Practice and Application of Psychiatric and Psychological Nurses in Public Safety Emergencies

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Abstract　[**Objectives**] To explore the influence and effect of psychological intervention on patients with public security emergencies. [**Methods**] From May 2021 to June 2021, 29 patients with public safety emergencies were selected as the main research objects. On the basis of routine nursing, psychiatric and psychological nursing were carried out, and SAS and SDS scores, satisfaction scores and quality of life scores were compared before and after intervention. [**Results**] After nursing, the scores of SAS and SDS were lower than those before nursing, and the difference was statistically significant ($P < 0.05$); the scores of satisfaction were higher than those before nursing, and the difference was statistically significant ($P < 0.05$); the scores of quality of life were better than those before nursing, and the difference was statistically significant ($P < 0.05$). [**Conclusions**] The psychiatric and psychological nursing reduced the negative emotions and psychological stress reactions of patients in public safety emergencies, increased the clinical comfort, changed the negative coping styles of patients, and strengthened the coping measures.

Key words　Psychiatry and psychology, Emergencies, Public safety events, Practice

1　Introduction

Emergent public security incidents are common in clinical practice and have uncertainty. When people face shock stimulation and experience severe trauma, they often have certain stress[1]. As a result, patients will have negative emotional or behavioral reactions, such as anxiety, fear, sadness, helplessness, insomnia and so on. Then it shows a state of mental and psychological imbalance, resulting in increased recurrence rate of clinical diseases, weakened treatment effect and prolonged discharge time[2]. For example, in June 2021, a gas explosion occurred in a residential area in China, which brought mental trauma to the residents of the residential area and required mental and psychological intervention. Therefore, in order to further explore the effect of psychological intervention on patients with public security emergencies, we conducted this study.

2　Data and methods

2.1　General data　29 patients with public safety emergencies admitted to the hospital from May 2021 to June 2021 were taken as the main research objects. The age ranged from 22 to 68 years, with a mean (43.02 ± 0.12) year. Inclusion criteria: The diagnosis was in accordance with the International Diagnostic Classification of Psychiatry (ICD-10); in the non-acute state; the nature and dosage of the original psychotropic medication remain unchanged during treatment; primary or tertiary education. Exclusion criteria: patients with disorientation, intellectual impairment or loss of insight; schizophrenia, bipolar disorder, schizophrenia, mental and behavioral disorders caused by the use of psychoactive substances, and personality and behavioral disorders caused by brain diseases. There was no significant difference in age, gender and other general data between the two groups ($P > 0.05$).

2.2　Methods　The patients were given routine nursing + psychological nursing + language communication, as follows:

2.2.1　Routine nursing. After hospitalization, the nursing staff carried out corresponding treatment and nursing according to the actual condition of the patient, let the patient take medicine according to the doctor's advice on time, monitor the clinical signs and progress of the patient's condition in real time, and at the same time, carry out health education and daily life management and intervention for the patient. In the early stages of mental illness, medication in various treatments is crucial. It is necessary to carefully check the doctor's advice and use the medicine accurately. For patients who refuse to take drugs, if they continue to refuse to take drugs after monitoring and evaluation, they should report to the doctor in time to change the route of administration. (i) Assess the patient's mood on a daily basis, dynamically observe changes in mood, and establish a relationship of trust. (iii) Establish a family support system. If you are unable to visit due to an infection, you can send home videos to provide emotional support and watch emotional changes. (iii) Daily rounds, poor sleep, and anxiety were all mediated by medication. (iv) Daily visits to get to know the patient's needs, provide psychological support, help build hope and stimulate resilience. And increase the cohesion of the ward, mobilize the patients in the same ward to accompany and encourage each other. (v) 24-h visits, especially at night. (vi) Teach patients to use deep breathing to stabilize their emotions, and gradually teach patients to coexist with traumatic experience during follow-up.

2.2.2　Psychological nursing. Nursing staff should constantly improve nursing skills and professional quality, take patients as the center in nursing work, and always maintain an approachable service attitude towards patients' needs. For fear, depression, sensitivity, suspicion and other negative emotions, nurses should also carry out targeted psychological intervention to improve patients' trust and dependence on nurses. In order to ensure the effect of

clinical services, nurses should also speed up the reduction of patients' blood pressure at the psychological level. For example, they can provide patients with TV programs, music or books according to their preferences, and encourage patients to participate in more collective activities, effectively alleviate the psychological status of patients.

2.2.3 Language communication. During the patient's treatment, the nursing staff must inform the family of the patient's actual condition, the cause of the patient's illness, diet, *etc.* At the same time, it is necessary to increase communication with patients, keep smiling all the time, strengthen trust in treatment, and ensure active participation in treatment and nursing in clinical treatment. In addition, patient privacy and other negative information should not be included in the communication process. Nurses should also examine their own nursing language, and should not use sarcastic or threatening language to prevent patients from resisting nurses[2].

2.2.4 Adequate sleep can effectively accelerate the recovery of patients, while insomnia can lead to anxiety, irritability, pain and other risk events. For patients with sleep disorders, nursing staff should pay attention to the causes and psychology of insomnia, provide a good sleep environment for patients, soak their feet in warm water before going to bed, and require patients to go to bed in time to avoid mental distraction caused by lack of sleep. If patients have sleep disorders due to mental conditions, they can report to the doctor to increase the dosage of antipsychotic drugs; if patients suffer from insomnia due to tension and fear, they should increase psychological counseling.

2.3 Observation indicators (ⅰ) SAS and SDS scores of patients were compared before and after intervention. The higher the score, the more significant the anxiety and depression. (ⅱ) Nursing satisfaction: a self-made satisfaction questionnaire was used, involving basic nursing, cognitive intervention, psychological nursing, language communication, service attitude, *etc.*, with a total of 100 points. (ⅲ) SF-36 scale was used to analyze and compare the quality of life before and after intervention, including mental state, physiological function, cognitive function, physical function, emotional function, *etc.* The higher the scores, the better the quality of life.

2.4 Statistical analysis SPSS 27.0 statistical software was used for statistical analysis of the data in this study. The measurement data were expressed by $(\bar{x} \pm s)$, and the results were tested by t test. The data were expressed as percentage (%), and the results were tested by x^2 test. $P < 0.05$ indicates a statistically significant difference.

3 Results and analysis

3.1 SAS and SDS scores before and after nursing After nursing, the scores of SAS and SDS were significantly lower, indicating that the nursing effect was better. The difference was statistically significant ($P < 0.05$), as shown in Table 1.

Table 1　Comparison of SAS and SDS scores before and after nursing ($\bar{x} \pm s$, $n = 29$, points)

Group	SAS		SDS	
	Before nursing	After nursing	Before nursing	After nursing
After nursing	75.45 ± 2.52	42.54 ± 3.24	74.76 ± 3.83	43.62 ± 4.43
Before nursing	75.34 ± 2.64	55.21 ± 3.91	74.14 ± 3.55	65.57 ± 3.37
t	0.722	5.227	0.703	5.781
P	> 0.05	< 0.05	> 0.05	< 0.05

3.2 Satisfaction scores before and after nursing The satisfaction score after nursing was higher than that before nursing, and the difference was statistically significant ($P < 0.05$), as shown in Table 2. The satisfaction score after nursing was higher than that before nursing, and the difference was statistically significant ($P < 0.05$), as shown in Table 2.

Table 2　Comparison of satisfaction scores before and after nursing ($\bar{x} \pm s$, $n = 29$, points)

Group	Basic nursing	Cognitive intervention	Psychological nursing	Language communication	Service attitude
After nursing	96.67 ± 2.32	94.54 ± 3.73	95.02 ± 3.92	94.53 ± 2.62	97.75 ± 2.55
Before nursing	63.25 ± 2.15	62.47 ± 2.75	63.56 ± 2.56	62.38 ± 2.35	85.81 ± 3.52
t	7.572	8.432	8.225	8.701	10.354
P	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05

3.3 Quality of life scores before and after nursing After nursing, the patients' quality of life scores, including mental state, physiological function, cognitive function, physical function and emotional function, were better than those before nursing, and the difference was statistically significant ($P < 0.05$), as shown in Table 3.

Table 3　Comparison of quality of life scores before and after nursing ($\bar{x} \pm s$, $n = 29$, points)

Group	Mental state	Physiological function	Cognitive function	Physical function	Emotional function
After nursing	81.43 ± 3.78	76.36 ± 3.45	79.25 ± 2.36	75.63 ± 2.38	85.73 ± 4.76
Before nursing	63.47 ± 4.22	52.34 ± 3.19	57.23 ± 2.57	54.44 ± 2.54	63.53 ± 4.63
t	8.128	6.358	7.579	7.231	8.424
P	< 0.05	< 0.05	< 0.05	< 0.05	< 0.05

4 Discussion

In recent years, with the progress of society, people's quality of life has improved, but at the same time, the pressure has been increasing. Therefore, once experiencing public security emergencies, the mental and psychological state will change to a certain extent[3-4]. Mild patients will suffer from depression and mental depression, while severe patients will suffer from schizophrenia, and the cognitive function, nervous system and perception of schizophrenic patients will be impaired to a certain extent[5-6]. In such cases, depression and fear are more likely to occur, and even reduce the quality of life of patients. Patient in critical condition, there will be suicidal thoughts, and bad emotions threaten the lives and health of patients. With the increasing number of patients with mental, thinking, emotional, behavioral and other psychological problems after trauma, patients are unable to understand objectively and lack of judgment. At the same time, patients also lack awareness of their own pathological behavior and often resist treatment[7-8]. Therefore, most of the patients are passive or forced to seek medical treatment, and will not actively cooperate with the treatment. At this time, they are prone to refuse food and medicine[9]. During this period, good care has a critical impact on the prognosis of patients[1,10-11]. At present, Shiyan Taihe Hospital use psychiatric and psychological nursing to improve the negative emotions and psychological emotions of patients. Psychological counseling and psychological nursing are often used in nursing methods, which can provide physiological and psychological counseling for patients, effectively alleviate negative emotions, keep patients positive and optimistic, train patients in disease-related knowledge, improve their awareness of public safety emergencies, and improve the speed of rehabilitation and treatment safety of patients. The scores of SAS and SDS (42.54 ± 3.24, 43.62 ± 4.43) were significantly lower than those before nursing ($P < 0.05$); the satisfaction scores of basic nursing (96.67 ± 2.32), cognitive intervention (94.54 ± 3.73), psychological nursing (95.02 ± 3.92), language communication (94.53 ± 2.62) and service attitude (97.75 ± 2.55) were higher than those before nursing. The difference was statistically significant ($P < 0.05$); the quality of life score was better than before nursing, the difference was statistically significant ($P < 0.05$). This experiment is consistent with the results of previous studies[13].

In conclusion, psychiatric and psychological nursing for patients with public safety emergencies can effectively increase the curative effect, distract the attention of patients, and help to improve the negative psychological status of psychiatric patients, such as depression and anxiety. It is beneficial to the improvement of mental health and clinical compliance, and at the same time, it can effectively reduce the pain of patients and increase the satisfaction of patients with nursing services. Therefore, in the implementation of psychiatric and psychological nursing, we should advocate psychological nursing and language communication, which is worthy of clinical application.

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