

INFERMIERISTICA DI COMUNITA' E DELLA SALUTE MENTALE (ITO011)

1. language

Italian.

2. course contents

Coordinator: Prof. Claudio Maliziola

Year Course: 3

Semester: 1

UFC: 4

Modules and lecturers:

- PSICHIATRIA ITO055 – 1 CFU – SSD MED/25

Prof. Alessio Simonetti

- PSICOLOGIA DI COMUNITÀ ITO056 – 1 CFU – SSD M-PSI/05

Prof.ssa Enrica Fusaro

- INFERMIERISTICA DI COMUNITÀ E DELLA SALUTE MENTALE ITO058 – 1 CFU – SSD MED/45

Prof. Claudio Maliziola

- SOCIOLOGIA DELLA SALUTE E FAMIGLIA ITO057 – 1 CFU – SSD SPS/07

Prof. Pannofino Nicola Luciano

3. bibliography

Psichiatria

Siracusano A. Manuale di Psichiatria. Torino: Il pensiero Scientifico, 2014.

APA. Criteri diagnostici Mini DSM – 5. DSM V-TR. Milano: Raffaello Cortina; 2014.

Psicologia di comunità

Fontanella L. La comunicazione diseguale. Torino: Il Pensiero Scientifico; 2011.

Infermieristica di Comunità e della Salute mentale

Barelli P, Spagnolli E. (2004) Nursing di Salute Mentale. Roma: Carocci Faber.

Maliziola C, Marmo G, Gargiulo A, Moro CG, Balice MG, Comolli E, Poli V, Compagnone M, Gianolio S. (2021) La frequenza dei fenomeni di interesse infermieristico in Salute Mentale: uno studio a metodo misto italiano. L'Infermiere. 58:4.

Guasco E, Maliziola C. (2020). Lo stigma in salute mentale: implicazioni per l'assistenza. NEU, dicembre: 30-40.

LEGGE 13 maggio 1978, n. 180 "Accertamenti e trattamenti sanitari volontari e obbligatori."

LEGGE 22 dicembre 2017, n. 219 "Norme in materia di consenso informato e di disposizioni anticipate di trattamento".

Registered Nurses' Association of Ontario. (2012). Promoting Safety: Alternative Approaches to the Use of Restraints. Toronto, ON: Registered Nurses' Association of Ontario.

Registered Nurses' Association of Ontario. (2009). Assessment and Care of Adults at Risk for Suicidal Ideation and Behaviour. Toronto, ON: Registered Nurses' Association of Ontario.

Vearrier L. The value of harm reduction for injection drug use: A clinical and public health ethics analysis. Dis Mon. 2019 May;65(5):119-141.

Sociologia della salute

Cardano M., Giarelli G., Vicarelli G. (a cura di), Sociologia della salute e della medicina: Bologna, il Mulino 2020 (Capitoli 1, 3, 5, 6, 9, 12, 14).

4. learning objectives

Knowledge and understanding - (Dublin 1)

At the end of the course, the student will be able to assign appropriate meanings to the teaching contents related to:

- a) diagnostic - therapeutic - welfare, rehabilitation of the main psychiatric disorders;
- b) psychological variables of a spontaneous and organized group context, with particular reference to the fundamental concepts of the sociology of health and family;
- c) organisational variables that influence the stages of the therapeutic care diagnostic pathway (PDTA) of the mentally ill person in different departmental agencies (DSM);

Applied knowledge and understanding - (Dublin 2).

At the end of the course the student will be able to interpret and argue, based on appropriate knowledge and rigorous reasoning, emblematic problem situations related to:

- a) characteristics of the therapeutic relationship at different stages of psychological distress
- b) communication aspects and relational styles in spontaneous and organized groups
- c) social elements affecting health

Independent judgment - (Dublin 3)

At the end of the course the student will be able to critically analyze and evaluate, with rigorous method, with up-to-date knowledge, appropriate information and valid interpretative criteria, topics and problematic situations with particular reference to:

- a) situations that characterize the professional exercise of a nurse in terms of legal,

- ethical, bioethical and ethical responsibility in the area of mental health;
- b) situations that characterize the professional exercise of a nurse on the level of care choices based on the best evidence in the different care settings of the departmental agencies (DSM).

Communication skills - (Dublin 4)

At the end of the course the student will be able to describe:

- a) specific interview techniques in specific psychopathological situations or aggressive situations

At the end of the course the student will be able to answer specific questions and discuss emblematic topics and cases:

- b) using the correct terminology and syntax in both written and oral form;
- c) expressing itself in a clear, comprehensible and adapted way to the type of interlocutor and his receptive and interpretive abilities.

Ability to Learn - (Dublin 5)

At the end of the course, the student will be able to self-evaluate their learning skills in relation to teaching topics:

- a) identifying, on the basis of its intellectual performance and the feedback provided by the teachers, any need for cognitive or methodological compensation/integration;
- b) using independently available information sources to address these needs.

5. PREREQUISITES

Physiological activation of defense mechanisms. Other propedeuticities concern the topics addressed in the teachings of previous years.

6. teaching methods

Interactive and dual mode also lessons through the use of institutional platforms, with integration of slides and videos.

Discussion of clinical cases.

Multidisciplinary guided analysis of films.

7. other informations

Teachers are available to meet students by appointment.

8. methods for verifying learning and for evaluation

There will be a final written exam with multiple choice questions and/or open questions and subsequent oral examination. Students with an assessment equal to or greater than

18/30 for each individual module will be admitted to the oral exam. Students with one or two minor deficiencies (16 or 17/30) may be admitted to the oral test sub condicione (The passing of the exam is conditioned by the positivity of the oral test). Students with one or more deficiencies (15/30) will not be admitted to the oral exam. The final assessment of the exam will be expressed in thirtieth; the grade results from the weighted average between the written and oral test. Passing the exam requires a minimum vote of 18/30. The student will be able to get the maximum score of 30/30 if the weighted average is at least 29.5/30. The exam can be conducted in presence, in e-learning or blended mode.

9. program

Psychiatry

Psychiatric evaluation and psychopathological semeiotics.

Mood disorders. Anxiety disorder and obsessive-compulsive disorder. Psychosis.

Personality disorders. Somatoform disorders.

Anorexia nervosa. Bulimia nervosa.

Substance abuse and addiction.

Therapeutic opportunities: psychopharmacological therapies and psychotherapies.

Community psychology

Characteristics of personality and communication processes and perception in relation to variables of organizational contexts. From this we will highlight the types of relationships that develop at the personal, group and structure levels, providing tools for observing and understanding the dynamics of conscious and latent motivations, with particular reference to the impact on the relationship nurse - persons assisted.

Nursing Community and Mental Health

Elements of history of care in psychiatry: regulatory aspects.

The different treatment settings of the Department of Mental Health.

Rights and ethical aspects in the psychiatric field.

Phenomena of nursing interest in Mental Health: health, autonomy, relational, emotion and contextual elements.

Special psychopathological situations: the difficult and/or aggressive person.

Care systems no restraint.

Such influence in mental health nursing.

Elements of nursing care in pathological addictions.

Aspects of prevention and rehabilitation in mental health.

Sociology of health

Introduction and Main theoretical guidelines. Health inequalities. Plurality of paths of care. Microsocial analysis of the relationships between professional and assisted

person. Economic crisis and health. Digitalization and health.
Sociology of the family: family as social construction. Family as unit of cohabitation.
Family in social stratification. Family and work. Family and health needs. Caring
work in the family and community.