

# Mental health theory essay

[Sociology](#), [Women](#)



**ASSIGN  
BUSTER**

**Read the following DoH Strategy and summarize in your own words (250 words).**

DoH 2009 Living well with dementia: a National Dementia Strategy

[http://www.dh.gov.](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058)

[uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094058](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058)

People with dementia suffer from cognitive incapacity and personality changes due to neurological damage in the brain. There is no cure for the disease and it gets worse with age; however, if diagnosed early, people can learn to cope with most problems associated with dementia and improve their quality of life.

Dementia has been defined as a national priority in England, where the incidence of dementia is expected to double within the next three decades, from 700, 000 to 1. 4 million; and the cost to triple, from £17 billion to £50 billion. To combat the disease and control costs, the government has developed plans for improving health and social care services for people with dementia and their families.

There are a number of factors that impact the successful implementation of the government's strategies. A key point is to educate the public about dementia and eliminate the stigma associated with the disease. This will help people recognize the early signs of dementia and encourage them to seek help sooner. In addition, everyone should know what health services and support systems are available for people with dementia.

The success of these plans also depends on the cooperation of service providers. Primary care and mental health practitioners should work side by side to increase the chance of spotting the first signs of dementia and be able to provide early intervention. Finally, hospitals should assign one person the responsibility for dementia services to make sure every patient with dementia gets the proper information and support.

## **Mental Health Practice Year 1**

a) Reflect on how you have cared for a client with dementia in practice (200 words)

Providing care for a person with dementia in a private setting differs significantly from caring for a client in the hospital setting. I provided long-term care for a client with dementia and found the experience physically and emotionally exhausting. My client was difficult to manage; his behaviour was erratic; and, he was easily distracted, incontinent, quick to anger, mistrustful, impatient, and self-absorbed. Ordinary things resulted in agitation, and bathing was best to be avoided.

Nevertheless, I came to identify my client's difficult behaviour with his frustration over his inability to communicate his needs and desires. Over time he had lost the cognitive skills required to identify and express his needs. In time, I learned to accommodate his behaviour and to manipulate, not him, but his environment, creating one where he felt calm, secure, and safe. I also learned to interpret certain behaviours as signs of depression, or side effects from medication, or just plain ordinary human confusion.

As I learned more about my patient, and the various manifestations of his

disability, I became more proficient at managing his symptoms, individualizing his health care, and developing a relationship of mutual trust and respect. In other words, I became a better carer.

b) Describe how your future nursing practice will change as a result of this experience (100 words).

Perhaps the most important lesson that I learned from this experience is that communication is essential in providing care for a client with dementia, and that good communication skills rely on good listening skills. What is the patient trying to say? What does the patient really feel and why? In other words, we must not take anything for granted and deal with the disease one day at a time-----for tomorrow your patient may wake up a different person. There is no better nursing practice than to treat all your patients with the dignity, patience, and respect that they deserve.

## **Reading list**

Arnold, M. and Mitchell, T. 2008. Nurses' perceptions of care received by older people with mental health issues in an acute hospital environment. *Nursing Older People*, 20 (10), 28-34.

Barker, P. J. 2004. *Assessment in Psychiatric and Mental Health Nursing*. Cheltenham, Nelson Thornes.

DoH, 2005. *Mental Capacity Act*. Department of Health.

Law, E. 2008. Delirium and dementia in acute hospitals: assessing the impact of RMN input. *Nursing Older People*, 20 (9) 35-39. Valuing opinion

NIMHE 2004. The Ten Essential Shared Capabilities. A Framework for the Whole of the Mental Health Workforce. London: HMSO.

e-book

Norman I., Rylie I. (eds) 2004. The Art and Science of Mental Health Nursing, A textbook of principles and practice. Berkshire; Oxford University Press

## **Maternity care Theory year 1**

Explore and the role of the midwife focusing on ANTE NATAL CARE. Briefly describe your findings using supporting references (300 words).

In the United Kingdom, midwives are licensed practitioners and the primary health care providers for childbearing women, with roughly 27, 000 midwives registered in 2011 (Thomson 2012). Most midwives work within the NHS; however, a significant number of midwives work independently and provide care for their clients within a community or home setting (Blondel 2005).

The services of the midwife include antenatal, intrapartum and postnatal. The focus of this essay is the role of midwives in antenatal care.

Antenatal midwife services include the planning, organization, and delivery of care to childbearing women. A midwife sees her client approximately every four weeks after week 12, every two weeks from week 32, and every week during the last three or four weeks (Blondel 2005).

Women who choose to give birth within a midwife-led model are more satisfied with the level of care provided (Thomson 2012). Nevertheless, studies have shown that midwife-led antenatal health care carries higher risks of illness and death to the mother, fetus, and infant (Tucker 1996). To

reduce such risks, midwives must identify women who may need routine antenatal care by general practitioners (Haertsch 2008). To this end, midwives have to monitor the health and development of the fetus as well as the mother's health during pregnancy. Medical history is key. Did the client experience any complications during previous pregnancies? Is she being treated for a chronic disease? Does she suffer from any mental or physical disability? (Kupek 2003).

Open communication with the client is paramount, in addition to routine medical checks; such as blood pressure monitoring, urine or blood tests, and checking for swellings of the legs, a midwife's discussion with her client should include issues such as diet, smoking or drinking habits, STDs, her plans immediately following childbirth, work- or family-related problems, or any other fears (Haertsch 2008).

## **References:**

- Blondel B., Pusch D., & Schmidt E. 2005. Some characteristics of antenatal care in 13 European countries. *BJOG: An International Journal of Obstetrics & Gynecology*, 92 (6), 565-568.
- Haertsch M., Campbell E., & Sanson-Fisher R. 2008. Who can provide antenatal care? The views of obstetricians and midwives. *Australian and New Zealand Journal of Public Health*, 22 (4), 471-475.
- Kupek E., Petrou S., Vause S., & Marech M. 2003. Clinical, provider and sociodemographic predictors of late initiation of antenatal care in England and Wales. *BJOG: An International Journal of Obstetrics & Gynecology*, 109 (3), 265-273.

Royal College of Obstetricians and Gynaecologists. National Evidence-based Clinical Guideline: Antenatal Care for the Healthy Woman. London: Royal College of Obstetricians and Gynaecologists. In press.

Thomson G., Dykes F., Singh G. et al. 2012. A public health perspective of women's experiences of antenatal care: An exploration of insights from a community consultation. Midwifery, Epub ahead of print.

Tucker J. S. et al. 1996. Should obstetricians see women with normal pregnancies? A multicentre randomised controlled trial of routine antenatal care by general practitioners and midwives compared with shared care led by obstetricians. BMJ, 312, 554-559.

## **Child care Theory Year 1**

Access the report 'Healthy lives, brighter futures – The strategy for children and young people's health' via the following website:

[http://www.dh.gov.](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400)

[uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_094400](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094400)

Summarise the aim and purpose of the report below in no more than 250 words.

(NB this activity was updated in January 2012. If you have summarized the Every Child Matters report in this section you do not need to undertake a summary of Healthy lives, brighter futures report)

The aim and purpose of this report is for the Government to share its vision for the health and wellbeing of the nation's youth. The report outlines how

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the government plans to continue to deliver “healthier lives and brighter futures” by promoting world-class health outcomes and reducing inequalities in health care.

The report introduces data illustrating how the various medical, technical, and social factors that structure healthcare have come together to meet the health needs of the nation, and goes on to disclose the government’s ambition to make England the best place for children in the world, and enlists the family’s help to achieve this goal. To this end, the government plans to strengthen the ties between families and health care services.

But these are not meant to be new recommendations; rather, the government’s strategy is to build on the strengths of the existing system. For example, antenatal care and the Family Nurse Partnership Programme have been targeted for expansion.

One area that needs special attention is the education of families. Parents need to know about the various services that are available to support the healthcare of their children, and as children get older they can be taught to share some of the responsibility for their own health through the National Healthy Schools Programme.

But the most forward-looking and ambitious plans that are being considered are to include the voice of children in health care decisions and to provide all children with complex health needs with an individual care plan.

## **Reading List**

Department of Health 2003 What to do if you’re worried a child is being abused London The Stationary Office



Moules, T. and Ramsey, J., 2008. The Textbook of Children's Nursing. Oxford: Blackwell Publishing.

Maill, L. Rudolf, M. C. J. Levene, M. I., 2007. Paediatrics at a Glance. 2nd ed. Oxford: Blackwell Publishing.

Royal College of Nursing, 2007. Safeguarding Children-: every nurse's responsibility. London: RCN.

Royal College of Nursing, 2004. Children and young people's Mental Health- every nurse's business: every nurse's business. London: RCN.

## **Learning Disabilities Theory Year 1**

Briefly describe the nature and purpose of the Healthcare for All: Report of the independent inquiry into access to healthcare for people with learning disabilities. Michael (2008) (250 words).

This is a report by Sir Jonathan Michael on the quality of healthcare provided to people with learning disabilities. People who have learning disabilities are at higher risk of developing health-related problems than are members of the general population. Critics of the NHS contend that this disparity reflects the sub-standard health care provided by the system to this cohort of patients.

A study was launched to determine the merits of this allegation. Two teams conducted the study; one team was composed of members of the NHS, and the other of experts with learning disabilities. Data was collected from health care professionals and people with learning disabilities.

There were a number of findings. When compared to the general population,

people with learning disabilities had more health problems, trouble getting health care, and poorer communication with health care providers. A major problem is that the average general practitioner is not familiar with the special health needs of people with learning disabilities. The fault ultimately lies within the NHS, which provides little training on learning disabilities. The result is that some NHS staff end up developing negative attitudes towards people with disabilities and fail to treat them with dignity or respect. The study also found that there are no provisions to ensure that the NHS is adhering to laws against discrimination based on disability or mental capacity.

In conclusion, the NHS is violating the rights of people with learning disabilities by failing to provide them with equal access to general health care services.

## **References:**

Michael, J. 2008. Healthcare for All: Report of the independent inquiry into access to healthcare for people with learning disabilities. Department of Health.