2
The philosophy of a community-based curriculum in psychiatric nursing science must be made up of various other relevant philosophies (holistic).

Operationalisation
To operationalise this guideline the following action should be implemented:
- The philosophy should be similar to the South African Nursing Council’s philosophy as stated in Regulation 425.
- The philosophy must also be similar to that of the nursing college where the curriculum conducts the curriculum.
- There must be sensitivity to the philosophy of the community the nurse is to serve.
- The nurse’s attitude should reflect facilitation, that is one of caring, helpfulness and advocacy.
- The philosophy should embrace the adult learning principles, ensuring active, constructivistic, deep-holistic, life-long learning.
- The philosophy should reflect the mental health needs and problems of the community.

Guideline 3
The community-based curriculum in psychiatric nursing science should be an outcomes-based curriculum.

Operationalisation
To operationalise this guideline, the following action should be implemented:
- The community-based curriculum must be an outcomes-based curriculum. This can be achieved by:
  - Following the guidelines of the national qualification framework of the South African Qualifications Authority.
  - Forming critical outcomes and unit standards in psychiatric nursing science are mandatory.
  - Forming learning outcomes in knowledge, skills, attitudes and values in psychiatric nursing science.
  - Forming specific outcomes in psychiatric nursing science.
  - The outcomes must be congruent with the philosophy of the community, the South African Nursing Council and the nursing college where the curriculum is to be implemented.
  - Focus will be more on community-based care rather than institutional care.
  - A competency-based approach will be used to ensure competency in theory and practice.

Guideline 4
The learning content of a community-based curriculum in psychiatric nursing science should impart knowledge, skills, attitudes and values regarding mental health care.

Operationalisation
To operationalise this guideline, the following should be implemented:
- Specific knowledge and skills in the learning content should include:
  - The nursing process in psychiatric nursing science is assessment, planning, implementation and evaluation of mental health needs and problems.
  - Legislation, such as the Mental Health Act 18 of 1973 as amended and Health Act 63 of 1977 as amended.
  - The provisions of the South African Nursing Council Regulation 425 regarding theoretical and practical aspects.
  - DSM IV criteria for diagnosing and categorising mental illness must be used.
  - Knowledge on prevalent mental disorders in the community such as Schizophrenia, mood disorders, disorders of infancy, childhood and adolescence, substance related disorders, like alcohol and drugs, anxiety disorders, delirium, dementia and amnestic and other cognitive disorders, malingering, personality disorders and somatoform disorders.
  - The aetiology, pathology, clinical presentation, diagnostic investigation, diagnosis, prevention, treatment, prognosis, rehabilitation of mental health needs and problems.
  - Relevant psychiatric terminology.
  - Mental health especially the primary, secondary and tertiary prevention of mental illness.
  - Primary health care aspects of mental health care, such as accessibility of services.
  - The handling of patients and family in community settings.
  - Psychological support to victims of violence, abusers of drugs and alcohol, survivors of rape, child abuse victims, youth- and parent groups.
  - Competency in skills before placement in practical areas include communication skills, group skills, counseling skills, crisis intervention skills, stress management skills, negotiation skills and problem solving skills.
  - Epidemiological surveys to obtain statistics that reveal the prevalence of mental disorders obtained at community psychi­ tric clinics and psychiatric hospitals.
  - Community involvement and participation is vital for the success of a community-based curriculum in psychiatric nursing science.
  - Collaboration with leaders, representatives and members in identifying mental health needs and problems.
  - Developing trusting relationships with members of the community is essential.

The attitudes and values in the learning content must be inculcated in students from the beginning of the learning programme:
- Emphasis should be placed on multicultural aspects of the community.
- For the psychiatric student nurses to be culturally sensitive to the people of the community they are serving.
- To respect the human rights of the mentally ill.

Guideline 5
The methods, media, strategies and resources used during the community-based curriculum should enhance learning of knowledge, skills, attitudes and values of mental health care.

Operationalisation
To operationalise this guideline, the following action should be implemented in a community-based curriculum:
- The methods, media, strategies and resources used must be compatible with adult education principles in a tertiary educational setting.

This can be achieved by:
- Utilising adult learning principles, which is active learning, deep-holistic, life-long learning, and constructivistic learning.
To operationalise this guideline, the following action should be implemented:

- In college classrooms there should be mainly interactive lectures, simulations, role-plays, and videos.
- Clinical allocation during the learning programme should be in community-based settings maximally and psychiatric hospital wards minimally so that students gain more exposure to patients in the community than those in the psychiatric hospital.
- Allocation to various levels of governmental mental health services, such as community health services, community psychiatric services, district health services, provincial health services and national health services.
- Allocation to non-governmental organisations, such as mental health societies who perform many services such as maintaining of hostels, sheltered workshops for mentally ill persons in the community.
- There should also be clinical allocation of students to services for violence prevention, drug- and alcohol abuse, youth groups, parent groups, survivors of rape, and child abuse.
- Home visits to patients where they live or work in order to support them and assist families and caregivers in the managing of the psychiatric patient at home.

**Guideline 7**

There should be community involvement in a community-based curriculum.

**Operationalisation**

To operationalise this guideline, the following action should be implemented:

- The students should practice negotiation skills before entering the community.
- Sensitivity to the community’s cultural beliefs, values and practices must be learnt.
- Collaboration with community leaders, representatives and members should be sought.
- Nurse educators must develop a relationship of trust with the community.
- They should inform other government departments, non-governmental organisations and voluntary organisations about the community-based curriculum and enlist their participation in practical aspects.
- They should enlist the community’s involvement in epidemiological studies to identify mental health needs and problems and assist in practical aspects.
- Community participation is enhanced if there is positive, visible influence, such as stress management groups, youth groups, anti-alcohol and drug groups, etc.

- Clinical accompaniment of students by tutors enhances the professional skills attained by the students, especially in handling mental health problems in the community.
- Continuity of community involvement can be maintained by informing the community psychiatric nurses and incoming new students about the programmes that were commenced and for their continuity.
- The community psychiatric nurse is the key person in order to enter the community mental health arena and her involvement in all spheres of the curriculum is crucial.

**Guideline 8**

Assessment (evaluation) in a community-based curriculum in psychiatric nursing science is compulsory to check whether the outcomes in knowledge, skills, attitudes and values have been achieved.

**Operationalisation**

To operationalise this guideline, the following should be implemented:

- Assessment (evaluations) will be continuous throughout the learning programme.
- Assessment will be on mental health knowledge, skills, attitudes and values.
- Theoretical assessment will be done in the class and practical assessments in the community settings where students are allocated to.
- Assessment will be on specific outcomes.
- Assessment will be in the form of diagnostic assessments, formative assessments, and summative assessments.
- The above-mentioned assessments (evaluations) will be achieved by conducting pre-tests; standardised tests; questionnaires; observations; discussions; readings; checking; questions; answers; readings; assignments; portfolio assessments; clinical performances; interviews; examinations; projects; student feedback; simulations; case studies; research; essays; debates and demonstrations.

**Recommendations**

The recommendations from this study will be discussed under three categories.

**Further research**

This research was conducted in a region of KwaZulu-Natal. Further study in this
field with respect to other provinces is needed so that the information is transferable. Further work is needed in order to use these guidelines to develop standards for evaluation of a community-based curriculum.

**Nursing education**

The guidelines must be implemented in psychiatric nursing science.

**Nursing practice**

It is important to update statistics of patients' profiles. One should create sensitivity to different cultural beliefs, values and practices in psychiatric nurses. There should be empowerment of the community regarding mental health promotion and prevention of mental illness. There should be networking with other agencies to promote mental health and prevent mental illness and management of mental illness in the community. There should be capacity building. There should always be community involvement in the form of identifying mental health needs and assistance in practical aspects. There should be respect for the human rights of the psychiatric patients.
Bibliography


