CHALLENGES FACED BY NURSES IN THE PROVISION OF MENTAL HEALTH SERVICES IN MASAKA REGIONAL REFERRAL HOSPITAL, MASAKA CITY- A CROSS-SECTIONAL STUDY.

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ABSTRACT
Background
Globally, mental illness affects over 970 people, with 1 in every 8 people, and is among the leading causes of the global burden of disease. The purpose of the study was to assess the challenges faced by nurses in the provision of mental health in Masaka Regional Referral Hospital, Masaka City.

Methodology
A descriptive cross-sectional study design that utilized quantitative methods of data collection was conducted at Masaka Regional Referral Hospital, in 3 days, 30 nurses were selected using the purposive sampling method.

Results
The majority 16(53%) of the respondents agreed that it is hard to develop a health worker-patient relationship with mentally ill patients due to the aggressive behavior of patients, 22(73%) of the respondents said that patient's economic status affected their services, 16(53%) of the respondents said that drug stock outs affected the wellness pattern of mentally ill patients, 17(57%) said they were affected psychologically while taking care of mentally ill patients since other people would say that they were behaving like mentally ill patients, 23(77%) mentioned that they had ever been aggressively harassed by mentally ill patients, and 18(60%) said that the facility administration rarely held training for the management of mental illnesses.

Conclusion
Challenges faced by nurses in the provision of mental health services included; difficulty in developing a nurse-patient relationship due to aggressive behavior, drug stock-outs which affected the wellness pattern of patients, and lack of training on management of mental illnesses.

Recommendation
The Ministry of Health and the Management of Masaka Regional Referral Hospital should encourage nurses to practice self-care and prioritize their well-being, resources and workshops on stress management techniques, and provide enough drugs to use during the provision of mental health services.

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Background of the study
The World Health Organization (WHO) states that mental health is the state of well-being in which people realize their abilities that help them to cope with normal stresses of life, work productively, and contribute to their community welfare and resilience (WHO, 2015). Despite an increase in mental disorders, earlier studies documented that only 32% of people worldwide utilize community intervention facilities, and this includes any type of care for patients with mental disorders seeking mental health interventions in hospitals.

Mental disorders continue to increase, and the provision of mental health services for these disorders remains poor mostly in developing countries (Wainberg et al., 2017 & Alloh et al., 2018). Recent studies indicated multiple challenges to provision and the utilization of mental health services in developing countries where three-quarters of the patients with mental disorders do not have access to mental health services (Singh et al., 2016; Ali and Agyapong, 2020).

Globally, mental illness affects over 970 people, with 1 in every 8 people, and is among the leading causes of the global burden of disease (Vigo, et al., 2016). Across the globe, more than 70% of people presently lack access to mental health care services due to challenges faced by nurses that hinder the provision of these services (Wainberg, et al., 2017). The problem is particularly acute in low-to-middle-income countries, over 90% of nurses across the globe are

uncomfortable with providing mental health services and this has escalated advancement in mental illness due to inadequate provision of mental health services. (Pekurinen et al., 2017).

Studies in sub-Saharan African countries revealed that barriers such as financial means scarcity, poor awareness of mental disorders, poor knowledge of mental health services, poor quality of services, negative beliefs about healthcare provision, and sociocultural and physical barriers hinder the provision of mental health services (Henderson et al., 2013; Jack-Ide and Uys, 2013; Tumbwene et al., 2015; Mugisha et al., 2019)

In East Africa, particularly Rwanda, from genocide happened over 25 years ago, mental health burden has been on the rise, however, the provision of mental health services by nurses in Rwanda, is still facing an uphill of challenges, and this has caused advancements in mental illnesses with several associated complications due to poor management rendered to mentally ill patients by nurses (Mutuyimana et al., 2019).

Other studies in Kenya established that patients with mental disorders mistrust the healthcare providers, experience barriers like stigma related to their mental disorder, experience sociocultural misunderstandings, resist therapies, and experience barriers to medical infrastructures resulting in their difficulty in access to and utilization of mental health services (Musyimi et al., 2017).

In Uganda, access to mental health services in Uganda remains low, regardless of the efforts the government of Uganda has made to attenuate the high prevalence of mental disorders. Studies have reported main challenges faced by staff in caring for patients with mental disorders included the lack of compliance to medical prescriptions, patients not respecting the appointments, difficulties related to families not supporting their patients, high costs of medications, poor affordability, stigmatization, and difficulties related to families not collaborating with patients' caregivers (Wakida et al., 2018; Mukamana et al., 2019).

METHODOLOGY
Study design and rationale
In this study, a descriptive cross-sectional study design was used and it utilized quantitative methods of data collection. This research study design was preferred because it was less time-consuming and in addition, the researcher collected data at once without following up with respondents.

Study setting and rationale
The study was carried out in Masaka Regional Referral Hospital, located in Masaka City, located in South-Central Uganda. It was the Referral Hospital for the districts of Kalangala district, Lyantonde, Masaka and Sembabule, Kalungu, Lwengo, Bukomansibi and Rakai. It is approximately 132 Km (82 mi), by road, southwest of Mulago National Referral Hospital, in Kampala, Uganda's capital and largest city. The coordinates of Masaka Regional

Referral Hospital are 0019'46.0" S, 310 44'04.0" E. The facility provides outpatient services which include mental health services, general medicine, and maternity services. The health facility was chosen since it offered mental health services and was easily reached by the researcher.

Study population
The study targeted nurses who cared for mentally ill patients.

Sample size determination
The sample size was determined by the use of Roscoe's (1975) method which stated that a Sample size of not less than 30 and not more than 500 was appropriate for the generalization of most scientific studies. Therefore 30 respondents were sampled from Masaka Regional Referral Hospital. The sample size was influenced by resource constraints that included limited time and inadequate financial resources.

Sampling procedure
A purposive sampling procedure was used and it involved approaching nurses who took care of mentally ill patients. This sampling procedure was most suitable because the participants were professionals, and the study was mainly targeting nurses who cared for mentally ill patients and not all nurses. After approaching each health worker, the researcher asked the participants to take part in the study by asking them to consent.

Inclusion criteria
This study included all nurses who took care of mentally ill patients and who met the following criteria;
 ➤ willing to voluntarily take part in the study by consenting

Definition of variables
Variables are challenges or characteristics of interest that a researcher would like to handle in the research. The study has two variables and these were:

Independent variables
The independent variables of this study were challenges, these are:
• Patient-induced challenges faced by nurses in the provision of mental health services.
• Health facility-related challenges faced by nurses in the provision of mental health services.
• Psychological challenges faced by nurses in the provision of mental health services.

Dependent variable
The dependent variable was the provision of mental health services by Nurses.

Research instruments

Data was collected by a structured questionnaire consisting of both open and closed-ended

Questions in English designed to assess the challenges faced by nurses in the provision of mental health services in Masaka Regional Referral Hospital.

Data collection procedure

After approval of the proposal, an introductory letter was obtained from the school administration which was then presented to the administration of Masaka Regional Referral Hospital, Masaka District then introduced the researcher to the nurses who take care of mentally ill patients. The researcher made a self-introduction and distributed the questionnaire to the respondents. The purpose of the study was explained to each respondent. A questionnaire was given to each participant and each respondent who fulfilled the criteria for participation in the study was greeted and made comfortable in a separate room to ensure privacy. For confidentiality and anonymity, serial numbers were used instead of names, and the questionnaires were kept in a locked cupboard and the key kept by the researcher. Then the researcher thanked the respondents after the interview.

Data management

In the process of data collection, each questionnaire after filling was checked for completeness and accuracy before leaving the area of study. Filled questionnaires were kept properly in a locker for confidentiality and safety.

Data analysis

The data collected was analyzed by entering it into the computer using Microsoft Office Word and Microsoft Excel 2013 where data was represented in tables, graphs, pie-charts, and figures.

Ethical consideration

An introductory letter was obtained from the principal of Lubaga Hospital Training School. This letter was presented to the health facility administrator seeking permission to carry out the study.

Participants received an explanation of what the study was about in a simple and easy language that could be understood by everyone before enrollment and only those willing to participate consented and anyone who wanted to pull out of the study was free to pull out. People were not forced to participate in the study which was a fundamental principle of voluntary participation in in research ethics. Confidentiality was ensured to respondents and was highly observed during the study by respondents using serial numbers instead of names and questionnaires were kept in a locked cupboard and the key kept by the researcher.

RESULTS
Demographic characteristics of the respondents

The study analyzed the socio-demographic characteristics of the respondents such as age, religion, and tribe. The findings are presented in Table 1.

Table 1: Showing the demographic data of respondents. n=30

Variable	Category	Frequency	Percentage (%)
Age	18-25 years	13	43
	26-35 years	17	57
	36-45 years	0	
	Above 46 years	0	
	Total	**30**	**100**
Gender	Male	9	30
	Female	21	70
	Total	**30**	**100**
Marital status	Single	20	67
	Married	10	33
	Divorced	0	0
	widowed	0	0
	Total	**30**	**100**

Source: Primary Data 2023

From Table 1, the majority 17(57%) of the respondents were aged 26-35 years while the minority 13(43%) were aged 18-25 years. Regarding sex, majority 21(70%) were female while minority 9(30%) were male. Concerning marital status, majority 20(67%) were single while minority 10(33%) were married.

Patient-induced challenges faced by nurses in taking care of mentally ill patients
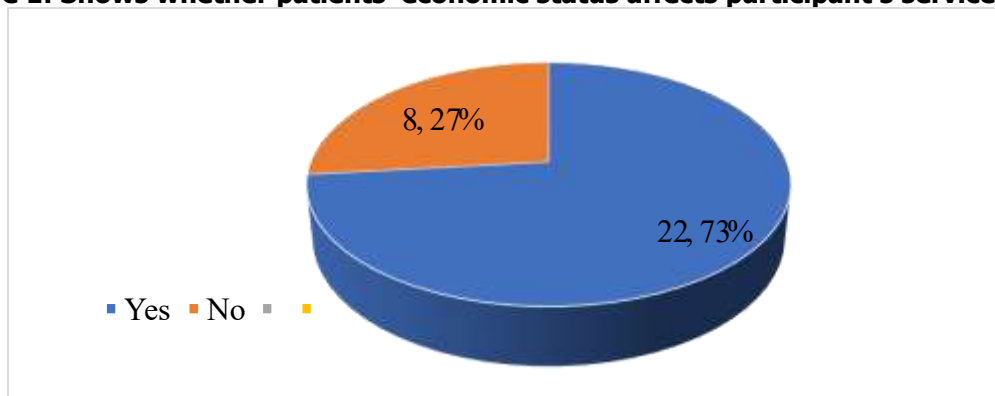
Table 2: shows whether developing a nurse-patient relationship is hard in taking care of mental in patients n=30

Response	Frequency (f)	Percentage (%)
Agree	16	53
Disagree	14	47
I don't	0	0
Total	**30**	**100**

Source: Primary Data 2023

From Table 2, the majority 16(53%) agreed that is hard to develop a health worker-patient while the minority 14(47%) disagreed with finding it hard to develop a health worker-patient relationship.

Table 3 below shows why developing a nurse-patient relationship is hard in taking care of mental in patients

Response	Frequency (f)	Percentage (%)
The patients desire emotional interactions	9	56.2
The patients ask for money all the time	3	18.8
The patients are also asking for food	0	0
They do not understand	4	25
Total	**30**	**100**

Source: Primary Data 2023

From Table 3, 9(56.2%) of the respondents found it hard to develop nurse-patient relationships because patients desired emotional interactions, 4(25%) said patients did not understand while the minority 3(18.8%) said patients were asking for money all the time.

Figure 1: Shows whether patients' economic status affects participant's services n=30

Source: Primary Data 2023

From Figure 1, the majority 22(73%) said that the patient's economic status affected their services while the minority 8(27%) said that the patient's economic status did not affect their services.

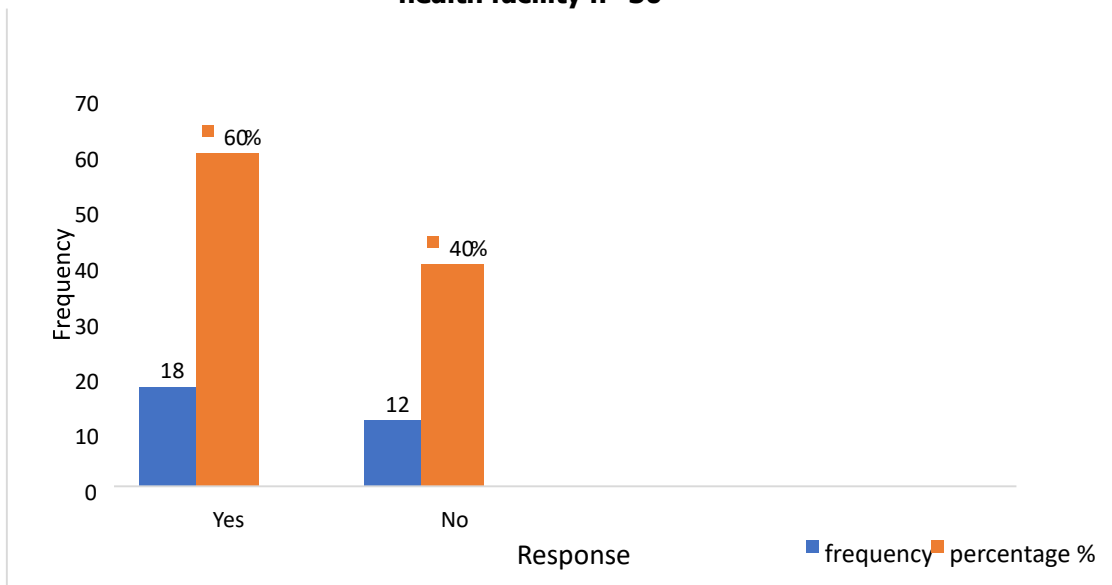**Table 4: showing how patients' economic status affects participants' service n=22**

Response	Frequency (f)	Percentage (%)
They have no money to buy the drugs	5	23
They cannot pick the drugs from the health facility	8	36
The default treatment affecting their mental health status	5	23
They can't afford to buy medicine	4	18
Total	**22**	**100**

Source: Primary Data 2023

From Table 4, the majority 8(36%) of the respondents said that they could not pick the drugs from nurses due to inadequate economic status, 5(23%) said that patients had no money to buy drugs, 5(23%) said that patients defaulted treatment which affected their mental health status while minority 4(18%) said that patients could not afford to buy medicine.

Health facility-related challenges faced by nurses in taking care of mentally ill patients
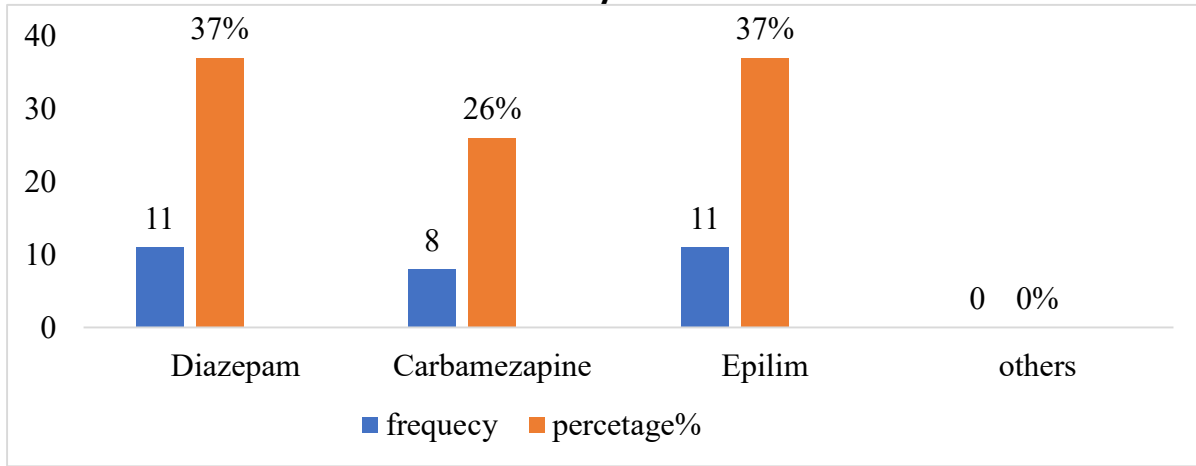
Figure 2: Shows whether drugs for managing mental illnesses are always available at the health facility n=30

Source: Primary Data 2023

From Figure 2, the majority 18(60%) said that drugs for managing mental illnesses were always available at the health facility while the minority 12(40%) said that drugs were not always available.

Figure 3: shows the drugs for managing mental illnesses always available at the health facility n=30

Source: Primary Data 2023

From figure 3, majority 11(37%) said diazepam runs out of stock, other 11(37%) also mentioned Epilim while 8(26%) mentioned carbamazepine.
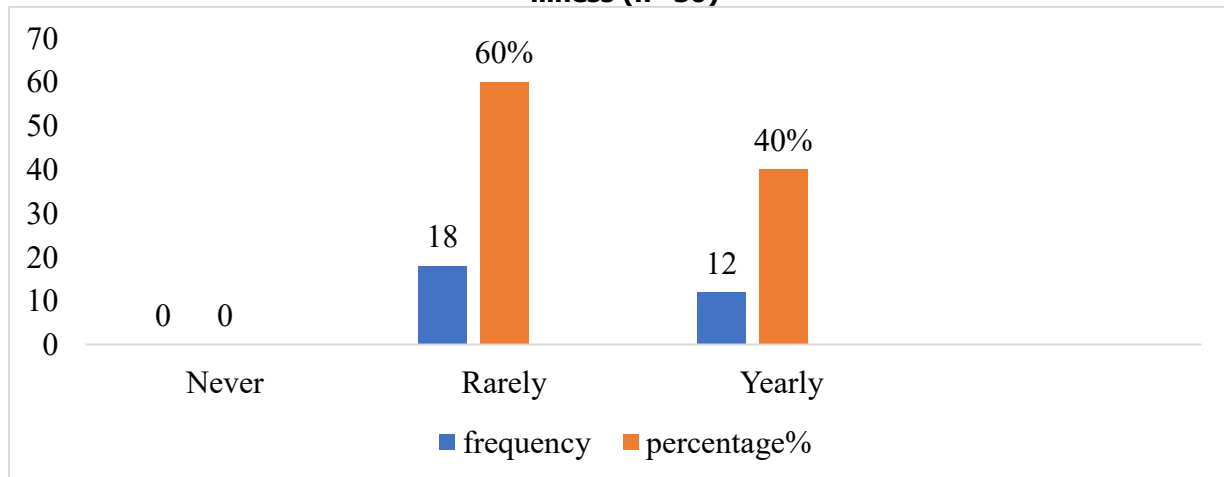
Table 5: Shows the dangers of drug stockouts in managing mentally ill patients n=30

Response	Frequency(f)	Percentage (%)
It's hard to control the violent patients in the health facility	2	7
Drug stockouts affect the wellness pattern of these patients	16	53
Others	12	40
Total	**30**	**100**

Source: Primary Data 2023

From Table 5, the majority 16(53%) of the respondents said that drug stockouts affect the wellness pattern of patients while the minority 2(7%) mentioned that with drug stockouts, it is hard to control violent patients in the health facility.

Figure 4: shows how often the administration holds training for the management of mental illness (n=30)

Source: Primary Data 2023

From Figure 4, the majority 18(60%) said that the facility administration would hold training for the management of mental illnesses rarely while the minority 12(40%) mentioned yearly.
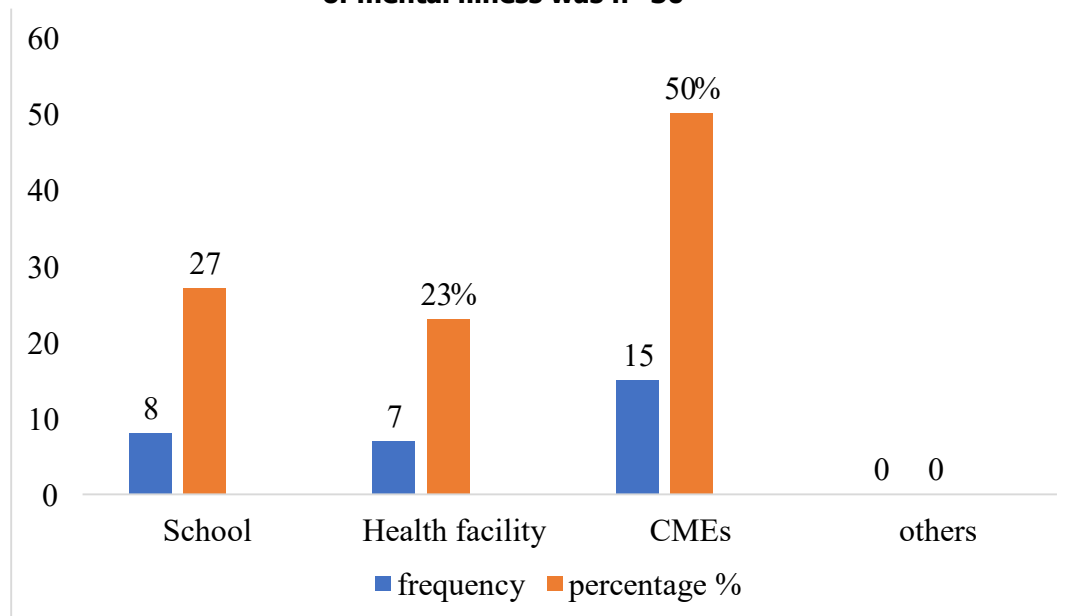
Table 6: Shows how lack of training affects the efficiency of management of mental health n=30

Response	Frequency (f)	Percentage (%)
There is less expertise in the management of mentally ill patients.	18	60
Nurses fail to give the right medication in cases of psychiatric emergencies	12	40
Othere	0	0
Total	**30**	**100**

Source: Primary Data 2023

From Table 6, the majority 18(60%) mentioned that there was less expertise in the management of mentally ill patients while a minority 12(40%) mentioned that due to lack of training, nurses fail to give the right medication in cases of psychiatric emergencies.
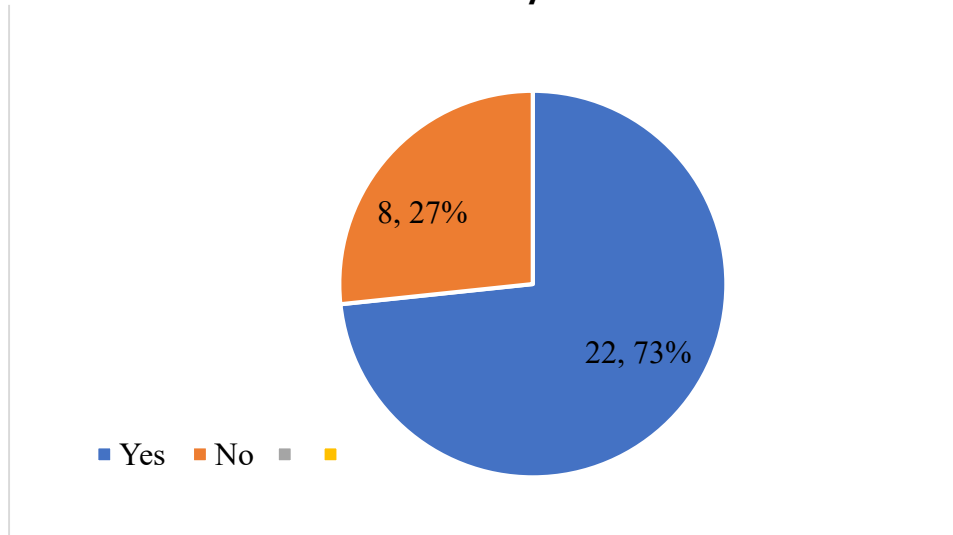
Figure 5 below shows where the last time respondents received training in the management of mental illness was n=30

Source: Primary Data 2023

From Figure 5, half 15(50%) of the respondents got training in the management of mental illnesses from CMEs, 8(27%) from school while minority (23%) from the health facility.

Figure 6: shows whether participants have specialists who manage mental illness in this health facility n=30

From Figure 6, the majority 22(73%) of the respondents mentioned that there were specialists that managed mental illness in their facility while the minority 8(27%) mentioned that there were no specialists to manage mental illnesses.

Table 7 shows another challenge (s) respondents face in the health facility when attending to mentally ill patients n=30

Response	Frequency (f)	Percentage (%)
Small consultation rooms	10	33
Poor attitude of the nurses	7	23
Lack of knowledge in the management of mental illness	13	43
Others	**0**	**0**
Total	**30**	**100**

Source: Primary Data 2023

From Table 7, the majority 13(43%) mentioned that they lacked knowledge in the management of mental illness as one of the challenges faced while taking care of a mentally ill patient while a minority 7(23%) mentioned the poor attitude of nurses.

Psychological challenges faced by nurses in taking care of mentally ill patients

Table 8: Shows how managing mentally ill patients affected you psychologically n=30
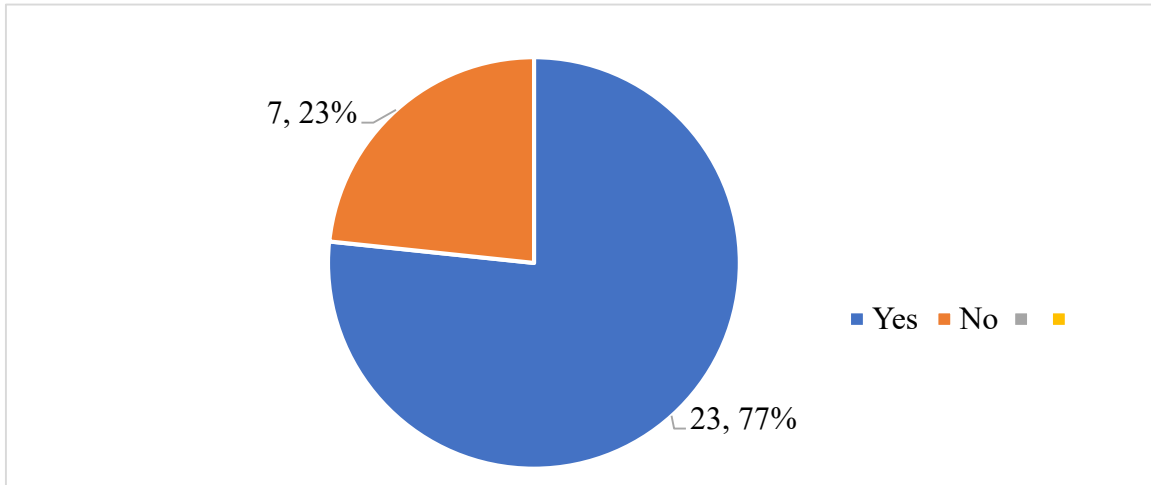
Response	Frequency (f)	Percentage (%)
I am discriminated against by my fellow nurses	0	0
The way mentally ill patients behave is stigmatizing	13	43
Other people say I behave like mad people	17	57
My fellow workers say I dress up like mad people	0	0
Total	**30**	**100**

Source: Primary Data 2023

From Table 8, the majority 17(57%) said they were affected psychologically while taking care of mentally ill patients since other people would say that they were behaving like mentally ill patients, others 13(43%) said that the behavior of mentally ill patients was stigmatizing.
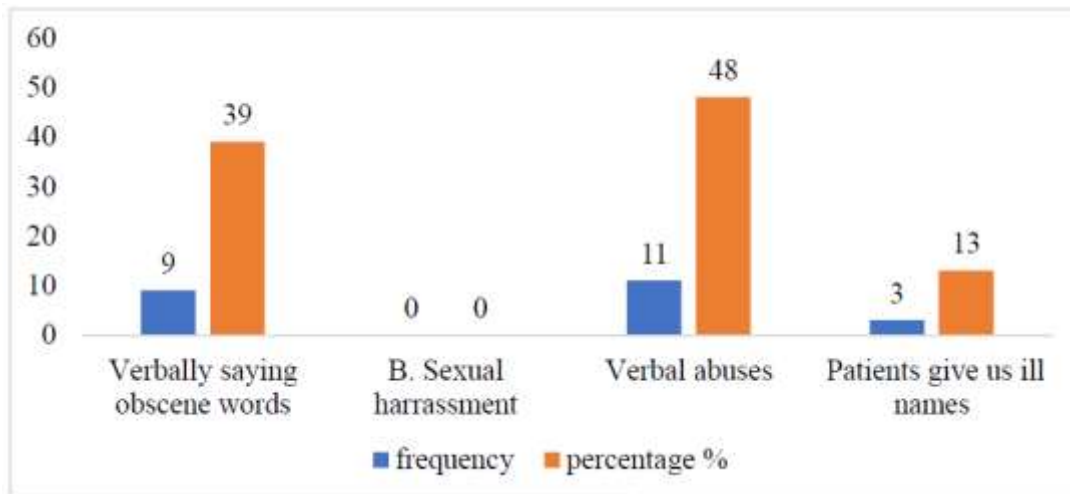
Figure 7: Shows whether respondents have ever been aggressively harassed by mentally ill patients n=30

Source: Primary Data 2023

From Figure 7, the majority 23(77%) mentioned that they had ever been aggressively harassed by mentally ill patients while the minority 7(23%) mentioned that they had never been aggressively harassed by mentally ill patients.

Figure 8: Shows how respondents have ever been aggressively harassed by the mentally ill Patients n=23

Source: Primary Data 2023

From Figure 8, the majority 11(48%) mentioned that they were verbally abused by mentally ill patients while the minority 3(13%) said that patients were giving them all names.

9

Table 9: Show how the above aggressive nature of the patients affects participants' work n=30

Response	Frequency (f)	Percentage (%)
I fear treating these patients	17	57
I am afraid of going to work	5	17
Sometimes I lose my temper and abuse them back	3	10
It takes a lot of time to calm them	5	17

Source: Primary Data 2023

From Table 9, the majority of 17(57%) of the respondents feared treating mentally ill patients due to aggressive behavior of mentally ill patients while the minority 3(10%) of the respondents mentioned that sometimes they would lose their temper and abuse patients back.

Discussion of the findings
Socio-demographic factors
According to the study, the majority 17(57%) of the respondents were aged 26-35 years while the minority 13(43%) were aged 18-25 years. This implies that the majority of the respondents were middle-aged and energetic enough to take care of mentally ill patients. With this age group, it means these nurses had just started working.

Regarding sex, majority 21(70%) were female while minority 9(30%) were male. This could be because the nursing profession is always more embraced by females than males.

Concerning marital status, majority 20(67%) were single while minority 10(33%) were married. This could be because the majority were still young, in the age group of 26-35 years. Such people within this age bracket are always single or still preparing for marriage.

Patient-induced challenges faced by nurses in taking care of mentally ill patients in Masaka Regional Referral Hospital, Masaka City
According to the study findings, the majority 16(53%) of the respondents agreed that it is hard to develop a nurse-patient relationship with mentally ill patients. This is true since mentally ill patients have unexpected behaviors towards many circumstances around them, they are unsettled, and may not be understanding due to having an unconscious mind and their aggressive behaviors can deter the attitude nurses have toward them. This was in agreement with Horgan et al, (2021) where nurses said that developing a nurse-patient relationship was hard and hindered care for mentally ill patients.

In addition, 9(56.2%) of the respondents found it hard to develop nurse-patient relationships because patients desired emotional interactions. This requires a lot of patience which actually may be hard due to the presence of other responsibilities nurses have in the realm of health care. This is similar to the study by Horgan et al, (2021) who found that the nurse-patient relationship was hard because patients desired emotional interactions in addition to their financial and physical needs.

Additionally, the majority 22(73%) of the respondents said that the patient's economic status affected their services while the minority 8(27%) said that the patient's economic status did not affect their services. All healthcare systems may require funding in one way or the other, therefore lack of funds can be one of the circumstances that may challenge nurses to take care of mentally ill patients. This is in agreement with a study by Balthazar, (2020) who found that poor patients would default on treatment appointments and the time of picking drugs which would affect the provision of mental health services.

The study results also found that the majority 8(27%) of the respondents said that they could not pick the drugs from nurses due to inadequate economic status. This could be related to the fact that some drugs have to be bought by the patient or the caretakers. Inadequate funds mean that patients will lack drugs, stay in their devasting state, and make it even harder for nurses to manage. This is in agreement with a study by Balthazar, (2020) who found out that patients who fail to pick drugs due to low socio-economic status.

Health facility-related challenges faced by nurses in taking care of mentally ill patients in Masaka Regional Referral Hospital, Masaka City.
According to the study findings, the majority 18(60%) said that drugs for managing mental illnesses were always available at the health facility. This could be because the study was carried out from the government health facility which receives free drugs from the National Medical Stores. With this fact, drugs were always available, except 12(40%) mentioned that drugs were not always available. These were the minority and perhaps they were meaning some drugs but not all. This is in disagreement with a study by Muhorakeye (2021) who found that drugs for taking care of mentally ill patients were always available.

In addition, the majority 11(37%) said diazepam runs out of stock. This is a big challenge because diazepam is very essential, especially during emergencies like in aggressive patients. Such a drug running out of stock simply implies that nurses had to be stranded during care for mentally ill patients and could face challenges in case of uncontrolled behavior of patients. This is in agreement with a study by

Muhorakeye (2021) who found that drugs that would commonly run out of stock included diazepam among others.

According to the study findings, the majority 16(53%) of the respondents said that drug stockouts affect the wellness pattern of patients. This is true because mentally ill patients usually survive on drugs entirely. Drug stockouts therefore can turn out to be a challenge and puts nurses at risk of suffering aggressive consequences from mentally ill patients.

Furthermore, the majority 18(60%) said that the facility administration would hold training for the management of mental illnesses rarely. This is a very big challenge. It means nurses were lacking guidance and refresher courses and support. This means they were suffering with mentally ill patients due to inadequate care. This is in agreement with a study by Li et al (2022) who found that a lack of special training in caring for mentally ill patients affected the ability of nurses to render good care.

The study results revealed that the majority 18(60%) mentioned that there was less expertise in the management of mentally ill patients while the minority 12(40%) mentioned that due to lack of training, nurses fail to give the right medication in cases of psychiatric emergencies. Challenges would make care for mentally ill patients very hard. This is in agreement with a study by Chaoyong et al, (2022) who found that nurses lacked enough expertise to take care of mentally ill patients.

According to the study results, the majority 22(73%) of the respondents mentioned that there were specialists who managed mental illness in their facility. This was good however, due to the challenges that were earlier noted, these specialists may be very few and this poses challenges to the care for mentally ill patients. This is in disagreement with a study by Molodynski, Cusack, and Nixon, (2017) which revealed that specialists in psychiatry were few which hindered proper care for mentally ill patients among nurses.

Psychological challenges faced by nurses in taking care of mentally ill patients in Masaka Regional Referral Hospital, Masaka City.

According to the study results, the majority 17(57%) said they were affected psychologically while taking care of mentally ill patients since other people would say that they were behaving like mentally ill patients, 13(13%) said that the behavior of mentally ill patients was stigmatizing. This was so challenging and it must have caused lowered interest in taking care of mentally ill patients among health workers. The study was in agreement with that done by Zwane, Shongwe, and Shabalala, (2022) who found out that nurses from other cadres would say that those taking care of mentally ill patients behave in the same way as mentally ill patients and they were behaving the same way. The reason for the similarity in the studies was that both studies were

carried out among nurses taking care of mentally ill patients, and mental illness in the same worldwide.

According to the study results, the majority 23(77%) mentioned that they had never been aggressively harassed by mentally ill patients. This would leave them in fear and less interested in taking care of mentally ill patients since they would undergo psychological torture.

In addition, the majority 11(48%) mentioned that they were verbally abused by mentally ill patients while the minority 3(13%) said that patients were giving them all names. This could be related to the fact that mentally ill patients do not have a sound mind. They can say anything that runs in their mind. This could greatly hurt the lives of nurses during the care of mentally ill patients. This was similar to the study by (Zwane, et al., 2022) who found out that mentally ill patients were verbally abusing nurses and this tortured nurses psychologically.

Furthermore, the majority 17(57%) of the respondents feared treating mentally ill patients due to the aggressive behavior of mentally ill patients while the minority 3(10%) of the respondents mentioned that sometimes they would lose their temper and abuse patients back. This was a great challenge; it meant these nurses were not even enjoying their work due to the aggressive behaviors of mentally ill patients. This was in agreement with a study by Muhorakeye and Biracyaza, (2021) who found out that nurses feared mentally ill patients due to their aggressive behaviors like verbal and physical acts.

Conclusion

Patient-induced challenges faced by nurses in the provision of mental health services included; difficulty in developing a health worker-patient relationship due to aggressive behavior, and low patient-economic status which hindered patient's ability to pick drugs and caused hindrances in the provision of mental health services.

Health facility-related challenges in the provision of mental health services included; drug stock-outs which affected the wellness pattern of patients, lack of training on the management of mental illnesses, and less expertise on management of mental illnesses.

Psychological challenges faced by nurses in the provision of mental health services included; critics from other cadres saying that nurses who were providing mental services were behaving like mentally ill patients, aggressive harassment from patients, and verbal abuse from patients which caused fear of providing mental health services.

Recommendations

Providing mental health services for nurses was observed to be difficult as per the current study findings. However, there are strategies to implement to address these challenges seen in this study:

Ministry of Health

This should raise awareness and reduce stigma among nurses: This can be started on by creating an open and supportive culture where mental health is prioritized and openly discussed. Conduct training programs and workshops to educate nurses about mental health issues, including common challenges and available resources. Encourage open dialogue and provide opportunities for nurses to share their experiences and concerns without fear of judgment.

In addition, the Ministry of Health in Uganda should provide accessible mental health services and ensure that mental health services are easily accessible to nurses. This can include setting up onsite counseling services, establishing a dedicated mental health helpline or support network, and offering flexible scheduling options for appointments. Make sure that information about these services is widely available and well-promoted within the healthcare facility.

Management of Masaka Regional Referral Hospital

This should implement self-care initiatives: Encourage nurses to practice self-care and prioritize their well-being. Offer resources and workshops on stress management techniques, mindfulness, relaxation exercises, and healthy lifestyle habits. Promote work-life balance by providing opportunities for breaks, vacations, and time for hobbies or personal activities. Encourage supervisors to support and model healthy self-care behaviors.

Build a supportive community: Foster a sense of camaraderie and mutual support among nurses. Establish peer support programs, where experienced or trained colleagues can provide guidance, mentorship, and a safe space for discussions.

Training and education: Ensure that nurses receive comprehensive training on mental health issues, including identifying symptoms, providing basic support, and knowing when to refer to specialized services. This will equip them with the knowledge and skills needed to address their mental health concerns and support their colleagues.

Nurses in Masaka Regional Referral Hospital

Collaborate with external resources: Partner with mental health organizations, universities, or private practitioners to provide additional support to nurses. Explore opportunities for professional counseling or therapy services through employee assistance programs or partnerships with mental health providers in the community.

Remember, addressing mental health challenges among nurses requires a comprehensive and ongoing effort. It's crucial to regularly evaluate the effectiveness of implemented strategies and make adjustments as needed to ensure the well-being of the workforce.

Implications to the Nursing Practice

Taking care of mentally ill patients can present unique challenges for nurses. Here are some implications of this study to the nursing practice:

Education and Training

Nurses should seek opportunities to enhance their knowledge and understanding of mental health disorders. Attend workshops, seminars, and continuing education programs that focus on mental health, psychiatric nursing, and therapeutic interventions. This will enable nurses to better understand the needs of mentally ill patients and provide appropriate care.

Develop Therapeutic Relationships

Nurses should build trust and rapport with mentally ill patients is essential. Spend time getting to know the patients, actively listen to their concerns and validate their experiences. Show empathy and maintain a non-judgmental attitude. Establishing a therapeutic relationship helps create a safe environment for patients to express their thoughts and emotions.

Effective Communication

Nurses should communicate clearly and effectively with mentally ill patients. Use simple and concise language, avoid jargon, and provide information calmly and reassuringly. Listen attentively and allow patients to express themselves without interruption. Encourage patients to ask questions and involve them in decision-making regarding their care.

Promote Safety

Nurses should ensure a safe environment for both patients and healthcare providers. Conduct regular risk assessments to identify potential hazards. Implement measures to prevent self-harm or harm to others. Collaborate with the healthcare team to develop individualized care plans that address the unique needs and risks associated with mental health disorders.

Practice Self-Care

Caring for mentally ill patients can be emotionally and physically demanding. Nurses must prioritize self-care to maintain their well-being. Engage in activities that promote relaxation, such as exercise, mindfulness, and hobbies. Seek support from colleagues, friends, or counselors when needed. Establish boundaries to prevent burnout and maintain a healthy work-life balance.

Collaborative Care

Mental healthcare often involves a multidisciplinary approach. Collaborate with psychiatrists, psychologists, social workers, and other mental health professionals to

provide comprehensive care for patients. Engage in regular team meetings to discuss patient progress, treatment plans, and any challenges faced. Foster effective communication and teamwork among the healthcare team to optimize patient outcomes.

Remember, each patient is unique, and individualized care is essential. Approach each situation with empathy, patience, and a commitment to promoting the well-being of mentally ill patients.

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LIST OF ABBREVIATIONS
MoH: Ministry of Health
U.S.A: United States of America
UNMEB: Uganda Nurses and Midwives Examinations Board.
WHO: World Health Organization

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No conflict of interest

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