

1974

The General Nursing Council for England and Wales

Syllabus of Subjects for Examination for the Certificate of Mental Nursing

Further copies of this publication may be obtained from the offices of the Council. It may not be reprinted or reproduced either in whole or in part without the sanction of the Council.

Name of student nurse

Date of entry to training

Index number

Notes on the Syllabus of Subjects for Examination for the Certificate of Mental Nursing

It was agreed that a radical revision of the Syllabus should not be attempted on this occasion. Opportunity has been taken in the revision to give additional emphasis to those aspects of care and treatment which are the main function of the nurse for the mentally ill and to introduce sections on sociology and community care.

The selection of the syllabus content has been based on the principle that all subject matter should be capable of being integrated with, and applied to, the total nursing care of the patient. It is stressed that the various sections are not separate subjects, but related fields of study in which student nurses prepare to undertake their roles in the care of the mentally ill. Topics given under separate headings are not offered as comprehensive lists, but as guidance to studies which should vary in depth and extent in accordance with a subject's significance within the structure of the syllabus and relevance to the students' future responsibilities.

Theoretical preparation should throughout be closely related to the practical aspects of the nurse's work in hospitals for the mentally ill and in the community. Approaches to teaching will be various but it is hoped that the greater part of the syllabus can be taught by means of discussion groups, either in the classroom or in the ward, by projects and through the preparation of written work for discussion including nursing care studies. Visits to specialised areas to observe, for example, behaviour modification techniques, may be necessary.

The nurse's understanding of the less common forms of treatment should extend beyond the philosophy current in the individual hospitals but a detailed knowledge of all forms of treatment is not required. However, familiarity with treatments common to all mental hospitals is essential and a basic understanding of less widespread treatments is desirable. Full use should be made of clinical material and of the expertise of nurses at ward level. Consideration should also be given to ways of looking at mental disorders other than as an illness.

Section I of the syllabus is intended to provide a framework of knowledge which will enhance the student's understanding of subsequent sections of the syllabus.

The purpose of the subject "Aspects of Sociology" is to provide an introduction to the study of man in society and to consider how various aspects of social life may contribute to or offset psychiatric illness. Certain ideas in the above mentioned sub-section are relevant to items in the sub-sections on psychology and are employed and extended in other parts of the syllabus. Section I also provides a general background knowledge of how the individual develops from conception through birth, childhood and maturity to death. The psychology sub-section describes normal psychology of individuals and groups and is designed to help the nurse to understand herself and her patients through the use of accepted terminology. Other psychological

concepts and issues occur in other parts of the syllabus and specialist teaching for these items will be required while preserving the link between the biological sciences, the social sciences and psychiatry.

A general knowledge is given of the structure and function of the living body and how these are integrated to form a total human being. For convenience these aspects are learned in systems or parts of a system but it is important to recognise that in practice they are interacting and that the whole organism is more than merely a series of organs and activities added together. Similarly the syllabus is divided into sections which must be linked.

A sub-section on preparation for management has been included; this should be taught at an elementary level with a view to preparing the student nurse for the responsibility of a senior student nurse and newly qualified staff nurse and to form an introduction to subsequent management courses. The aspects which should be included are those of ward management, organisation of work, communications within the ward and with outside agencies concerned with the care of the patient, and the nurse's role in teaching nursing skills.

Section II deals with what is in fact the main work of the psychiatric nurse. It must inevitably be wider than the experience of any particular individual since it is important that the nurse is prepared to work in a wide range of situations, both in hospital and in the community. In order to do this a theoretical background is required on which personal experience may be built.

As a general background the nurse should have some idea of how the historical development of past and present day services and an idea of how they could change in the future. In particular there is a changing relationship between hospital services and community services and many nurses training today may be working in a very different setting before the end of their career.

The nurse needs to know about the various aspects of mental disorder, including what information is available about their causation, and how they interact one with another possibly distorting the usual clinical picture. Of equal importance is the recognition of the emotional factors involved when individuals are admitted into a strange and potentially frightening environment and more particularly, when they are themselves ill and apprehensive about their condition. It is important for the nurse to understand the feelings produced within the patient and also the interaction between the nurse and the patient, particularly if the patient's behaviour is in itself of a disturbing nature.

Emphasis is placed on the psychiatric aspects of the role of the nurse, but the continuous interaction between mind and body and the difficulty of always determining cause and effect must not be overlooked. Therefore, the physical functions of the body and related physical care must be given consideration. It is unreasonable to expect a student specialising in psychiatric nursing to have a complete knowledge of physical disorders, but there should be adequate preparation for the nursing care of those which would be met in a psychiatric unit or hospital. It is important to know how to identify physical illness, particularly when it is masked by the behaviour of the psychiatric patient, and to recognise those which are beyond the capacity of the ward and need more specialised care. A brief knowledge of physical

Illness should include the major and common physical disorders and an awareness of how to seek further information from textbooks and other sources when meeting unusual conditions. There must also be a reasonably complete knowledge of changes which may be found in the patient, including knowledge of how to observe, to measure and record them. Areas which require special attention are geriatric medicine, care of the dying, control of infection (particularly in patients unable to co-operate) and recognition of symptoms and signs in uncommunicative patients.

In view of the work which the Council is undertaking on a new aid to practical instruction it was decided to retain for the present a list of nursing procedures which are fairly frequently practised. General principles, e.g. asepsis should be soundly taught and practised in situations which are common, and applied in situations which are not so frequently met. A knowledge of sources of information is essential for those situations which may only occur exceptionally.

Experience in the occupational therapy, industrial and associated departments is designed to help the nurse develop a deeper appreciation of the aims and scope of the work of these departments. Care should be taken to ensure that this section is not treated in isolation from the rest of the syllabus, and cross references should be made to other relevant sections—e.g. "Aspects of Sociology, The Mentally Ill in Hospital and Fundamentals of Community Care". It is important that the student nurse takes an active part in all aspects of departmental activity and discussions, but they should not be expected to acquire the skills of an occupational therapist. Special attention should be paid to the function of the departments in the preparation of patients to re-assume domestic, work and social life roles in preparation for resettlement.

Section III introduces a range of facilities aimed at enhancing the patient's ability to continue treatment and rehabilitation in his normal environment. These resources and the needs they seek to meet must be understood within the sociological framework studied in section two. Particular emphasis will bear on the sociological factors that have been identified as contributing towards a state of mental ill health, but understanding of the characteristics, both endemic and transitory which contribute to breakdown or failure to respond to treatment regimes, is an essential prerequisite to planning an effective range of facilities and minimising any adverse effects which environmental features may contribute.

Many of the wide range of resources will be the administrative responsibility of the local authority or voluntary organisations. A knowledge of associated legislation and of the specific roles of an extended range of vocational groups and an understanding of financial and manpower constraints will enable the nurse to formulate her role in relation to other vocational groups.

The knowledge and skills relating to the understanding and management of patients as outlined in section two will need to be linked to a consultative and educative role in an environment which may offer differing attitudes and supports from those found in a hospital setting. Consequently techniques of community nursing must be explored.

Section IV deals with legal and administrative aspects. Early in training the nurse needs to be aware of certain details of the provision made for the care of the patient, e.g. civil rights of patients, compulsory detention, signing of documents. Historical development of the health services and the relevant existing legislation should be included.

A more detailed knowledge of the services provided in the community and hospitals, and those sections of the various Acts that have a practical application to nursing, should be gained as appropriate throughout training. Much of this subject can be made more interesting and demonstrated at ward level by integrating it with admission, discharge and transfer procedures. Further opportunities will also occur in project work, discussions and educational visits.

Finally a syllabus can be no more than a basic guide to what needs to be learned. Tutors and learners should build on it developing their own interest and using the experience available in their own hospitals and environment with the ultimate goal of providing the best available service to their patients.

Amount of Teaching Time

The total amount of time allocated for study days or blocks will not be less than 120 days and not more than 140 days inclusive of a 30 day introductory course during a 3 year period of training.

Class Hours

Guidance on the minimum number of class hours for each subject is no longer being issued, but it is thought that the overall minimum number previously required for each section of the Syllabus will not need to be changed to any great extent. Allowance should be made for an additional number of approximately 20 class hours for the subject "Aspects of Sociology". It is expected that a proportion of these classes will need to be given by a specialist lecturer.

Other specialist workers such as medical staff, occupational therapists, psychologists, social workers, pharmacists and physiotherapists should give classes where relevant.

Minimum number of weeks experience in the wards and departments

Short-stay patients	24
Medium and long-stay patients	24
Infirm/physically ill patients	12
Psycho-geriatric patients	12
Occupational and industrial therapy departments and social activities	12
Community experience	4
Night duty	6

THE SYLLABUS

SECTION I

AN INTRODUCTION TO THE STUDY OF THE HUMAN INDIVIDUAL

Psychological aspects of human development

Formation of the family; pregnancy and childbirth, parent/child relationships. Substitute families; adoption and fostering; one-parent families. Pre-school and school child; intellectual, social and moral development; sexual development and adjustments, adolescence and its changes; adaptation to work situation. Adult life and its responsibilities, work, leisure. Adjustment to middle age and growing old. Old age, bereavement, isolation.

Introduction to psychological concepts

Needs and drives—the forces which produce behaviour; influence of heredity and learning. Motivation and learning—changes in behaviour as a result of a specific experience. Remembering and forgetting. Rewards, punishment, incentives. Types of learning: conditioning, rote learning, insightful learning. Disorders of learning and memory. Frustration. Abnormalities of motivation. Emotion. Subjective and objective aspects of emotion. Physiological changes accompanying emotion. Abnormalities of emotion. Perception—interpreting situations and our reactions to them. The organisation of perception. Attention. Similarities and differences between perceivers. Misinterpretations and abnormalities of perception. Thinking—normal thought processes, reasoning and problem solving; disorders of thought form and thought content.

The Differences Between Individuals

Introduction—the problems of assessing individual differences and an outline of the methods used in, e.g. personnel selection, time and motion study. Attainment—the information, skills and attitudes acquired by an individual. Cultural, social and educational differences and their relevance to the work of the mental nurse. Concepts of norms, retardation. Remedial education. Intelligence—influence of heredity and environment. General and specific abilities. Creativity. Tests of other abilities and aptitudes. Methods of assessment. Abnormalities of intellectual function.

Various theories of personality development. Contrasting schools. Methods of assessment of personality characteristics including paper and pencil tests, interviews, continuous assessments, etc. Variations in personality, mental defence mechanisms.

Human Biology

The living cell as a unit of life. Attributes of living organisms, with special reference to man. Interaction between living organisms and their environment. General structure of the human body; position and relationships of principal organs. Relationships between form and function. How the body moves; the skeleton and its functions; joints and muscles and their functions in relation to movement (no detailed anatomy is required). Circulation of the blood; how this is carried out and why. Composition and function of the blood. Respiration; how this is carried out and why. Why the body needs food and fluid, and how these are used; fluid balance. Principles of nutrition; basic requirements in infancy, childhood and adult life. Elimination; how the body disposes of waste, functions of the skin and urinary system. Control of activity by the nervous system and hormones. Appreciating our environment; the senses of sight, hearing, smell, taste and touch. How the human race is reproduced. The functions of the male and female reproductive organs. Heredity.

Aspects of Sociology

Some basic concepts

Various meanings given to the word "Community"; geographical neighbourhood; work, leisure and other interests; religious; economic and political. A brief comparison between urban and rural life. The impact of scientific, technological, economic and political changes on community life. Social class and the class structure; social status. Codes and conventions related to patterns of leisure, patterns of spending, work satisfaction, value systems.

Integration of the Individual into the Community

General and specific social and cultural influences on the development of the individual and his life in the community, e.g. work, education, family life, press, religious groups. The concept of role: role-conflicts. Integration and alienation.

The development and expression of attitudes towards sub-groups, e.g. the offenders, the handicapped, the ill, the adolescents, the old. Personal and interpersonal behaviours in groups; positive and negative influences of group membership in social and institutional life; institutionalisation. Illness and deviance. The deviant role; the patient role; social functioning and dysfunctioning.

Social Aspects of Psychiatry

Social and cultural factors in psychiatric illness: illness and admission to hospital related to class, status, community, statistical variations and some explanations for these. The effects of admission on the individual, and on relationships and transactions between patient and family. The separation of the individual from his social roles. The family responses, e.g. guilt, grief, bereavement, scapegoating, collusion. The problem of the hospital as a "total institution" and its impact on the behaviour of and relationships between staff and patients. The risks in institutional care of confirming and reinforcing abnormal deviant behaviour. Manipulative behaviour. The use and abuse of social and clinical labels. The implications of the preceding sections for the psychiatric nurse, nurse-patient relationships, with special reference to group therapies, staff contacts with relatives and preparations for discharge.

Preparation for Management

Principles of management.
Principles of teaching.
Communications.

SECTION II

CLINICAL DISORDERS, TREATMENT AND

NURSING CARE

Introduction

Outline of the history and background of nursing with special reference to the nursing of the mentally ill.
Outline of the Mental Health Service as part of the National Health Service.
Objectives of care.
Personal qualities and attitudes required of the nurse in the care of the mentally ill.
Standards of ethical conduct.
Relationship between the nurse, the patient and his relatives.

The role of the nurse in the team, relationship with hospital and community workers.
Psychiatric services: Historical background in the management and treatment of the mentally ill. Modern concepts of mental disorder. Mental disorder as an illness; other ways of looking at mental disorder. The role of institutions.
Community care.
Future planning; types of hospital, psychiatric units, day and domiciliary services.

Concepts and Nature of Mental Illness

Aetiology of mental disorders; heredity, physical and psychological factors and their interaction. Reaction to stress in the family and in institutions. Application of psychological concepts to the understanding of mental disorder.
Psychiatric conditions: anxiety states, acute and chronic, phobias, obsessional states; hysterical states; anorexia nervosa; affective disorders; schizophreniaias and the paranoid states.
Personality disorders; sexual deviations and disorders; alcohol and drug dependency in all age groups.
Psychological and psychiatric aspects associated with pregnancy and childbirth.
Behaviour disorders and other psychiatric illnesses in children and adolescents.
Psychiatric illness in the elderly.
Psychosomatic conditions.
Organic and symptomatic mental illness; diseases of the nervous system giving rise to mental disorder.
The epilepsies.
Mental handicap; incidence and causation. Features of subnormality and severe subnormality; common clinical types; methods of treatment, training and education.
Psychiatric examination, including special investigations. e.g. bio-chemical, X-ray and psychological.

Physical Disorders

Inflammation.
Immune response, immunity.
Infection, allergy and auto immunity.
Intestations.
Nutritional disorders.
Brief knowledge of the main disorders of the cardiovascular and respiratory system; the central nervous system; the endocrine system; the reproductive and the urinary system; the alimentary system; and of new growths; degenerative conditions; disorders arising in geriatric patients.
Traumatic conditions; injuries incurred by active, aggressive, suicidal and elderly patients; fractures; cuts and abrasions; burns; asphyxia.
Recognition of signs and symptoms of physical disorders as they occur in the mentally ill.

Methods of physical examination. Special investigations and tests, e.g. biochemical, haematological, radiographical, monitoring of drug levels. Electro-encephalography and allied investigations.

The Mentally Ill in Hospital

Introduction

Expectations and effects of going into hospital on the patient and family. Family attitudes while the patient is in hospital and at time of discharge. Separation from family, work and community; social, domestic and economic difficulties. Strangeness of surroundings and the need for information. Reaction to illness and hospitalisation superimposed on the patient's own disorder; guilt feelings, anxiety, hostility and suspicion.

Nurse-Patient relationships

Recognition and awareness of the patient's feelings; recognition of the nurse's attitudes and feelings; emotional interaction, positive and negative; problems of over-involvement. Rapport, confidence; mood sensitivity.

Attitudes and Values

Uniqueness of the individual, understanding of individuality, respect for personal rights. Importance of dependency and appropriate fostering of independence. Conflict between expected standards of behaviour and that produced by day to day pressures; acceptance of socially inadmissible or incongruous behaviour resulting from illness.

Techniques

Communication with the inarticulate, non-responsive and aggressive. Support, consolidation and encouragement. Art of listening; explanation and emotional reassurance. Helping patients to talk; relief of emotional tension. Starting a discussion; problems of ending a discussion. Interruption of morbid thought patterns by diversion and stimulation of positive traits and attitudes. Role play.

Nursing Care in Relation to Psychiatric Treatment

Assessment of the patient's mental state. The purpose and practice of keeping nurses' notes. Method of dealing with complaints. Problems of the nursing care and management of withdrawn, anxious, depressed, confused, suicidal, destructive and violent patients.

Problems of patients with insomnia, pain, constipation and patients on diets. Behaviour modification techniques. Applications in general ward management and specific problems, e.g. attention seeking, eating problems, aggression, self-injury. Token economies. Habit training. Specific behaviour modification techniques. De-sensitisation, flooding, thought stopping, aversion, other techniques for specific disorders. Prevention of deterioration. Nursing care of deteriorated patients. Optimal rehabilitation of long stay patients. The role of the nurse in individual and group methods of psychotherapy. The nursing care and management of patients receiving narco-analysis, hypnosis, and other forms of individual treatment; group therapy. Participation in management of ward meetings and discussions. The nurse's part in physical methods of treatment. Knowledge of main groups of drugs in therapeutic use including side effects and special precautions.

The Nurse and Social, Occupational, Recreational and Industrial Therapy

Aims and scope of occupational therapy to include social, industrial, recreational and specialised projective techniques such as Music, Art and Drama. The policies, aims, working methods and expectation of the department. The contribution of occupational therapy to the patient's total management. The place of the occupational therapist in the therapeutic team. Specific methods of assessment used by the occupational therapist; interpretation and use of results. The use of selected environments and activities applicable to patients' requirements. Various aspects of occupational therapy; the nurse's part in identifying ways in which patients can be helped. Realistic activities as media for continuous assessment of patient's level of function and abilities; the skills required to involve patients in activities and situations. Selection and use of individual and group activities in the management of interpersonal relationships. Activities of Daily Living (A.D.L.) for physical disabilities. Referral systems, organisation, management and correlation of time-tables, systems of reporting.

Preparation of Patients for Occupational Therapy

The support and encouragement of patients during treatment; following through treatment objectives. Communication between Nurse and Occupational Therapist to obtain total behavioural picture. Activities at ward level.

Nursing Procedures

- Reception and admission of patients. Transfer and discharge of patients.
- Observation and reporting on general condition and behaviour.
- Recording of necessary information.
- Care of clothing and property.
- Personal cleanliness and hygiene. Bathing techniques.
- Care of skin, hands, teeth, hair and feet.
- Recording height and weight.
- Care of ambulant patients.
- Care of patients on community expeditions.
- Serving meals and feeding patients.
- Prevention and treatment of infestation.
- Preparation for examination of eyes, ears, nose, mouth, throat, rectum and genital tract.
- Collection of specimens (sterile and non-sterile) of sputum, vomit, urine, faeces, discharges.
- Urine testing.
- Taking and charting temperatures, pulse, respiration, blood pressure.
- Bed making, moving and lifting patients.
- Care of patients in bed.
- Relief of pressure and prevention of skin abrasions.
- Care of incontinent patients.
- Care of mouth.
- Care of patients requiring isolation.
- Prevention of cross infection.
- Care of unconscious patients.
- Fluid intake and output.
- Care of the dying and the dead.
- Administration of drugs.
- Signs of idiosyncrasy, cumulative action, poisoning and tolerance, side effects.
- Regulations under the Misuse of Drugs and the Pharmacy and Poisons Acts relating to the prescribing, storage and administration of drugs controlled by these Acts.
- Preparation and administration of enemas and suppositories.
- Administration of oxygen and other inhalants.
- Aseptic techniques.
- Sterile procedures, e.g. dressings, lumbar puncture, catheterisation and douching.
- Sub-cutaneous and intra-muscular injections.

First Aid and Treatment in Emergencies

- Aims and principles of first aid treatment.
- Improvisation of equipment.
- Methods of moving and carrying injured persons.
- Cardiac arrest. Artificial Respiration.
- Haemorrhage.
- Shock.

- Asphyxia.
- Fits and convulsions.
- Fractures, dislocations and sprains.
- Bites and stings.
- Burns and scalds.
- Poisoning. Electrocutation.
- Emergencies, e.g. fire and accidents in the ward.

Environmental Management

- Ventilation, heating and lighting.
- Care and use of clinical and domestic equipment.
- Care, storage and handling of food.
- Care and storage of linen and other materials.
- Daily and weekly routine ward duties.
- Precautions with regard to poisons and other potentially dangerous articles.
- Fire precautions by day and by night. Improvisation in case of damage.

SECTION III

FUNDAMENTALS OF COMMUNITY CARE

- Emotional and material factors contributing to mental health; evidence suggesting that absence of these factors leads to mental ill health.
- Indications for hospital or community care—transfer from one to the other.
- Understanding of reactions of other members of the community; family, neighbours, workmates. Awareness of social pressures. Awareness of the problems of the isolated patient at home, e.g. hypothermia, malnutrition, fractures, medication.
- Continuity of treatment and care in the community; role of the primary health team; management of the patient in the community; supportive services to the family; consultative role and co-operation with other members of the team; health centres and out-patients' clinics.
- Local Authority Department of Social Services; available resources; methods of referral; social work services; day care provision and clubs; residential services; community services—home helps, meals on wheels, laundry services; family planning; marriage guidance; child guidance; child care services.
- Department of Health and Social Security benefits—making application; filling in forms.
- Department of Employment.
- Disablement Resettlement Officers; Government Training Centres.
- Industrial Rehabilitation Units; Sheltered Workshops.
- Role of the voluntary organisations, both local and national, e.g. Alcoholics Anonymous, Samaritans, and others.
- Health Education; the educative role of the nurse.

SECTION IV

LEGAL AND ADMINISTRATIVE ASPECTS

The Organisation of the Health Services

- Hospital and specialised services, family practitioner, personal services, school health, registered nursing homes.
- Mental Health Services, hospital and domiciliary; relationship with social services, general practitioners and other community based organisations.
- Principles of the Mental Health Act, 1959
- Informal Admission.
- Removal of specific legislation for psychiatric hospitals.
- Functions of Local Authority Social Worker in relation to Mental Health Act (ref. Mental Welfare Officer).
- Provisions for community care.
- Legal definitions of mental disorder and its forms.
- Compulsory admission.
- Mental Health Review Tribunals.
- Special hospitals.
- Patients admitted following criminal behaviour.
- Civil Rights of patients including the protection and management of patients' property, wills, marriage, divorce.
- Responsibility for signing documents, witnessing of patient's signature, testamentary capacity.
- Crime and mental disorder, criminal proceedings, including probation orders.
- Children's Act, care of children during illness of patients.
- Social Services relevant to mental health.
- Probation Service.
- Relevant existing legislation.

TRAINING COURSE
REGISTERED COURSES
NEW ZEALAND

1974

211

RN3

The General Nursing Council for England and Wales

Syllabus of Subjects for Examination for the Certificate of Mental Nursing

Further copies of this publication may be obtained from the offices of the Council. It may not be reprinted or reproduced either in whole or in part without the sanction of the Council.

Name of student nurse

Date of entry to training

Index number

Notes on the Syllabus of Subjects for Examination for the Certificate of Mental Nursing

It was agreed that a radical revision of the Syllabus should not be attempted on this occasion. Opportunity has been taken in the revision to give additional emphasis to those aspects of care and treatment which are the main function of the nurse for the mentally ill and to introduce sections on sociology and community care.

The selection of the syllabus content has been based on the principle that all subject matter should be capable of being integrated with, and applied to, the total nursing care of the patient. It is stressed that the various sections are not separate subjects, but related fields of study in which student nurses prepare to undertake their roles in the care of the mentally ill. Topics given under separate headings are not offered as comprehensive lists, but as guidance to studies which should vary in depth and extent in accordance with a subject's significance within the structure of the syllabus and relevance to the students' future responsibilities.

Theoretical preparation should throughout be closely related to the practical aspects of the nurse's work in hospitals for the mentally ill and in the community. Approaches to teaching will be various but it is hoped that the greater part of the syllabus can be taught by means of discussion groups, either in the classroom or in the ward, by projects and through the preparation of written work for discussion including nursing care studies. Visits to specialised areas to observe, for example, behaviour modification techniques, may be necessary.

The nurse's understanding of the less common forms of treatment should extend beyond the philosophy current in the individual hospitals but a detailed knowledge of all forms of treatment is not required. However, familiarity with treatments common to all mental hospitals is essential and a basic understanding of less widespread treatments is desirable. Full use possible should be made of clinical material and of the expertise of nurses at ward level. Consideration should also be given to ways of looking at mental disorders other than as an illness.

Section I of the syllabus is intended to provide a framework of knowledge which will enhance the student's understanding of subsequent sections of the syllabus.

The purpose of the subject "Aspects of Sociology" is to provide an introduction to the study of man in society and to consider how various aspects of social life may contribute to or offset psychiatric illness. Certain ideas in the above mentioned sub-section are relevant to items in the sub-sections on psychology and are employed and extended in other parts of the syllabus. Section I also provides a general background knowledge of how the individual develops from conception through birth, childhood and maturity to death. The psychology sub-section describes normal psychology of individuals and groups and is designed to help the nurse to understand herself and her patients through the use of accepted terminology. Other psychological

concepts and issues occur in other parts of the syllabus and specialist teaching for these items will be required while preserving the link between the biological sciences, the social sciences and psychiatry.

A general knowledge is given of the structure and function of the living body and how these are integrated to form a total human being. For convenience these aspects are learned in systems or parts of a system but it is important to recognise that in practice they are interacting and that the whole organism is more than merely a series of organs and activities added together. Similarly the syllabus is divided into sections which must be linked.

A sub-section on preparation for management has been included; this should be taught at an elementary level with a view to preparing the student nurse for the responsibility of a senior student nurse and newly qualified staff nurse and to form an introduction to subsequent management courses. The aspects which should be included are those of ward management, organisation of work, communications within the ward and with outside agencies concerned with the care of the patient, and the nurse's role in teaching nursing skills.

Section II deals with what is in fact the main work of the psychiatric nurse. It must inevitably be wider than the experience of any particular individual since it is important that the nurse is prepared to work in a wide range of situations, both in hospital and in the community. In order to do this a theoretical background is required on which personal experience may be built.

As a general background the nurse should have some idea of the historical development of past and present day services and an idea of how they could change in the future. In particular there is a changing relationship between hospital services and community services and many nurses training today may be working in a very different setting before the end of their career.

The nurse needs to know about the various aspects of mental disorder, including what information is available about their causation, and how they interact one with another possibly distorting the usual clinical picture. Of equal importance is the recognition of the emotional factors involved when individuals are admitted into a strange and potentially frightening environment and more particularly, when they are themselves ill and apprehensive about their condition. It is important for the nurse to understand the feelings produced within the patient and also the interaction between the nurse and the patient, particularly if the patient's behaviour is in itself of a disturbing nature.

Emphasis is placed on the psychiatric aspects of the role of the nurse, but the continuous interaction between mind and body and the difficulty of always determining cause and effect must not be overlooked. Therefore, the physical functions of the body and related physical care must be given consideration. It is unreasonable to expect a student specialising in psychiatric nursing to have a complete knowledge of physical disorders, but there should be adequate preparation for the nursing care of those which would be met in a psychiatric unit or hospital. It is important to know how to identify physical illness, particularly when it is masked by the behaviour of the psychiatric patient, and to recognise those which are beyond the capacity of the ward and need more specialised care. A brief knowledge of physical

illness should include the major and common physical disorders and an awareness of how to seek further information from textbooks and other sources when meeting unusual conditions. There must also be a reasonably complete knowledge of changes which may be found in the patient, including knowledge of how to observe, to measure and record them. Areas which require special attention are geriatric medicine, care of the dying, control of infection (particularly in patients unable to co-operate) and recognition of symptoms and signs in uncommunicative patients.

In view of the work which the Council is undertaking on a new aid to practical instruction it was decided to retain for the present a list of nursing procedures which are fairly frequently practised. General principles, e.g. asepsis should be soundly taught and practised in situations which are common, and applied in situations which are not so frequently met. A knowledge of sources of information is essential for those situations which may only occur exceptionally.

Experience in the occupational therapy, industrial and associated departments is designed to help the nurse develop a deeper appreciation of the aims and scope of the work of these departments. Care should be taken to ensure that this section is not treated in isolation from the rest of the syllabus, and cross references should be made to other relevant sections—e.g. "Aspects of Sociology, The Mentally Ill in Hospital and Fundamentals of Community Care". It is important that the student nurse takes an active part in all aspects of departmental activity and discussions, but they should not be expected to acquire the skills of an occupational therapist. Special attention should be paid to the function of the departments in the preparation of patients to re-assume domestic, work and social life roles in preparation for resettlement.

Section III introduces a range of facilities aimed at enhancing the patient's ability to continue treatment and rehabilitation in his normal environment. These resources and the needs they seek to meet must be understood within the sociological framework studied in section two. Particular emphasis will bear on the sociological factors that have been identified as contributing towards a state of mental ill health, but understanding of the characteristics, both endemic and transitory which contribute to breakdown or failure to respond to treatment regimes, is an essential prerequisite to planning an effective range of facilities and minimising any adverse effects which environmental features may contribute.

Many of the wide range of resources will be the administrative responsibility of the local authority or voluntary organisations. A knowledge of associated legislation and of the specific roles of an extended range of vocational groups and an understanding of financial and manpower constraints will enable the nurse to formulate her role in relation to other vocational groups.

The knowledge and skills relating to the understanding and management of patients as outlined in section two will need to be linked to a consultative and educative role in an environment which may offer deferring attitudes and supports from those found in a hospital setting. Consequently techniques of community nursing must be explored.

Section IV deals with legal and administrative aspects. Early in training the nurse needs to be aware of certain details of the provision made for the care of the patient, e.g. civil rights of patients, compulsory detention, signing of documents. Historical development of the health services and the relevant existing legislation should be included.

A more detailed knowledge of the services provided in the community and hospitals, and those sections of the various Acts that have a practical application to nursing, should be gained as appropriate throughout training. Much of this subject can be made more interesting and demonstrated at ward level by integrating it with admission, discharge and transfer procedures. Further opportunities will also occur in project work, discussions and educational visits.

Finally a syllabus can be no more than a basic guide to what needs to be learned. Tutors and learners should build on it developing their own interest and using the experience available in their own hospitals and environment with the ultimate goal of providing the best available service to their patients.

Amount of Teaching Time

The total amount of time allocated for study days or blocks will not be less than 120 days and not more than 140 days inclusive of a 30 day introductory course during a 3 year period of training.

Class Hours

Guidance on the minimum number of class hours for each subject is no longer being issued, but it is thought that the overall minimum number previously required for each section of the Syllabus will not need to be changed to any great extent. Allowance should be made for an additional number of approximately 20 class hours for the subject "Aspects of Sociology". It is expected that a proportion of these classes will need to be given by a specialist lecturer.

Other specialist workers such as medical staff, occupational therapists, psychologists, social workers, pharmacists and physiotherapists should give classes where relevant.

Minimum number of weeks experience in the wards and departments

Short-stay patients	24
Medium and long-stay patients	24
Infirm/physically ill patients	12
Psycho-geriatric patients	12
Occupational and industrial therapy departments and social activities	12
Community experience	4
Night duty	6

THE SYLLABUS

SECTION I

AN INTRODUCTION TO THE STUDY OF THE HUMAN INDIVIDUAL

Psychological aspects of human development

Formation of the family; pregnancy and childbirth, parent/child relationships. Substitute families; adoption and fostering; one-parent families. Pre-school and school child; intellectual, social and moral development; sexual development and adjustments; adolescence and its changes; adaptation to work situation. Adult life and its responsibilities, work, leisure. Adjustment to middle age and growing old. Old age, bereavement, isolation.

Introduction to psychological concepts

The psychology of the Individual

Needs and drives—the forces which produce behaviour; influence of heredity and learning. Motivation and learning—changes in behaviour as a result of a specific experience. Remembering and forgetting. Rewards, punishment, incentives. Types of learning: conditioning, rote learning, insightful learning. Disorders of learning and memory. Frustration. Abnormalities of motivation. Emotion. Subjective and objective aspects of emotion. Physiological changes accompanying emotion. Abnormalities of emotion. Perception—interpreting situations and our reactions to them. The organisation of perception. Attention. Similarities and differences between perceivers. Misinterpretations and abnormalities of perception. Thinking—normal thought processes, reasoning and problem solving; disorders of thought form and thought content.

The Differences Between Individuals

Introduction—the problems of assessing individual differences and an outline of the methods used in, e.g. personnel selection, time and motion study. Attainment—the information, skills and attitudes acquired by an individual. Cultural, social and educational differences and their relevance to the work of the mental nurse. Concepts of norms, retardation. Remedial education. Intelligence—influence of heredity and environment. General and specific abilities. Creativity. Tests of other abilities and aptitudes. Methods of assessment. Abnormalities of intellectual function.

Various theories of personality development. Contrasting schools. Methods of assessment of personality characteristics including paper and pencil tests, interviews, continuous assessments, etc. Variations in personality, mental defence mechanisms.

Human Biology

The living cell as a unit of life. Attributes of living organisms, with special reference to man. Interaction between living organisms and their environment. General structure of the human body; position and relationships of principal organs. Relationships between form and function. How the body moves; the skeleton and its functions; joints and muscles and their functions in relation to movement (no detailed anatomy is required). Circulation of the blood; how this is carried out and why. Composition and function of the blood. Respiration; how this is carried out and why. Why the body needs food and fluid, and how these are used; fluid balance. Principles of nutrition; basic requirements in infancy, childhood and adult life. Elimination; how the body disposes of waste, functions of the skin and urinary system. Control of activity by the nervous system and hormones. Appreciating our environment; the senses of sight, hearing, smell, taste and touch. How the human race is reproduced. The functions of the male and female reproductive organs. Heredity.

Aspects of Sociology

Some basic concepts

Various meanings given to the word "Community"; geographical neighbourhood; work, leisure and other interests; religious; economic and political. A brief comparison between urban and rural life. The impact of scientific, technological, economic and political changes on community life. Social class and the class structure; social status. Codes and conventions related to patterns of leisure, patterns of spending, work satisfaction, value systems.

Integration of the Individual into the Community

General and specific social and cultural influences on the development of the individual and his life in the community, e.g. work, education, family life, press, religious groups. The concept of role: role-conflicts. Integration and alienation.

The development and expression of attitudes towards sub-groups, e.g. the offenders, the handicapped, the ill, the adolescents, the old. Personal and interpersonal behaviours in groups; positive and negative influences of group membership in social and institutional life; institutionalisation. Deviance, illness and deviance. The deviant role; the patient role; social functioning and dysfunctioning.

Social Aspects of Psychiatry

Social and cultural factors in psychiatric illness: illness and admission to hospital related to class, status, community, statistical variations and some explanations for these. The effects of admission on the individual, and on relationships and transactions between patient and family. The separation of the individual from his social roles. The family responses, e.g. guilt, grief, bereavement, scapegoating, collusion. The problem of the hospital as a "total institution" and its impact on the behaviour of and relationships between staff and patients. The risks in institutional care of confirming and reinforcing abnormal deviant behaviour. Manipulative behaviour. The use and abuse of social and clinical labels. The implications of the preceding sections for the psychiatric nurse, nurse-patient relationships, with special reference to group therapies, staff contacts with relatives and preparations for discharge.

Preparation for Management

Principles of management.
Principles of teaching.
Communications.

SECTION II

CLINICAL DISORDERS, TREATMENT AND NURSING CARE

Introduction

Outline of the history and background of nursing with special reference to the nursing of the mentally ill.
Outline of the Mental Health Service as part of the National Health Service. Objectives of care.
Personal qualities and attitudes required of the nurse in the care of the mentally ill.
Standards of ethical conduct.
Relationship between the nurse, the patient and his relatives.

The role of the nurse in the team; relationship with hospital and community workers.

Psychiatric services: Historical background in the management and treatment of the mentally ill. Modern concepts of mental disorder. Mental disorder as an illness; other ways of looking at mental disorder. The role of institutions. Community care.

Future planning; types of hospital, psychiatric units, day and domiciliary services.



Concepts and Nature of Mental Illness

Aetiology of mental disorders; heredity, physical and psychological factors and their interaction. Reaction to stress in the family and in institutions. Application of psychological concepts to the understanding of mental disorder.

Psychiatric conditions; anxiety states, acute and chronic, phobias, obsessional states; hysterical states; anorexia nervosa; affective disorders; schizophrenia and the paranoid states.

Personality disorders; sexual deviations and disorders; alcohol and drug dependency in all age groups.

Psychological and psychiatric aspects associated with pregnancy and childbirth.

Behaviour disorders and other psychiatric illnesses in children and adolescents. Psychiatric illness in the elderly.

Psychosomatic conditions.

Organic and symptomatic mental illness; diseases of the nervous system giving rise to mental disorder. The epilepsies.

Mental handicap; incidence and causation. Features of subnormality and severe subnormality; common clinical types; methods of treatment, training and education.

Psychiatric examination, including special investigations, e.g. bio-chemical, X-ray and psychological.

Physical Disorders

Inflammation.

Immune response, immunity.

Infection, allergy and auto immunity.

Infections.

Nutritional disorders.

Brief knowledge of the main disorders of the cardiovascular and respiratory system; the central nervous system; the endocrine system; the reproductive and the urinary system; the alimentary system; and of new growths; degenerative conditions; disorders arising in geriatric patients.

Traumatic conditions; injuries incurred by active, aggressive, suicidal and elderly patients; fractures; cuts and abrasions; burns; asphyxia.

Recognition of signs and symptoms of physical disorders as they occur in the mentally ill.

Methods of physical examination. Special investigations and tests, e.g. biochemical, haematological, radiographical, monitoring of drug levels. Electro-encephalography and allied investigations.

The Mentally Ill in Hospital

Introduction

Expectations and effects of going into hospital on the patient and family. Family attitudes while the patient is in hospital and at time of discharge. Separation from family, work and community; social, domestic and economic difficulties. Strangeness of surroundings and the need for information. Reaction to illness and hospitalisation superimposed on the patient's own disorder; guilt feelings, anxiety, hostility and suspicion.

Nurse-Patient relationships

Recognition and awareness of the patient's feelings; recognition of the nurse's attitudes and feelings; emotional interaction, positive and negative; problems of over-involvement. Rapport, confidence; mood sensitivity.

Attitudes and Values

Uniqueness of the individual, understanding of individuality, respect for personal rights. Importance of dependency and appropriate fostering of independence. Conflict between expected standards of behaviour and that produced by day to day pressures; acceptance of socially inadmissible or incongruous behaviour resulting from illness.

Techniques

Communication with the inarticulate, non-responsive and aggressive. Support, consolidation and encouragement. Art of listening; explanations and emotional reassurance. Helping patients to talk; relief of emotional tension. Starting a discussion; problems of ending a discussion. Interruption of morbid thought patterns by diversion and stimulation of positive traits and attitudes. Role play.

Nursing Care in Relation to Psychiatric Treatment

Assessment of the patient's mental state. The purpose and practice of keeping nurses' notes. Method of dealing with complaints. Problems of the nursing care and management of withdrawn, anxious, depressed, confused, suicidal, destructive and violent patients.

Problems of patients with insomnia, pain, constipation and patients on diets. Behaviour modification techniques. Applications in general ward management and specific problems, e.g. attention seeking, eating problems, aggression, self-injury.

Token economies. Habit training.

Specific behaviour modification techniques. De-sensitisation, flooding, thought stopping, aversion, other techniques for specific disorders.

Prevention of deterioration. Nursing care of deteriorated patients.

Optimal rehabilitation of long stay patients.

The role of the nurse in individual and group methods of psychotherapy.

The nursing care and management of patients receiving narco-analysis, hypnosis, and other forms of individual treatment; group therapy.

Participation in management of ward meetings and discussions.

The nurse's part in physical methods of treatment.

Knowledge of main groups of drugs in therapeutic use including side effects and special precautions.

The Nurse and Social, Occupational, Recreational and Industrial Therapy

Aims and scope of occupational therapy to include social, industrial, recreational and specialised projective techniques such as Music, Art and Drama. The policies, aims, working methods and expectation of the department. The contribution of occupational therapy to the patient's total management. The place of the occupational therapist in the therapeutic team.

Specific methods of assessment used by the occupational therapist; interpretation and use of results.

The use of selected environments and activities applicable to patients' requirements.

Various aspects of occupational therapy; the nurse's part in identifying ways in which patients can be helped.

Realistic activities as media for continuous assessment of patient's level of function and abilities; the skills required to involve patients in activities and situations.

Selection and use of individual and group activities in the management of interpersonal relationships.

Activities of Daily Living (A.D.L.) for physical disabilities.

Referral systems, organisation, management and correlation of time-tables, systems of reporting.

Preparation of Patients for Occupational Therapy

The support and encouragement of patients during treatment; following through treatment objectives.

Communication between Nurse and Occupational Therapist to obtain total behavioural picture.

Activities at ward level.

Nursing Procedures

Reception and admission of patients. Transfer and discharge of patients.
Observation and reporting on general condition and behaviour.
Recording of necessary information.
Care of clothing and property.
Personal cleanliness and hygiene. Bathing techniques.
Care of skin, hands, teeth, hair and feet.
Recording height and weight.
Care of ambulant patients.
Care of patients on community expeditions.
Serving meals and feeding patients.
Prevention and treatment of infestation.
Preparation for examination of eyes, ears, nose, mouth, throat, rectum and genital tract.
Collection of specimens (sterile and non-sterile) of sputum, vomit, urine, faeces, discharges.
Urine testing.
Taking and charting temperatures, pulse, respiration, blood pressure.
Bed making, moving and lifting patients.
Care of patients in bed.
Relief of pressure and prevention of skin abrasions.
Care of incontinent patients.
Care of mouth.
Care of patients requiring isolation.
Prevention of cross infection.
Care of unconscious patients.
Fluid intake and output.
Care of the dying and the dead.
Administration of drugs.
Signs of idiosyncrasy, cumulative action, poisoning and tolerance, side effects.
Regulations under the Misuse of Drugs and the Pharmacy and Poisons Acts relating to the prescribing, storage and administration of drugs controlled by these Acts.
Preparation and administration of enemas and suppositories.
Administration of oxygen and other inhalants.
Aseptic techniques.
Sterile procedures, e.g. dressings, lumbar puncture, catheterisation and douching.
Sub-cutaneous and intra-muscular injections.

First Aid and Treatment in Emergencies

Aims and principles of first aid treatment.
Improvisation of equipment.
Methods of moving and carrying injured persons.
Cardiac arrest. Artificial Respiration.
Haemorrhage.
Shock.

Asphyxia.
Fits and convulsions.
Fractures, dislocations and sprains.
Bites and stings.
Burns and scalds.
Poisoning. Electrocutation.
Emergencies, e.g. fire and accidents in the ward.

Environmental Management

Ventilation, heating and lighting.
Care and use of clinical and domestic equipment.
Care, storage and handling of food.
Care and storage of linen and other materials.
Daily and weekly routine ward duties.
Precautions with regard to poisons and other potentially dangerous articles.
Fire precautions by day and by night. Improvisation in case of damage.

SECTION III

FUNDAMENTALS OF COMMUNITY CARE

Emotional and material factors contributing to mental health; evidence suggesting that absence of these factors leads to mental ill health.
Indications for hospital or community care—transfer from one to the other.
Understanding of reactions of other members of the community; family, neighbours, workmates. Awareness of social pressures. Awareness of the problems of the isolated patient at home, e.g. hypothermia, malnutrition, fractures, medication.
Continuity of treatment and care in the community; role of the primary health team; management of the patient in the community; supportive services to the family; consultative role and co-operation with other members of the team; health centres and out-patients' clinics.
Local Authority Department of Social Services; available resources; methods of referral; social work services; day care provision and clubs; residential services; community services—home helps, meals on wheels, laundry services; family planning; marriage guidance; child guidance; child care services.
Department of Health and Social Security benefits—making application; filling in forms.
Department of Employment.
Disablement Resettlement Officers; Government Training Centres.
Industrial Rehabilitation Units; Sheltered Workshops.
Role of the voluntary organisations, both local and national, e.g. Alcoholics Anonymous, Samaritans, and others.
Health Education; the educative role of the nurse.

SECTION IV

LEGAL AND ADMINISTRATIVE ASPECTS

The Organisation of the Health Services

Hospital and specialised services, family practitioner, personal services, school health, registered nursing homes.

Mental Health Services, hospital and domiciliary; relationship with social services, general practitioners and other community based organisations. Principles of the Mental Health Act, 1959

Informal Admission.

Removal of specific legislation for psychiatric hospitals.

Functions of Local Authority Social Worker in relation to Mental Health Act (ref. Mental Welfare Officer).

Provisions for community care.

Legal definitions of mental disorder and its forms.

Compulsory admission.

Mental Health Review Tribunals.

Special hospitals.

Patients admitted following criminal behaviour.

Civil Rights of patients including the protection and management of patients' property, wills, marriage, divorce.

Responsibility for signing documents, witnessing of patient's signature, testamentary capacity.

Crime and mental disorder, criminal proceedings, including probation orders.

Children's Act, care of children during illness of patients.

Social Services relevant to mental health.

Probation Service.

Relevant existing legislation.