Nurses Content
Downloaded from nursescontent.com

Mental Health and Mental Hygiene

Psychology

Mental health, characteristics of a mentally healthy person, warning signs, mental hygiene, defence mechanisms, frustration, conflict and coping.

For educational purposes only.

1. MENTAL HEALTH

Introduction

Mental health is an essential component of overall health. It influences how individuals think, feel, behave, make decisions, establish relationships and respond to stressful situations.

Mental health is not merely the absence of mental illness. It includes emotional, psychological and social well-being.

Definition of Mental Health

According to the World Health Organization (WHO), mental health is a state of mental well-being that enables individuals to cope with life's stresses, develop their abilities, learn, work and contribute to their communities.

Components of Mental Health

Component	Description
Emotional health	Ability to understand and manage emotions
Psychological health	Positive self-concept and psychological functioning
Social health	Ability to establish healthy relationships
Cognitive health	Ability to think, learn, reason and make decisions
Behavioural health	Ability to respond constructively to situations
Spiritual well-being	Sense of meaning, purpose and personal values

Objectives of Mental Health

- Maintain emotional stability.
- Promote healthy personality development.
- Develop positive self-esteem.
- Improve decision-making abilities.
- Promote healthy interpersonal relationships.
- Develop effective coping mechanisms.
- Improve psychological adjustment.
- Prevent mental health problems where possible.
- Promote independence and quality of life.

Nurses Content
Downloaded from nursescontent.com

Factors Affecting Mental Health

A. Biological Factors

- Genetic predisposition
- Hereditary conditions
- Brain injury
- Neurological diseases
- Hormonal disturbances
- Chronic physical illness
- Nutritional deficiencies
- Sleep disturbances
- Substance misuse

B. Psychological Factors

- Low self-esteem
- Negative thinking patterns
- Emotional trauma
- Unresolved conflicts
- Poor coping abilities
- Excessive fear and anxiety
- Childhood experiences
- Difficulties in emotional regulation

C. Social Factors

- Family conflicts
- Social isolation
- Unemployment
- Financial difficulties
- Peer pressure
- Discrimination
- Bullying
- Lack of social support

D. Environmental Factors

- Unsafe living conditions
- Occupational stress
- Academic pressure

Nurses Content
Downloaded from nursescontent.com

- Exposure to violence
- Natural disasters
- Poor access to healthcare
- Housing insecurity

Protective Factors

Protective factors reduce vulnerability to mental health difficulties.

- Supportive family environment
- Healthy interpersonal relationships
- Adequate sleep and nutrition
- Regular physical activity
- Positive self-esteem
- Effective coping mechanisms
- Financial and social security
- Meaningful activities
- Access to mental healthcare

Mental Health Continuum

Mental health exists on a continuum and may change throughout life.

State	Characteristics
Positive mental health	Effective functioning and psychological well-being
Psychological distress	Temporary emotional or behavioural difficulties
Significant mental health difficulties	Persistent symptoms affecting daily functioning
Severe difficulties	Substantial distress, functional impairment or safety concerns

A person with a diagnosed mental illness can still experience positive mental health and meaningful functioning.

2. CHARACTERISTICS OF A MENTALLY HEALTHY PERSON

A mentally healthy person generally demonstrates the following characteristics:

1. Self-Acceptance

- Accepts personal strengths and weaknesses.
- Maintains realistic self-esteem.
- Respects individual identity.

2. Emotional Stability

- Recognises and manages emotions.

Nurses Content
Downloaded from nursescontent.com

- Expresses feelings appropriately.
- Recovers from emotional disturbances.

3. Realistic Thinking

- Understands situations realistically.
- Makes reasonable decisions.
- Distinguishes established facts from personal assumptions.

4. Self-Confidence

- Believes in personal abilities.
- Accepts constructive criticism.
- Recognises personal limitations.

5. Social Adjustment

- Maintains healthy interpersonal relationships.
- Cooperates with others.
- Respects social and cultural differences.

6. Independence

- Makes responsible decisions.
- Accepts responsibility for actions.
- Seeks assistance when needed.

7. Frustration Tolerance

- Manages disappointment constructively.
- Accepts reasonable delays.
- Responds appropriately to failure.

8. Effective Coping Ability

- Manages stress through constructive methods.
- Solves problems effectively.
- Adapts to changing situations.

9. Personal Growth

- Learns from past experiences.
- Develops new skills.
- Establishes realistic goals.

Nurses Content
Downloaded from nursescontent.com

10. Sense of Responsibility

- Performs personal and professional duties.
- Recognises the consequences of actions.
- Respects the rights of others.

11. Integrated Personality

- Maintains consistency between thoughts, emotions and behaviour.
- Demonstrates a stable sense of identity.

12. Purpose in Life

- Establishes meaningful goals.
- Maintains motivation.
- Participates in satisfying activities.

Jahoda's Six Criteria of Positive Mental Health

Marie Jahoda proposed six major criteria of positive mental health in 1958.

Criterion	Meaning
Positive attitude towards self	Self-acceptance and self-awareness
Growth and self-actualization	Development of personal potential
Integration	Coordination of thoughts, emotions and behaviour
Autonomy	Independent and responsible functioning
Perception of reality	Realistic understanding of oneself and the environment
Environmental mastery	Ability to manage everyday responsibilities and relationships

Important: Mental health does not require constant happiness. Experiencing temporary sadness, anxiety, anger and frustration is a normal part of human life.

3. WARNING SIGNS OF POOR MENTAL HEALTH

Warning signs are changes in emotions, thoughts, behaviour or daily functioning that may indicate psychological distress or a mental health condition.

A. Emotional Warning Signs

- Persistent sadness
- Excessive anxiety
- Frequent irritability
- Feelings of hopelessness
- Loss of interest in activities
- Excessive guilt

Nurses Content
Downloaded from nursescontent.com

- Feelings of worthlessness
- Significant mood changes
- Emotional withdrawal

B. Cognitive Warning Signs

- Difficulty concentrating
- Impaired decision-making
- Persistent negative thoughts
- Memory disturbances
- Confusion
- Unusual suspiciousness
- Disturbed perception
- Thoughts of suicide or self-harm

C. Behavioural Warning Signs

- Social withdrawal
- Neglect of personal hygiene
- Decline in academic performance
- Reduced occupational functioning
- Increased substance use
- Uncharacteristic risk-taking behaviour
- Changes in communication
- Difficulty completing daily activities

D. Physical Warning Signs

- Persistent fatigue
- Changes in appetite
- Unexplained weight changes
- Insomnia or excessive sleep
- Frequent headaches
- Muscle tension
- Gastrointestinal discomfort

Physical symptoms may also be caused by medical illnesses and require appropriate assessment.

E. Warning Signs in Children

- Excessive fear
- Persistent temper tantrums beyond developmental expectations

Nurses Content
Downloaded from nursescontent.com

- School refusal
- Social withdrawal
- Sudden behavioural changes
- Declining academic performance
- Regression in previously acquired skills
- Changes in sleeping and eating habits

F. Warning Signs in Adolescents

- Persistent irritability
- Social isolation
- Risk-taking behaviour
- Substance misuse
- Significant changes in academic performance
- Excessive concern about body image
- Persistent sadness
- Self-harming behaviour

G. Warning Signs in Older Adults

- Persistent loneliness
- Loss of interest
- Changes in sleep and appetite
- Neglect of self-care
- Social withdrawal
- Significant cognitive changes
- Persistent feelings of hopelessness

Sudden confusion in an older adult may indicate delirium or another acute medical condition and requires urgent assessment.

Emergency Warning Signs

- Suicidal intentions or plans
- Recent suicide attempt
- Serious self-harm
- Immediate threats of harm to others
- Severe agitation threatening safety
- Hallucinations associated with dangerous commands
- Sudden confusion or altered consciousness

- Inability to maintain personal safety

Immediate Nursing Actions

1. 1. Assess immediate safety and medical stability.
2. 2. Communicate calmly and respectfully.
3. 3. Assess suicidal thoughts directly when indicated.
4. 4. Do not leave a patient at imminent risk unattended.
5. 5. Reduce access to hazards according to safety protocols.
6. 6. Inform the responsible healthcare team immediately.
7. 7. Arrange urgent medical or psychiatric assessment.
8. 8. Document observations and interventions.

Clinical significance: Warning signs are not diagnostic criteria. Their duration, severity, impact on functioning and associated medical conditions must be considered.

4. MENTAL HYGIENE

Definition

Mental hygiene is the science and practice of maintaining mental health, promoting psychological well-being and preventing mental health difficulties.

Historical Background

- Clifford Whittingham Beers was an important pioneer of the modern mental hygiene movement.
- In 1908, he published A Mind That Found Itself, describing his experiences of psychiatric care.
- In 1909, the National Committee for Mental Hygiene was established in the United States.
- The movement promoted humane psychiatric treatment, prevention and public mental health awareness.

Aims of Mental Hygiene

- Preservation of mental health
- Prevention of mental health difficulties
- Promotion of emotional well-being
- Development of healthy personality
- Improvement of psychological adjustment
- Development of coping abilities
- Early identification of psychological problems
- Promotion of recovery and rehabilitation

Functions of Mental Hygiene

Nurses Content
Downloaded from nursescontent.com

1. Preventive Function

Reduces risk factors associated with mental health problems.

2. Promotive Function

Promotes emotional, psychological and social well-being.

3. Therapeutic Function

Supports appropriate treatment and management of existing psychological difficulties.

4. Rehabilitative Function

Supports recovery, independence and social functioning.

Principles of Mental Hygiene

Self-Acceptance

Accept personal abilities, limitations and individual differences.

Emotional Regulation

Learn to recognise, understand and express emotions constructively.

Realistic Goal Setting

Establish achievable goals according to individual abilities and circumstances.

Healthy Lifestyle

Maintain adequate sleep, balanced nutrition, physical activity and personal hygiene.

Positive Relationships

Develop relationships based on respect, trust and effective communication.

Stress Management

Use relaxation, time management, problem-solving and other healthy coping techniques.

Work-Life Balance

Maintain an appropriate balance between work, study, rest and recreation.

Realistic Thinking

Avoid excessive self-criticism and develop flexible, balanced thinking.

Social Support

Maintain supportive relationships and seek assistance when necessary.

Early Intervention

Recognise persistent psychological difficulties and obtain appropriate professional care.

Nurses Content
Downloaded from nursescontent.com

Mental Hygiene at Different Places

Setting	Mental hygiene measures
Home	Supportive relationships, affection and open communication
School	Safe environment, guidance, recreation and bullying prevention
College	Academic support, counselling and stress management
Workplace	Respectful communication, reasonable workload and adequate rest

Hospital	Therapeutic environment, privacy, reassurance and patient-centred care
Community	Mental health education, stigma reduction and accessible services

Mental Hygiene Across the Lifespan

Childhood

- Secure attachment
- Emotional support
- Adequate play
- Healthy family relationships
- Protection from neglect and abuse

Adolescence

- Guidance and counselling
- Identity development
- Healthy peer relationships
- Emotional education
- Support during academic pressure

Adulthood

- Work-life balance
- Healthy relationships
- Financial and occupational stress management
- Meaningful social participation

Older Adulthood

- Social interaction
- Emotional support

- Maintenance of independence
- Meaningful activities
- Support during bereavement and adjustment

Levels of Mental Health Prevention

Level	Purpose	Examples
Primary prevention	Prevent onset of mental health problems	Mental health education, stress management and supportive environments
Secondary prevention	Early detection and timely intervention	Screening, early referral and prompt treatment
Tertiary prevention	Reduce disability and improve functioning	Rehabilitation, relapse prevention and follow-up care

Difference Between Mental Health and Mental Hygiene

Mental health	Mental hygiene
State of mental well-being	Practices used to maintain mental well-being
Represents an aspect of health	Represents preventive and promotive measures
Includes emotional and social functioning	Includes psychological and lifestyle practices
Concerned with psychological functioning	Concerned with maintaining and improving functioning

5. DEFENCE MECHANISMS

Definition

Defence mechanisms are largely unconscious psychological processes that protect individuals from anxiety, distressing thoughts, unacceptable impulses and emotional conflicts.

Historical Background

- Sigmund Freud introduced defence-related concepts in psychoanalytic theory.
- Anna Freud systematically described several mechanisms in her work The Ego and the Mechanisms of Defence (1936).

Characteristics of Defence Mechanisms

- Generally operate outside conscious awareness.
- Reduce psychological tension.
- Protect self-esteem.
- Help manage internal conflicts.
- May be adaptive or maladaptive.

Nurses Content
Downloaded from nursescontent.com

- Are commonly used in everyday life.
- Excessive or rigid use may interfere with healthy adjustment.

Purposes

- Reduce anxiety.
- Manage emotional conflicts.
- Maintain psychological stability.
- Protect against overwhelming emotions.
- Preserve self-esteem.
- Support temporary psychological adjustment.

Types of Defence Mechanisms

1. Denial

Failure or refusal to acknowledge a distressing reality.

Example: A patient refuses to accept a confirmed diagnosis of a serious illness.

2. Repression

Unconscious exclusion of distressing thoughts or impulses from awareness.

Example: According to psychodynamic theory, a person may remain unaware of emotionally threatening thoughts.

Unexplained memory loss should not automatically be attributed to repression.

3. Suppression

Consciously and intentionally postponing distressing thoughts.

Example: A nurse temporarily sets aside personal worries to focus on emergency patient care.

4. Projection

Attributing one's own unacceptable thoughts or feelings to another person.

Example: A person who dislikes a colleague believes that the colleague dislikes them.

5. Displacement

Redirecting emotions from their original source towards a less threatening target.

Example: An employee who is angry with a supervisor expresses anger towards family members.

6. Rationalization

Providing seemingly reasonable explanations to justify behaviour or avoid an uncomfortable reality.

Example: A student who fails an examination claims that the subject was unimportant.

Nurses Content
Downloaded from nursescontent.com

7. Regression

Returning to earlier developmental patterns of behaviour during stress.

Example: A hospitalized child begins displaying behaviour previously outgrown.

8. Reaction Formation

Expressing feelings or behaviour opposite to one's unacceptable impulses.

Example: A person behaves excessively affectionately towards someone they strongly dislike.

9. Sublimation

Redirecting unacceptable impulses into socially acceptable and constructive activities.

Example: An individual channels aggressive impulses into disciplined sporting activities.

10. Compensation

Attempting to overcome a perceived weakness by developing strengths in another area.

Example: A student who struggles in sports develops strong academic abilities.

11. Identification

Adopting the characteristics or behaviour of another individual.

Example: A nursing student adopts the professional mannerisms of a respected instructor.

12. Introjection

Internalizing the beliefs, attitudes or values of another individual.

Example: A child adopts a parent's standards of right and wrong as personal beliefs.

13. Intellectualization

Using excessive intellectual discussion or reasoning to avoid emotional distress.

Example: A patient discusses the technical details of a serious illness while avoiding associated fears.

14. Undoing

Attempting to counteract an unacceptable thought or behaviour through another action.

Example: A person repeatedly offers gifts after behaving insultingly to reduce feelings of guilt.

15. Fantasy

Using imagination to obtain satisfaction or temporarily escape an unpleasant reality.

Example: A person repeatedly imagines great professional success instead of taking practical steps towards it.

16. Conversion

In classical psychodynamic theory, emotional conflict is expressed through physical neurological symptoms.

Example: Functional weakness occurring in the context of psychological distress.

Modern functional neurological disorder requires appropriate clinical assessment. Its symptoms are genuine and may occur without an identifiable psychological stressor.

Nurses Content
Downloaded from nursescontent.com

17. Isolation of Affect

Separating the emotional response from the associated thought or experience.

Example: A person describes a distressing event in detail without expressing the associated emotions.

18. Dissociation

Disruption in the usual integration of consciousness, identity, memory or perception.

Example: An individual feels detached from their surroundings during severe stress.

19. Acting Out

Expressing emotional conflicts through actions instead of recognizing or communicating the underlying feelings.

Example: A distressed adolescent repeatedly engages in disruptive behaviour instead of expressing anger verbally.

20. Passive Aggression

Indirect expression of anger or hostility.

Example: An employee repeatedly delays assigned tasks to express resentment indirectly.

21. Splitting

Viewing oneself or others in extreme, all-good or all-bad terms.

Example: A patient considers one nurse entirely good and another entirely bad after a minor disagreement.

22. Altruism

Managing emotional difficulties through constructive assistance to others.

Example: An individual finds meaning in supporting other people after experiencing personal loss.

23. Anticipation

Preparing realistically for future difficulties.

Example: A nursing student prepares emotionally and practically before a challenging clinical posting.

24. Humour

Using appropriate humour to reduce emotional tension.

Example: A patient uses light-hearted humour to manage surgical anxiety.

25. Substitution

Replacing an unavailable or unacceptable goal with an alternative goal.

Example: A student unable to enter a preferred specialization chooses another meaningful career pathway.

Defence Mechanisms: Quick Reference Table

Nurses Content
Downloaded from nursescontent.com

Mechanism	Key concept
Denial	Refusing to acknowledge reality
Repression	Unconscious exclusion from awareness
Suppression	Conscious postponement
Projection	Attributing one's feelings to others
Displacement	Redirecting emotions
Rationalization	Self-protective justification
Regression	Returning to earlier behaviour
Reaction formation	Expressing opposite feelings
Sublimation	Constructive redirection
Compensation	Developing alternative strengths
Identification	Adopting another person's characteristics
Introjection	Internalizing others' beliefs
Intellectualization	Avoiding emotions through reasoning
Undoing	Attempting to counteract an action
Fantasy	Escaping through imagination
Dissociation	Disruption of integrated awareness
Acting out	Expressing conflict through behaviour
Splitting	All-good or all-bad thinking
Altruism	Helping others constructively
Anticipation	Preparing for future stress
Humour	Reducing tension through humour

Classification of Defence Mechanisms

Mature Defence Mechanisms

Generally support constructive psychological adjustment.

- Sublimation
- Suppression
- Humour
- Anticipation
- Altruism

Nurses Content
Downloaded from nursescontent.com

Neurotic Defence Mechanisms

May reduce psychological distress but limit awareness or emotional expression.

- Repression
- Displacement
- Reaction formation
- Intellectualization
- Isolation of affect

Immature Defence Mechanisms

May interfere with effective adjustment when used excessively.

- Projection
- Regression
- Acting out
- Passive aggression
- Fantasy

Pathological-Level Defence Mechanisms

Involve substantial distortion of reality.

- Severe denial
- Delusional projection
- Gross distortion of external reality

Classification varies between psychological theories. No single defence mechanism establishes a psychiatric diagnosis.

Repression vs Suppression

Repression	Suppression
Generally unconscious	Conscious and intentional
Distressing thoughts are excluded from awareness	Distressing thoughts are temporarily postponed
Less voluntary control	Greater voluntary control
Psychodynamic mechanism	Can be an adaptive coping strategy

Nursing Management of Defence Mechanisms

- Recognise possible defensive behaviour.
- Avoid unnecessary confrontation.
- Establish trust.
- Encourage appropriate emotional expression.

Nurses Content
Downloaded from nursescontent.com

- Assess the underlying sources of distress.
- Promote constructive coping techniques.
- Maintain professional boundaries.
- Arrange psychological assessment when necessary.

6. FRUSTRATION

Definition

Frustration is an emotional response that occurs when an individual's needs, goals, desires or expectations are obstructed or remain unfulfilled.

Process of Frustration

Need or desire -> Goal-directed behaviour -> Obstacle -> Blocked goal -> Frustration -> Emotional or behavioural response.

Causes of Frustration

A. Internal Causes

- Physical limitations
- Lack of knowledge
- Inadequate skills
- Unrealistic expectations
- Low self-confidence
- Conflicting desires
- Fear of failure

B. External Causes

- Financial difficulties
- Environmental obstacles
- Social restrictions
- Family conflicts
- Academic pressure
- Unemployment
- Lack of resources
- Repeated rejection

Types of Frustration

Nurses Content
Downloaded from nursescontent.com

1. Personal Frustration

Results from personal limitations or perceived inadequacies.

Example: Inability to perform a difficult clinical procedure.

2. Environmental Frustration

Results from physical or environmental barriers.

Example: Missing an important examination because of transport disruption.

3. Social Frustration

Results from social restrictions, rejection or interpersonal difficulties.

Example: Being excluded from a peer group.

4. Goal-Related Frustration

Occurs when a desired objective cannot be achieved.

Example: Failure to obtain a desired job.

Reactions to Frustration

Constructive Reactions

- Increased effort
- Problem-solving
- Seeking assistance
- Changing strategies
- Establishing alternative goals
- Accepting unavoidable limitations

Destructive Reactions

- Aggression
- Excessive anger
- Withdrawal
- Persistent avoidance
- Giving up unnecessarily
- Substance misuse

Effects of Frustration

Physical effects	Psychological effects	Social effects
Headache	Anxiety	Interpersonal conflict

Muscle tension	Anger	Social withdrawal
Fatigue	Irritability	Reduced cooperation
Sleep disturbances	Reduced motivation	Relationship difficulties
Restlessness	Poor concentration	Occupational difficulties

Frustration-Aggression Hypothesis

The frustration-aggression hypothesis was originally proposed by John Dollard and colleagues in 1939.

It suggests that blocked goals may contribute to aggressive impulses.

However, frustration does not always lead to aggression. Individuals may also respond through problem-solving, withdrawal, acceptance or constructive adaptation.

Frustration Tolerance

Frustration tolerance is the ability to manage disappointment, obstacles and delayed satisfaction without excessive psychological distress or destructive behaviour.

Management of Frustration

- Identify the source of frustration.
- Establish realistic expectations.
- Develop problem-solving abilities.
- Learn emotional regulation.
- Practise relaxation.
- Improve communication skills.
- Develop alternative goals.
- Accept unavoidable limitations.
- Seek social and professional support.

7. CONFLICT

Definition

Conflict is a state of psychological tension that occurs when an individual experiences incompatible goals, needs, motives, desires or choices.

Conflict may occur within an individual or between individuals and groups.

Causes of Conflict

- Incompatible goals
- Opposing desires
- Differences in values

Nurses Content
Downloaded from nursescontent.com

- Lack of communication
- Competition
- Role expectations
- Limited resources
- Ethical dilemmas
- Interpersonal disagreements
- Differences in opinions

Types of Motivational Conflict

The classical three-type classification is associated with Kurt Lewin. Later psychological formulations describe double approach-avoidance conflict.

1. Approach-Approach Conflict

Choosing between two desirable alternatives.

Example: A nursing graduate must choose between two attractive job offers.

Pattern: Positive option versus positive option.

2. Avoidance-Avoidance Conflict

Choosing between two undesirable alternatives.

Example: A student must choose between repeating a difficult course or accepting a delay in graduation.

Pattern: Negative option versus negative option.

3. Approach-Avoidance Conflict

A single goal has both desirable and undesirable characteristics.

Example: A nurse wants a promotion but fears additional responsibilities.

Pattern: One goal with positive and negative aspects.

4. Double Approach-Avoidance Conflict

Choosing between two alternatives, each having both desirable and undesirable characteristics.

Example:

- Job A provides a high salary but requires relocation.
- Job B provides a lower salary but allows the nurse to remain near family.

Classification of Motivational Conflict

Type	Pattern	Example
Approach-approach	Positive vs positive	Two desirable jobs
Avoidance-avoidance	Negative vs negative	Two unpleasant alternatives

Approach-avoidance	One goal with positive and negative aspects	Promotion with additional responsibilities
Double approach-avoidance	Two goals, each with positive and negative aspects	Two jobs with different advantages and disadvantages

Other Types of Conflict

Intrapersonal Conflict

Occurs within an individual.

Example: Conflict between personal desires and professional responsibilities.

Interpersonal Conflict

Occurs between two individuals.

Example: Disagreement between two nurses.

Intragroup Conflict

Occurs among members of the same group.

Example: Disagreement within a nursing team.

Intergroup Conflict

Occurs between different groups or departments.

Example: Disagreement between nursing and administrative departments.

Role Conflict

Occurs when different role expectations are incompatible.

Example: Difficulty balancing family responsibilities and clinical duties.

Ethical Conflict

Occurs when moral principles, values or professional obligations appear incompatible.

Example: Conflict between a nurse's personal beliefs and a patient's informed decision.

Effects of Conflict

- Anxiety
- Emotional distress
- Indecisiveness
- Frustration
- Reduced concentration
- Poor interpersonal relationships
- Occupational stress
- Reduced productivity

- Sleep disturbances

Constructively managed conflict can also promote problem-solving, innovation and improved understanding.

Conflict Management Styles

Style	Description
Avoiding	Temporarily withdrawing from conflict
Accommodating	Giving priority to another person's concerns
Competing	Assertively pursuing one's own position
Compromising	Both parties make concessions
Collaborating	Working together towards a mutually satisfactory solution

Steps of Conflict Resolution

1. 1. Identify the conflict.
2. 2. Identify its underlying causes.
3. 3. Assess the perspectives of involved individuals.
4. 4. Encourage open communication.
5. 5. Identify possible solutions.
6. 6. Evaluate the consequences of each solution.
7. 7. Select an appropriate solution.
8. 8. Implement the decision.
9. 9. Evaluate the outcome.

Difference Between Frustration and Conflict

Frustration	Conflict

Results from an obstructed goal	Results from incompatible goals or motives
Involves unmet expectations	Involves difficulty choosing or reconciling alternatives
May cause anger or disappointment	May cause tension or indecisiveness
Example: Failure to obtain a job	Example: Choosing between two competing jobs

8. COPING

Nurses Content
Downloaded from nursescontent.com

Definition

Coping refers to the cognitive and behavioural efforts used to manage internal or external demands perceived as stressful or challenging.

Richard Lazarus and Susan Folkman developed an influential transactional model of stress and coping in 1984.

Objectives of Coping

- Reduce psychological distress.
- Maintain emotional functioning.
- Manage stressful situations.
- Promote effective adjustment.
- Improve problem-solving abilities.
- Protect physical and psychological health.
- Maintain interpersonal relationships.

Lazarus and Folkman's Transactional Model

1. Primary Appraisal

The individual evaluates whether a situation is threatening, harmful, challenging, beneficial or irrelevant.

2. Secondary Appraisal

The individual evaluates available resources and possible coping responses.

3. Coping Response

The individual selects an appropriate cognitive or behavioural strategy.

4. Reappraisal

The individual reassesses the situation and evaluates the effectiveness of coping.

Sequence:

Stressor -> Appraisal -> Assessment of coping resources -> Coping response -> Reappraisal.

Types of Coping

1. Problem-Focused Coping

Attempts to change or manage the source of stress.

Examples:

- Problem-solving
- Planning
- Time management
- Seeking information
- Developing practical skills

Nurses Content
Downloaded from nursescontent.com

- Seeking professional assistance

Clinical example: A patient learns techniques to manage a chronic illness.

2. Emotion-Focused Coping

Attempts to regulate emotional responses associated with stress.

Examples:

- Relaxation
- Emotional expression
- Mindfulness
- Acceptance
- Cognitive reframing
- Emotional support

Clinical example: A patient practises comfortable, controlled breathing before surgery.

3. Meaning-Focused Coping

Finding personal meaning or purpose during difficult experiences.

Examples:

- Reflection on personal values
- Spiritual practices according to individual beliefs
- Reassessing priorities
- Recognising personal growth

4. Social Support-Seeking

Obtaining emotional, informational or practical assistance.

Examples:

- Talking with family members
- Seeking peer support
- Counselling
- Participating in support groups

5. Avoidance Coping

Avoiding stressful situations, responsibilities or thoughts.

Examples:

- Procrastination
- Social withdrawal
- Excessive distraction
- Avoiding necessary decisions

Persistent avoidance may worsen psychological difficulties.

6. Proactive Coping

Taking preventive action before an anticipated stressful situation occurs.

Example: Preparing a revision schedule well before university examinations.

Adaptive Coping Mechanisms

Adaptive coping promotes constructive adjustment and long-term functioning.

- Problem-solving
- Physical exercise
- Adequate sleep
- Relaxation techniques
- Seeking emotional support
- Journaling
- Assertive communication
- Time management
- Professional counselling
- Realistic goal setting

Maladaptive Coping Mechanisms

Maladaptive coping may provide temporary relief but worsen psychological or physical health.

- Alcohol misuse
- Drug misuse
- Self-harming behaviour
- Persistent social withdrawal
- Aggression
- Excessive gambling
- Persistent avoidance
- Harmful eating behaviours

Adaptive vs Maladaptive Coping

Adaptive coping	Maladaptive coping
Supports healthy adjustment	Interferes with healthy adjustment
Promotes constructive responses	May involve harmful responses
Supports long-term functioning	Often provides temporary relief
Improves problem management	May worsen underlying problems

Example: Problem-solving	Example: Substance misuse

Problem-Focused vs Emotion-Focused Coping

Problem-focused coping	Emotion-focused coping
Targets the source of stress	Targets emotional responses
Uses planning and problem-solving	Uses emotional regulation
Useful when situations can be changed	Useful when situations cannot immediately be changed
Example: Preparing for an examination	Example: Managing examination anxiety

Both approaches may be used together.

Factors Influencing Coping

- Age and developmental stage
- Personality
- Previous experiences
- Physical health
- Emotional state
- Cognitive abilities
- Financial resources
- Cultural background
- Personal beliefs
- Social support
- Severity and duration of stress
- Availability of healthcare

Coping Resources

Internal Resources

- Self-confidence
- Psychological resilience
- Knowledge
- Emotional regulation
- Problem-solving abilities
- Personal motivation

Nurses Content
Downloaded from nursescontent.com

External Resources

- Family
- Friends
- Financial resources
- Community support
- Healthcare services
- Supportive workplace
- Educational institutions

Defence Mechanisms vs Coping Mechanisms

Defence mechanisms	Coping mechanisms
Largely unconscious	Often conscious efforts
Protect against emotional distress	Manage stressful demands
May distort awareness of reality	May directly address the situation
Often automatic	Frequently intentional
Example: Projection	Example: Problem-solving

Some mechanisms, particularly suppression, overlap with conscious coping strategies.

9. STRESS AND ADJUSTMENT

Definition of Stress

Stress is a psychological and physiological response to demands perceived as challenging, threatening or exceeding available resources.

Types of Stress

Eustress

Stress associated with motivation, manageable challenges and constructive performance.

Example: Motivation before an important examination.

Distress

Stress associated with psychological suffering or impaired functioning.

Example: Persistent academic pressure resulting in sleep difficulties and reduced concentration.

Acute Stress

Short-term stress associated with an immediate situation.

Nurses Content
Downloaded from nursescontent.com

Chronic Stress

Prolonged stress resulting from persistent demands or difficult circumstances.

General Adaptation Syndrome (GAS)

Hans Selye described three stages of the physiological response to prolonged stress.

Stage	Description
Alarm reaction	Initial activation of physiological stress responses
Resistance	Continued physiological adaptation to the stressor
Exhaustion	Prolonged stress may impair adaptation and functioning

Physiological Response to Stress

Major pathways include:

- Sympathetic nervous system activation
- Adrenaline and noradrenaline release
- Hypothalamic-pituitary-adrenal axis activation
- Cortisol release
- Changes in heart rate, respiration and metabolism

Stress Management Techniques

1. 1. Comfortable, controlled breathing.
2. 2. Progressive muscle relaxation.
3. 3. Meditation and mindfulness.
4. 4. Regular physical activity.
5. 5. Adequate sleep.
6. 6. Balanced nutrition.
7. 7. Time management.
8. 8. Cognitive reframing.
9. 9. Social support.
10. 10. Recreational activities.
11. 11. Professional psychological support when indicated.

Adjustment

Adjustment is the process through which an individual adapts to personal needs, environmental demands and changing circumstances.

Nurses Content
Downloaded from nursescontent.com

Characteristics of Healthy Adjustment

- Realistic thinking
- Emotional regulation
- Effective communication
- Problem-solving abilities
- Flexibility
- Healthy interpersonal relationships
- Acceptance of reality

Maladjustment

Maladjustment refers to difficulties adapting effectively to personal or environmental demands.

Possible Manifestations

- Persistent anxiety
- Interpersonal difficulties
- Social withdrawal
- Reduced academic or occupational functioning
- Ineffective coping
- Emotional distress

10. ROLE OF THE NURSE IN PROMOTING MENTAL HEALTH

A. Assessment

- Assess mood, behaviour and emotional responses.
- Identify warning signs of psychological distress.
- Assess sleep, appetite and daily functioning.
- Identify sources of stress and frustration.
- Assess coping mechanisms and defence mechanisms.
- Evaluate available social support.
- Assess immediate safety and suicide risk when indicated.

B. Therapeutic Communication

- Maintain active listening.
- Demonstrate empathy.
- Use appropriate open-ended questions.
- Avoid judgmental statements.
- Encourage expression of feelings.

- Maintain confidentiality.
- Respect personal dignity.

C. Psychological Support

- Provide emotional support.
- Encourage constructive coping.
- Support problem-solving abilities.
- Provide accurate information.
- Promote realistic expectations.
- Encourage independence where appropriate.

D. Mental Health Promotion

- Provide mental health education.
- Encourage healthy lifestyle habits.
- Promote stress-management techniques.
- Support social relationships.
- Reduce stigma associated with mental illness.

E. Prevention

- Identify vulnerable individuals.
- Recognise early warning signs.
- Encourage timely assessment.
- Support screening and preventive programmes.
- Facilitate appropriate referrals.

F. Crisis Intervention

- Maintain immediate patient safety.
- Assess the severity of distress.
- Communicate calmly.
- Reduce environmental stimulation when appropriate.
- Inform the multidisciplinary healthcare team.
- Follow emergency protocols.

G. Rehabilitation

- Promote independence.
- Encourage social participation.
- Support treatment adherence.
- Provide family education.

Nurses Content
Downloaded from nursescontent.com

- Encourage occupational rehabilitation.
- Support relapse prevention and follow-up care.

H. Professional Self-Care for Nurses

- Maintain adequate rest.
- Follow healthy work routines.
- Develop time-management skills.
- Maintain professional boundaries.
- Seek peer and supervisory support.
- Recognise signs of burnout.
- Obtain professional help when required.

11. SAMPLE NURSING CARE PLAN: INEFFECTIVE COPING

Clinical situation: A hospitalized patient reports anxiety and difficulty adjusting to a newly diagnosed chronic illness.

Assessment

Subjective data:

- Patient verbalizes feeling overwhelmed.
- Expresses fear about the illness.
- Reports difficulty managing stress.

Objective data:

- Restlessness
- Reduced concentration
- Social withdrawal
- Disturbed sleep

Nursing Diagnosis

Ineffective coping related to situational stress and inadequate coping resources, as evidenced by verbalized difficulty managing the situation.

Goals

- Patient will identify major sources of stress.
- Patient will express feelings appropriately.
- Patient will demonstrate at least two constructive coping strategies.
- Patient will identify available support systems.

Nurses Content
Downloaded from nursescontent.com

Nursing Interventions and Rationales

Nursing intervention	Rationale
Assess existing coping strategies	Identifies strengths and difficulties
Establish a therapeutic relationship	Promotes trust and communication
Encourage expression of feelings	Supports emotional awareness
Provide accurate information	Reduces uncertainty and misconceptions
Teach relaxation techniques	May reduce physiological arousal
Encourage realistic problem-solving	Supports effective adjustment
Facilitate social support	Improves access to coping resources
Refer when indicated	Provides appropriate specialized assistance

Evaluation

- Patient identifies relevant stressors.
- Patient demonstrates constructive coping strategies.
- Patient reports improved confidence in managing the situation.
- Patient participates in appropriate treatment and support activities.

12. IMPORTANT UNIVERSITY EXAMINATION QUESTIONS

Long Answer Questions

1. 1. Define mental health and explain the characteristics of a mentally healthy person.
2. 2. Define mental hygiene. Explain its aims, principles and functions.
3. 3. Describe the warning signs of poor mental health and the role of the nurse.
4. 4. Define defence mechanisms. Explain their types with suitable examples.
5. 5. Define frustration. Describe its causes, effects and management.
6. 6. Define conflict. Explain its different types with examples.
7. 7. Define coping. Explain the types of coping mechanisms.
8. 8. Explain the role of nurses in mental health promotion and prevention.
9. 9. Discuss stress, its physiological effects and management.

Short Answer Questions

1. 1. Jahoda's criteria of positive mental health.
2. 2. Factors affecting mental health.
3. 3. Protective factors of mental health.
4. 4. Principles of mental hygiene.

Nurses Content
Downloaded from nursescontent.com

5. 5. Levels of prevention in mental health.
6. 6. Denial and projection.
7. 7. Repression and suppression.
8. 8. Rationalization.
9. 9. Sublimation.
10. 10. Frustration tolerance.
11. 11. Frustration-aggression hypothesis.
12. 12. Approach-avoidance conflict.
13. 13. Conflict management styles.
14. 14. Adaptive and maladaptive coping.
15. 15. Problem-focused coping.
16. 16. Emotion-focused coping.
17. 17. Lazarus and Folkman's coping model.
18. 18. General adaptation syndrome.
19. 19. Stress management techniques.
20. 20. Mental hygiene for nursing students.

Very Short Answer Questions

1. 1. Define mental health.
2. 2. Define mental hygiene.
3. 3. Name two characteristics of mental health.
4. 4. Define defence mechanism.
5. 5. Define frustration.
6. 6. Define conflict.
7. 7. Define coping.
8. 8. What is denial?
9. 9. What is projection?
10. 10. What is sublimation?
11. 11. What is regression?
12. 12. What is suppression?
13. 13. Define stress.
14. 14. Define adjustment.
15. 15. Name the four types of motivational conflict.

Nurses Content
Downloaded from nursescontent.com

Quick Revision

- Mental health includes emotional, psychological and social well-being; it is more than the absence of illness.

- Healthy functioning includes self-awareness, supportive relationships, adjustment and constructive coping.

- Mental hygiene focuses on maintaining well-being and preventing psychological difficulties.

- Suppression consciously postpones distressing thoughts; repression is described as an unconscious process.

- Projection attributes one's own unacceptable feelings to someone else; displacement redirects emotions to another target.

- Frustration and conflict can produce stress. Assess the person's situation and support appropriate coping.

- Nursing support includes therapeutic communication, observation, documentation, safety assessment and appropriate referral.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Consciously postponing distressing thoughts is called:

A. Repression
B. Projection
C. Suppression
D. Displacement

2. Attributing one's own unacceptable feelings to another person is:

A. Projection
B. Sublimation
C. Regression
D. Suppression

3. Redirecting an emotion from its original source to a less threatening target describes:

A. Denial
B. Displacement
C. Intellectualization
D. Identification

4. After an upsetting disagreement with a supervisor, a student shouts at a roommate who was not involved. Which defence mechanism is best illustrated?

A. Sublimation
B. Intellectualisation
C. Displacement
D. Compensation

Nurses Content
Downloaded from nursescontent.com

Answer key and explanations

1. C - Suppression

Suppression is conscious and intentional postponement of distressing thoughts.

2. A - Projection

Projection attributes one's own unacceptable thoughts or feelings to another person.

3. B - Displacement

Displacement redirects an emotion toward a less threatening target.

4. C - Displacement

Displacement redirects an emotion from its original source toward a less threatening person or object. The scenario identifies the pattern, not a psychiatric diagnosis.

Source and attribution

Online chapter: https://nursescontent.com/learn/psychology/mental-health-and-mental-hygiene/

Downloaded from Nurses Content. Branding identifies the delivery website. Original author credits, third-party licences and applicable rights remain unchanged.