ebsite www.jaypeebrothers.com, for detailed information on nursing books, visit our website www.jaypeebrothers.com

Foundations of Psychiatric Mental Health Nursing

As per INC Syllabus



Shija K
Jija D

JAYPEE

Contents

1. Introduction **1**

- Review of Defense Mechanisms *1*
- Definition of Terms used in Psychiatry *5*
- Concept of Mental Health and Mental Illness *7*
- Misconceptions Related to Mental Illness *11*
- Mental Health Nursing *12*
- Mental Health Team *18*

2. History of Psychiatry **21**

- History of Psychiatry: International *21*
- History of Psychiatry in India *22*
- History of Psychiatric Nursing: International Level *24*
- Development of Psychiatric Nursing in India *24*
- Challenges in Psychiatric Nursing *25*
- Trends in Psychiatric Nursing *25*
- National Mental Health Programme (NMHP) *27*
- District Mental Health Programme (DMHP) *28*

3. Therapeutic Nurse-Patient Relationship **30**

- Communication *30*
- Therapeutic communication *33*
- Process Recording *36*
- Therapeutic Nurse-Client Relationship *39*
- Phases and Stages of Nurse-Client Relationship (Peplau's Interpersonal Theory) *42*
- Therapeutic Impasses *46*

4. Mental Health Assessment **48**

- Techniques of Mental Health Assessment *48*
- Physical Examination *58*

5. Psychopathology of Mental Disorders **62**

- Psychopathology of Mental Disorders *62*
- Etiology of Abnormal Behavior in Psychiatric Disorders *70*

- Causes of Mental Illness *71*
- Classification of Mental Disorders *73*
- Symptomatology *75*

6. Biopsychosocial Therapies **89**

- Psychopharmacology *89*
- Antipsychotic Drugs *91*
- Antidepressants *100*
- Mood Stabilizers *104*
- Antianxiety Drugs (Minor Tranquilizers) *109*
- Antiparkinsonian Drugs *110*
- Somatic Therapies *111*
- Psychosocial Therapy *117*
- Psychotherapy *117*

7. Organic Mental Disorders **131**

- Classification–ICD 10 *131*
- Delirium *132*
- Dementia *136*
- Organic Amnestic Syndrome *140*
- Nursing Management of Organic Mental Disorders *141*

8. Substance Use Disorder-Alcohol, Tobacco and Other Psychoactive Substance Use **146**

- Terminologies used *146*
- Prevalence *147*
- Etiology *147*
- Classification *147*
- Alcohol *148*
- Opioids *151*
- Clinical Features of Opioid Intoxication and Withdrawal *151*
- Cannabis *151*
- Sedatives *152*
- Cocaine *152*
- Stimulants *153*
- Hallucinogens *153*
- Tobacco *153*
- Volatile Solvents *154*
- Nursing Management *154*

9. Schizophrenia, Schizotypal and Delusional Disorders **159**

- Etiology of Schizophrenia *160*
- Types of Schizophrenia *166*

- Treatment *168*
- Prognosis *169*
- Nursing Management *169*
- Schizotypal Disorder *172*
- Delusional Disorder *173*

10. Mood (Affective) Disorders **175**

- Epidemiology of Mood Disorders *175*
- Etiology of Mood Disorder *176*
- Bipolar Mood (Affective) Disorders *181*
- Depressive Episode *182*
- Persistent Mood Disorder *184*
- Involutional Melancholia *185*

11. Neurotic, Stress-related and Somatoform Disorders **190**

- Classification *191*
- Phobic Anxiety Disorders *191*
- Anxiety *191*
- Obsessive-Compulsive Disorder *193*
- Reaction to Severe Stress and Adjustment Disorders *195*

12. Personality Disorders **201**

- Personality Disorder *201*
- Classification of Personality Disorders *202*
- F60.0: Paranoid Personality Disorder *203*
- F60.1: Schizoid Personality Disorder *203*
- Schizotypal Personality Disorder *204*
- F60.2: Dissocial Personality Disorder (Antisocial) *204*
- F60.31: Borderline Personality Disorder *205*
- F60.4: Histrionic Personality Disorder *206*
- Narcissistic Personality Disorder *206*
- F60.5: Obsessive-Compulsive Personality Disorder (Anankastic Personality Disorder) *207*
- F60.6: Anxious Avoidant Personality Disorder *208*
- F60.7: Dependent Personality Disorder *208*
- DSM-5: Classification of Personality Disorder *209*
- Nursing Considerations in Personality Disorders *209*

13. Eating, Sleep and Sexual Disorders **212**

- F50–F59: Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors *212*
- F50: Eating Disorders *212*

- F51: Non-organic Sleep Disorders *215*
- Dyssomnia *215*
- Parasomnia *217*
- F52: Sexual Dysfunction, not Caused by Organic Disorder or Disease *218*
- F65: Disorders of Sexual Preference *219*

14. Child and Adolescent Psychiatric Disorders 223

- F70–F79: Mental Retardation *223*
- F80–F89: Disorders of Psychological Development *230*
- F80: Specific Developmental Disorders of Speech and Language *230*
- F81: Specific Developmental Disorders of Scholastic Skills *231*
- F82: Specific Developmental Disorders of Motor Function *231*
- F84: Pervasive Developmental Disorders (PDD) *232*
- Autistic Disorder *232*
- F90: Hyperkinetic Disorders *236*
- F91: Conduct Disorders *238*
- F93: Emotional Disorders with Onset Specific to Childhood *240*
- F94: Disorders of Social Functioning with Onset Specific to Childhood and Adolescence *241*
- F95: TIC Disorders *241*
- F98: Other Behavioral and Emotional Disorders with Onset in Childhood and Adolescence *242*
- Speech Disorders *243*
- Habit Disorders *243*

15. Community Mental Health 245

- Community Psychiatry *245*
- Community Mental Health Nursing *246*
- Psychiatric Rehabilitation *249*
- National Mental Health Programme (NMHP) *252*

16. Psychiatric Emergencies and Crisis Intervention 254

- Types of Psychiatric Emergencies *254*
- Suicide *254*
- Overactive Patients *257*
- Violence *257*
- Underactive Patients *259*
- Psychiatric Disorder with Acute Onset *260*

- Adverse Drug Reaction *260*
- Alcohol or Drug Dependence *260*
- Other Psychiatric Emergencies *261*
- Crisis *261*

17. Forensic Psychiatry **266**

- Criminal Responsibility *266*
- Civil Responsibility *266*
- Laws Relating to Psychiatric Disorders *267*

Appendices 275

Model Question Paper 299

Index 307

CHAPTER 2

History of Psychiatry

INTRODUCTION

Psychiatry is a branch of medicine which deals with the diagnosis, treatment and prevention of mental disorders. Mental illness existed very long back and it was always connected with superstitions and ignorance. History provides a way through which the past inspires the present and the present enriches the future.

HISTORY OF PSYCHIATRY: INTERNATIONAL

Hippocrates, father of medicine explained that mental disorders were caused by the imbalance of bodily humors. Temperaments were believed to be a mixture of 4 bodily humors—blood, phlegm, yellow bile and black bile.

History of psychiatry at the international level can be categorized into 5 periods such as:

1. **Period of persecution (1552 BC–1440 AD):** People believed that sound, black spirit or black magic causes mental illness. Insane were thrown out of the society and beaten up by the people. Treatment of mentally sick was based on the superstitious beliefs. Mentally ill were ill-treated and they had to take care of themselves.
2. **Period of segregation (1545 AD–1800 AD):** Middle Eastern Islamic countries believed that mental illness were caused by anger of God and witchcraft. Mentally ill were called insane and were placed in asylums. In 1547, Bethlehem hospital was constructed in London. Due to the pathetic condition that existed in that institution; it was corrected as Bedlam which means mad house.
3. **Humanitarian period (1745 AD–1826 AD):** Asylums were established and the physicians were more focused on moral treatment of mentally ill. Philippe Pinel insisted on humane and moral treatment of mentally ill. He removed



Philippe Pinel

JAYPEE BROTHERS

chains of mentally ill. He was the Chief of Bicetre mental hospital and is referred as Father of modern psychiatry.

William Tuke in 1796 founded the York Retreat, where about 30 patients lived as part of a small community and it focused on minimizing restraints.

Benjamin Rush known as the Father of American Psychiatry was one of the pioneers of occupational therapy. He wrote the book *Medical Inquiries and Observations upon the Diseases of the Mind* (1812).

4. **Period of scientific attitude (1796 AD–1878 AD):** Sigmund Freud proposed the topographical and the structural model of mind. Freud developed psychoanalysis to treat patients. Emil Kraepelin introduced the classification for mental disorders. Dorothea Dix visited the asylums and she recommended the government to take measures to improve the conditions in the hospitals. The term psychiatry comes from the Greek word (*psychē*: 'soul or mind') and (*iatros*: 'healer') was coined by Johann Christian Reil in 1808.
5. **Period of prevention (1885–1960 AD):** In 1908, Clifford Beers wrote a book *'The Mind that Found Itself'* which explained the pathetic conditions that existed in psychiatric wards during his stay as an inpatient. In 1980, the Diagnostic and Statistical Manual (DSM) of Mental Disorders, published by the American Psychiatric Association, was revised. The National Institute of Mental Health (NIMH) declared the 1990s the Decade of the Brain 'to enhance public awareness of the benefits to be derived from brain research.'

HISTORY OF PSYCHIATRY IN INDIA

Origin of psychiatry as a specialty can be traced in Ancient India. Charaka Samhita was the oldest texts which included aspects of psychiatry.

According to Ayurveda, psychiatry was labeled as bhut vidya which means demonology. Three types of personality was defined namely Satvik (characterized by high intellectual and moral level), Rajasik (high emotionality, passionate nature and impulsiveness) and Tamasik (mental subnormality). Bhagavat Geeta is considered to be probably the first recorded evidence of psychotherapy and counseling.

History of psychiatry in India can be categorized into 4 periods such as:

1. **Precolonial period:** King Ashoka established hospitals for patients with mental illness. According to Ashoka Samhita, these hospitals were built with separate enclosures.
2. **Colonial period (1745–1857):** One of the earliest mental hospitals in India was set up in Mumbai in 1745. First mental hospital at Kolkata was built during the time of Lord Cornwallis in 1787. The credit for the establishment of this hospital goes to Surgeon George M. Kenderline.

JAYPEE BROTHERS

First mental hospital was started in Chennai at Kilpauk, in 1794 for 20 patients by Surgeon Valentine Conolly.

Until the early part of the nineteenth century, mental asylums were located only at three major cities and they mostly catered to the British and the Indian sepoys employed by the British. The mentally ill from the general population were taken care of by the local communities and by traditional qualified doctors in Ayurveda and Unani medicine.

3. **Mid-colonial period (1858–1947):** During this period, India witnessed a steady growth in the development of mental asylums. The first Lunacy Act was enacted in the year 1858. Moral treatment for the mentally ill was adopted and implemented during this period.

   Colonel Owen AR Berkeley-Hill, the then superintendent of the European Hospital (Central Institute of Psychiatry, Ranchi) took efforts to raise the standard of treatment and also persuaded the government to change the term 'asylum' to 'hospital' in 1920.

   Health Survey and Development Committee (Bhore Committee) in 1946 surveyed mental hospitals and suggested that more focus has to be taken for the training of personnel and students in psychiatry and promotion of occupational and diversional therapies. One of the proposals put forward by Bhore Committee was the establishment of Department of Mental Health in the proposed All India Medical Institute.

4. **Postindependence period (1947–2000):** Mudaliar committee in 1962 recommended the establishment of independent psychiatric or mental health clinics and institutions for mentally ill. Mudaliar committee also recommended that Ranchi mental hospital has to be converted into full-fledged training institute in addition to All India Institute of Mental Health, Bengaluru.

   By the 1960s, Central Institute of Psychiatry (CIP, Ranchi) and Madras Mental Hospital offered a range of specialized services, including child and adolescent clinics, geriatric, epileptic and neuropsychiatric services. The concept of a day hospital was an important innovation. One of the earliest rural mental health clinics was started at Mandar near Ranchi in 1967.

   On the recommendation of the Bhore committee, All India Institute Mental Health was set up in 1954, which became the National Institute of Mental Health and Neurosciences (NIMHANS) in 1974 at Bengaluru. National Mental Health Program was adopted by the Central Council of Health and Family Welfare, in 1982. The first draft of Mental Health Act that subsequently became the Mental Health Act of India (1987) was written at Ranchi in 1949.

JAYPEE BROTHERS

HISTORY OF PSYCHIATRIC NURSING: INTERNATIONAL LEVEL

Florence Nightingale initiated measures to meet the needs of psychiatric patients with proper hygiene, better food, light and ventilation and the use of drugs to restrain aggressive patients in 1840. These efforts contributed to reduction in mortality rate and improvement in the behavior of patients. During the 19th century, as a result of the reform movements, Psychiatric-Mental Health Nursing evolved as a specialty to provide treatment for the mentally ill. The first organized efforts to develop psychiatric nursing started at McLean Asylum in Massachusetts in 1882. Lind Richards was the first trained psychiatric nurse in US. She planned the curriculum for the McLean Training School for Nurses.

Harriet Bailey wrote the first psychiatric nursing textbook, *'Nursing Mental Diseases'.* Jane Taylor was the proponent for the inclusion of Psychiatric Nursing. Psychiatric nursing was included in the general nursing programs at Johns Hopkins Hospital in 1913. Hildegard Peplau published '*Interpersonal Relation in Nursing*' in 1952.

The first doctorate program in psychiatric nursing was started in 1960 in Boston. Maxwell Jones wrote a book on Therapeutic Community in which he emphasized the role of nurse in taking care of mentally ill clients. The American Nurses Association (ANA) developed standard of care in Psychiatric Nursing in 1973, so as to improve the quality of care. Scope and standards of Psychiatric-Mental Health Nursing was published by ANA in 2000.

DEVELOPMENT OF PSYCHIATRIC NURSING IN INDIA

History reveals that during the period of Emperor Ashoka, two male and two female nurses were recruited for the care of mentally ill. The role of the nurses was to meet the basic needs of the patient as well as administration of herbal medication.

During the initial period of establishment of asylums, nurses primarily provided custodial care, in addition to attending the basic physical needs of the patients. During 1919, Berkeley-Hill, the medical superintendent of European Mental Hospital in Ranchi appointed 12 staff nurse and 1 matron from UK and they were given 1 year training. During this time, nurses were involved in the provision of therapeutic environment.

In 1954, orientation course for 4–6 weeks duration for the nurses working in psychiatric units were organized at Nur Manzil Mental Health Center, Lucknow. In 1956, one year post certificate course in psychiatric nursing started in NIMHANS with an annual intake of 20 seats. Duration of Diploma in Psychiatric Nursing was reduced to 11 months in 1975.

JAYPEE BROTHERS

In 1965, Indian Nursing Council included psychiatric nursing in GNM and BSc Nursing curriculum. Psychiatric nursing was made as a separate examination by Indian Nursing Council in 2004. In 1975, MSc in Psychiatric Nursing was offered in Raj Kumari Amrit Kaur College of Nursing, New Delhi with an annual intake of 4.

In 1991–1992, the Indian Society of Psychiatric Nurses was registered.

CHALLENGES IN PSYCHIATRIC NURSING

Numerous issues and trends influence the psychiatric-mental health nursing practice. Mental health nurses often encounter a wide variety of challenges which occurs due to demographic, social, economic and technological changes.

- **Demographic changes:** According to WHO, between 2015 and 2050, the proportion of the world's older adults is estimated to almost double from about 12 to 22%. Elderly often face neglect and are subjected to abuse. Older adults most often develop mental disorders. Thus the mental health nurse has to be competent to meet the needs of the elderly. Psychogeriatrics is the branch of psychiatry which deals with behavioral and emotional problems of elderly. Geropsychiatry deals with the treatment of mental illness in elderly.

  Joint family has been replaced by nuclear family. In a nuclear family, family members lack opportunity to disclose their problems and the children also are not getting sufficient attention and care, so they are vulnerable to have mental health problems.
- **Social changes:** Human beings are becoming more conscious of their rights. Increased prevalence of juvenile delinquency and drug abuse are often attributed to peer pressure.
- **Economic changes:** As a result of urbanization and industrialization, people are often under stress to achieve the standard of living. Psychiatric mental health nurse often has to extend their services to the family and community.
- **Technological changes:** Mass media, computers and internet have profound influence on the people. Psychiatric mental health nurse can take a major role in educating the public the issues related to substance abuse, child abuse, adolescent health, family life and care of elderly. Mental health nurses must have knowledge and skill with the new technological advancements, so that she can deliver quality patient care.

TRENDS IN PSYCHIATRIC NURSING

- **Educational preparation of the nurse:** The educational programme for nurses in India which equip to practice as nurses in the field of psychiatry include the following as shown in Table 2.1.

JAYPEE BROTHERS

Table 2.1: Educational programs for nurses in India

Course	*Duration*
General Nursing and Midwifery	3 years
BSc (Basic) Nursing	4 years
BSc (Post Basic) Nursing	2 years
MSc Nursing	2 years
M Phil	1 year (Full time) 2 years (Part time)
PhD	3–5 years
Diploma in Psychiatric Nursing	1 year

General Nursing and Midwifery course has 70 hours theory and 8 weeks of clinical experience in mental health nursing. BSC Nursing has 120 hours of theory and 9 weeks of clinical experience. This educational preparation helps the nurse to take up the role of first level care providers in psychiatric mental health nursing setting. MSc Nursing course prepares the student to practice as nurse clinicians. M Phil and PhD equip the students to undertake research in the field of mental health nursing.

- **Standards of psychiatric-mental health nursing practice:** In order to provide quality nursing care and to fulfill the profession's obligations, American Nurses Association has developed the standards of psychiatric nursing.
- **Development of code of ethics:** Code of ethics helps the psychiatric mental health nurse to take up independent role.
- **Involvement of legal issues:** It is important that mental health nurses are to be aware of the rights of mentally ill and legal responsibilities of the nurse.
- **Changes in the role of psychiatric-mental health nurse:** Psychiatric mental health nurse can assume a wide variety of roles which include:
  - *Nurse clinician:* She identifies the emotional and behavioral problems of the client and provides comprehensive care in settings like Neuropsychiatric wards, general hospital, obstetric units, cardiac, burns, surgical unit and geriatric unit.
  - *Nurse therapist:* Role of the nurse therapist is to provide psychotherapy to the client on therapeutic, preventive and promotive approach.
  - *Nurse educator:* Nurse educator has to prepare the students at different level, so as to equip them to provide quality nursing care.
- **Cost-effective nursing care:** Nursing care of good quality with minimum cost has to be rendered.

JAYPEE BROTHERS

- **Care to the vulnerable or high risk groups:** Psychiatric mental health nurse has to render care to the vulnerable group which include the children, pregnant women, victims of violence and the elderly.
- **Research:** Nurses have to carry out research activities for implementing quality care.

NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

Mentally ill persons constitute a vulnerable section of society and are often subjected to discrimination in our society. National Mental Health Programme was launched by Government of India in 1982, keeping in view the heavy burden of mental illness in the community and inadequate mental health care services in the country.

India was the first developing country to formulate National Mental Health Programme. The services provided at Sakalwara, Bengaluru and Raipur Rani helped in initial development of NMHP.

Objectives

- To ensure the availability and accessibility of minimum mental health care for all particularly to the most vulnerable and underprivileged sections of the population.
- To encourage the application of mental health knowledge in general health care and in social development.
- To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

Aims

- Prevention and treatment of mental and neurological disorders and their associated disabilities.
- Use of mental health technology to improve general health services.
- Application of mental health principles in total national development to improve quality of life.

Strategies

- Integration of mental health with primary health care through the NMHP.
- Provision of tertiary care institutions for treatment of mental disorders.
- Eradicating stigmatization of mentally ill patients and protecting their rights.

JAYPEE BROTHERS

Components of NMHP

- Extension of District Mental Health Programme to 100 districts
- Upgradation of Psychiatry wings of Government Medical Colleges/ General Hospitals
- Modernization of State Mental hospitals
- Information, Education and Communication (IEC)
- Monitoring and Evaluation
- Manpower Development Schemes
- Training and Research.

DISTRICT MENTAL HEALTH PROGRAMME (DMHP)

A model for DMHP was initiated by NIMHANS, which is known as Bellary model in 1985. District Mental Health Programme (DMHP) is a part of National Mental Health Programme which provides mental health services in each district. The main objective of DMHP is to integrate mental health with general health services through decentralization of treatment from tertiary level of care to primary health care services. The components of DMHP are early detection and treatment, training, IEC and monitoring.

DMHP was started in Thiruvananthapuram in 1999. DMHP, Thiruvananthapuram has its nodal center functioning at Mental Health Centre, Peroorkada. It focuses on rendering mental health services to the rural areas and creates awareness among the public so as to reduce the misconceptions and to seek services for the early diagnosis and treatment of mental illness.

DMHP Team Members

- Psychiatrist
- Clinical Psychologist
- Psychiatric Social Worker
- Psychiatric Nurse
- Program Manager
- Record Keeper

CONCLUSION

Psychiatry as a branch of medicine deals with thoughts and emotions and thus provides an important platform for promoting the mental health of individual and the society as a whole. The combination of primary health care in mental health care, has led to a shift from the concept of care rendered in hospitals to the one that is rendered at community.

JAYPEE BROTHERS

BIBLIOGRAPHY

1. Ahuja N. A Short Textbook of Psychiatry (Seventh edition). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, 2011.
2. District Mental Health Programme Available from https://dmhptvpm.org/about.html (Accessed on 13 May, 2017).
3. Frisch N, Frisch L. Psychiatric Mental Health Nursing (Fourth Edition). Delmar Cengage Learning, New York, 2011.
4. Halter, Margaret J Varcarolis, Elizabeth M (Eds). Varcarolis' Foundations of Psychiatric Mental Health Nursing: A Clinical Approach. St Louis, Mo: Elsevier, 2014.
5. National Mental Health Programme Available from https://nhp.gov.in/national-mental-health-programme (Accessed on 13 May, 2017).
6. Sadock BJ, Sadock VA, Ruiz P. Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry (Ninth edition). Philadelphia: Wolters Kluwer, 2009.
7. Sreevani R. A Guide to Mental Health and Psychiatric Nursing (Third Edition). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, 2016.
8. Stuart GW, Laraia MT. Principles and Practice of Psychiatric Nursing. St Louis: Mosby, 2001.
9. Townsend CM. Psychiatric Mental Health Nursing: Concepts of Care in Evidence-based Practice (7th Edition). Philadelphia: FA Davis Company, 2012.
10. Vyas JN, Ghimire RS. Textbook of Postgraduate Psychiatry (Third edition). New Delhi: Jaypee Brothers Medical Publishers (P) Ltd, 2016.

JAYPEE BROTHERS

for detailed information on nursing books, visit our website **www.jaypeebrothers.com,** for detailed information on nursing

Foundations of
Psychiatric Mental Health Nursing

Foundations of Psychiatric Mental Health Nursing is a comprehensive, easy to understand textbook for the General Nursing and Midwifery students. This book has evolved out of the constant need of the nurse educators, as no such book for the diploma nursing has been published for quite a long time. Ample clinical correlation and illustrations have been provided which makes the concepts of mental health nursing amazingly simple. It discusses about the essential skills needed for psychiatric mental health nursing practice and explains the nursing management based on nursing process approach and INC syllabus requirement for GNM.



Shija K is presently working as Assistant Professor in Government College of Nursing, Thiruvananthapuram, Kerala, India, since 2012. She had completed graduation from Government College of Nursing, Thiruvananthapuram in 1990 and Masters in Public Administration from University of Kerala in 2001. She had worked as staff nurse in Sree Chitra Tirunal Institute of Medical Science and Technology, Kerala, a central autonomous institution of national importance from 1992 and acquired a senior grade post in 1999. She was appointed as Nursing Tutor in 2002 and have 10 years teaching experience in different schools of nursing under Department of Health Services, Kerala. In 2008, she had done postgraduation in Psychiatric Nursing under Dr MGR Medical University, Tamil Nadu. She has attended many state and national level nursing conferences, presented scientific papers and posters. She is a life member of many professional organizations including Indian Society of Psychiatric Nurses (ISPN) and Nursing Research Society of India (NRSI).



Jija D is presently working as Assistant Professor in Government College of Nursing, Thiruvananthapuram, Kerala, India. She did her graduation from Government College of Nursing, Thiruvananthapuram and postgraduation in Mental Health Nursing from Dr MGR Medical University, Tamil Nadu. She had acquired PhD in Nursing from University of Kerala in 2016. After her postgraduation, she has been teaching nursing students for nearly twelve years. She had published four research articles and organized workshops. She is a life member of ISPN.

Available at all medical bookstores
or buy online at www.jaypeebrothers.com



JAYPEE BROTHERS
Medical Publishers (P) Ltd.
www.jaypeebrothers.com

Join us on facebook.com/JaypeeMedicalPublishers

