

The Application of Psychological Nursing in Crisis Intervention

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Abstract: Objective — To explore the effect of psychological nursing in crisis intervention. Methods — A total of 68 psychiatric patients admitted to the psychiatric department of our hospital from June 2019 to June 2020 were selected and divided into two groups with 34 patients in each group. The control group was given conventional crisis intervention, while the observation group was given psychological nursing. The Brief Psychiatric Rating Scale (BPRS) was used to evaluate the severity of psychiatric symptoms before and after nursing in the two groups. Results — before nursing, there was no significant difference in the total score of BPRS scale between the two groups [(55.28±4.97) points vs (56.17±5.22) points] ($P > 0.05$); after nursing, the total score of BPRS scale in the observation group was significantly lower than that in the control group [(27.20±2.65) points vs (42.86±3.84) points], and there was significant difference between the two groups ($P < 0.05$). Conclusion — The implementation of psychological nursing in the crisis intervention of psychiatric patients can effectively improve the mental symptoms of patients and reduce the violence crisis intervention to the patients caused by adverse stimulation. The application of psychological nursing is worth promoting.

Keywords: psychological nursing, crisis intervention, psychiatry department

A crisis state refers to a state that occurs suddenly, cannot be controlled by an individual, may endanger oneself and others, and requires immediate intervention. The mental disease is a disease combined with severe mental disorders. Patients may have abnormalities in their cognition, will, emotion, behavior, etc. Under the support of this pathological psychology, they may experience dangerous behaviors such as restlessness, excitement, suicide, self-injury, harm to others, destruction of objects, etc., which endanger themselves and others' personal safety^[1]. In response to this crisis, the routine practice of clinical care is to restrict patient activities through restraint protection. However, this violent crisis intervention method can only temporarily play a role in safety protection, and has an adverse effect on the long-term mental health of psychiatric patients^[2]. This study intends to explore the application effects of psychological nursing in crisis intervention, in order to provide reference materials for non-violent crisis intervention. The report is as follows.

1. Materials and methods

1.1 General materials

This study selected 68 psychiatric patients admitted in our hospital psychiatric between June 2019 and June 2020. After admission, all patients were clinically diagnosed to meet the criteria for psychiatric diagnosis in the Chinese Classification and Diagnostic Standards for Mental Disorders Third Edition (CCMD-3). The patients and their guardians are all aware of the purpose and significance of the research of this subject, and signed an informed agreement on a completely voluntary basis, which was reviewed and approved by the Medical Ethics Committee of our hospital. The 68 patients were randomly divided into two groups by drawing lots. Among them, there were 34 cases in the observation group, including 18 male patients and 16 female patients; the youngest was 23 years old and the oldest was 59 years old, with an average age of (33.27±4.86) years; the course of disease was 1-11 years, and the average course of disease was (4.19±1.67) years; disease type: 18 cases of schizophrenia, 13 cases of depression, 3 cases of personality disorder. There were 34 cases in the control group, including 17 male patients and 17 female patients; the youngest was 24 years old and the oldest was 61 years old, with an average age of (31.75±4.33) years; the course of disease was 2-13 years, and the average course of disease was (4.56±1.39) years; disease type: 19 cases of schizophrenia, 12 cases of depression, 3 cases of personality disorder. After statistical analysis, there was no statistically significant difference in general information between the two groups of patients ($P > 0.05$), and they can be compared.

1.2 Methods

The control group was given routine crisis intervention. When patients do not listen to persuasion or have hostile emotions, violent tendencies, suicidal tendencies, self-harm tendencies, timely control the situation, remove the risk

factors, and adopt conventional restraint or isolation protection measures. For the observation group, psychological care was used to reduce mechanical restraint protection and violent intervention for patients. The specific methods are as follows. (1) Strengthen psychological nursing training. Concentrate training for nursing staff to make them understand the purpose of psychological nursing in crisis intervention, and master the principles and specific methods of psychological nursing. All nursing staff must pass the assessment and pass the examination before they can take up their posts, so as to ensure the intervention effect of psychological nursing. Strengthen the education of nursing staff to enhance their sense of service and sense of responsibility. In psychological nursing, we strictly adhere to the principle of "life first, participation of relatives, full guardianship, and division of labor". Life comes first, that is, any measures taken in a crisis situation must be based on the premise and basis of protecting personal safety; relative participation means that the patient's guardian needs to be notified quickly before psychological nursing is carried out; the whole process of monitoring means that a special person is arranged to supervise the patient to prevent accidents; division of labor and collaboration means that the nursing staff of each position and all medical staff need to coordinate and cooperate, perform their duties, and actively carry out various tasks. (2) Classification of crisis events. Carry out hierarchical management of common crisis events in the psychiatric department, and formulate individualized psychological care measures according to the priority, scope of influence, and actual conditions of patients. (3) Psychological nursing intervention. After a crisis event, it is first necessary to use soothing language to degrade the situation, prevent unnecessary physical conflicts caused by the escalation of the situation, and provide necessary safety protection for the patients themselves, medical staff, guardians, etc. Patients are prone to various behaviors under the influence of pathological thinking. At this time, nurses need to use what the patient wants to do the most as an inducement condition, make best use of the situation, and cooperate with appropriate hints to make the patient cooperate with safety protection. If the patient has a high degree of excitement, they can be allowed to vent their emotions under the premise of ensuring safety, and they can be given correct psychological guidance while tearing waste paper and throwing pillows. After the patient is emotionally stable or calm, actively communicate with the patient. When communicating, it is necessary to observe the patient's emotional changes and body movements, understand their mental state, and use easy-to-understand language to reconstruct the communication mechanism with the patient. Be kind and gentle, and provide patients with quality psychological care services. Patiently listen to patients' confession, understand their psychological needs, and adopt different psychological counseling methods for different patients. Pay attention to talking skills, encourage patients to express their inner thoughts, and arouse positive emotions from patients. When contacting patients, it is necessary to make them feel due respect, prohibit discrimination or discrimination, understand the behavior of the patient just now, and explain the reasons for safety protection, so that the patient feels that the nursing staff is trustworthy.

1.3 Observation indicators

The Brief Psychiatric Rating Scale (BPRS) was used to evaluate the severity of the patients' mental symptoms before and after nursing intervention. Assign values to various indicators based on symptom intensity, frequency, and duration. 1 point is asymptomatic, 2 points very mild, 3 points mild, 4 points moderate, 5 points heavy, 6 points severe, 7 points extremely severe. The scale contains a total of 18 items, the whole measurement time is 20-30min, and the total score is 18-126 points. The higher the total score, the more severe the condition ^[3].

1.4 Statistical methods

Statistical analysis was carried out with SPSS19.0 statistical software. Measurement data were expressed as mean±standard deviation ($\bar{x}\pm s$), and $P < 0.05$ indicated that the difference was statistically significant.

2. Results

Comparison of the total scores of BPRS scale between the two groups before and after nursing intervention showed no significant difference ($P > 0.05$), and the score of BPRS scale in the observation group after nursing intervention was significantly lower than that in the control group, with significant difference ($P < 0.05$).

Table 1. Comparison of total scores of BPRS scale before and after nursing intervention between the two groups ($\bar{x}\pm s$)

Groups	Number of cases	Before nursing	After nursing
Observation group		55.28±4.97	27.20±2.65
Control group	34	56.17±5.22	42.86±3.84
t	34	0.793	12.450
P		>0.05	<0.05

3. Discussion

Under the influence of their own pathological thinking, psychiatric patients are prone to self-injury, suicide, hurting others, damaging objects and other dangerous behaviors, which have a negative impact on themselves and the people and things around them. Such a crisis state often occurs suddenly, and patients cannot control themselves. It's not controlled by consciousness, and is changeable^[4]. In the course of previous nursing, more mechanical measures are taken to restrain and protect the crisis, but the long-term effect is not ideal. Modern psychiatric research believes that the words, deeds and attitudes of nursing staff will directly affect the quality of rehabilitation of patients. Effective psychological care in daily treatment and crisis intervention can promote the disease outcome and emotional stability of patients and prevent more serious consequences^[5]. Psychological nursing plays an important role in psychiatric nursing. Psychological nursing is implemented in crisis intervention. The aim is to enable people with dangerous behavior to survive the crisis safely and stably and restore social function as soon as possible. Because each patient's psychological characteristics are not the same, they should be treated differently.

In this study, the patients in the observation group received psychological care during crisis intervention, and the total score of the BPRS scale decreased significantly, which was significantly lower than that of the control group ($P < 0.05$), indicating that the degree of mental symptoms of the patients was significantly reduced. Through this clinical practice, I have realized that psychological care can help patients in crisis grasp the status quo, re-recognize crisis events, and restore their psychological balance in the shortest time, so as to smoothly tide over the crisis and reduce the impact on their health, safety, and society. The influence of normal order^[6].

In summary, the implementation of psychological care in the crisis intervention of patients with mental illness can effectively improve the patients' mental symptoms, the application effect is significant, and it is worthy of promotion and application.

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