Nursing Care in Mental Health

2026/2027

Code: 106114
Credits: 6

Degree programme	Type	Course
Nursing	OB	3

Contact lecturer

Name : David Giménez Díez

Email : david.gimenez@uab.cat

Teaching staff

Igor Merodio Ruíz

Esther Ruiz Garros

Juan Antonio Ferrera Palomino

Group languages

You can consult this information at the end of the document.

Prerequisites

This subject does not have prerequisites but it is recommended to have taken the subjects:

- First year Communication and Tics

- First year Psychosocial Sciences

- Second year therapeutic communication

Objectives

- Understand mental health and psychological suffering as complex phenomena, situated along a continuum between well-being, vulnerability, crisis and mental disorder.
- Identify the main historical and contemporary paradigms for understanding mental health, including biomedical, psychological, social, community, recovery-oriented, trauma-informed and human-rights-based models.
- Analyse the interrelationship between biological, psychological, social, cultural, spiritual, gender-related and contextual factors that influence the mental health of individuals, families, groups and communities.
- Recognise the main psychopathological manifestations that may appear across the life course, relating them to care needs, functioning, subjective experience, safety and continuity of care.
- Apply nursing clinical reasoning in the comprehensive assessment of people with mental health problems, distinguishing medical diagnosis from nursing diagnosis and using the nursing care process as a tool for care planning.

- Develop basic skills in therapeutic relationships, clinical communication, active listening, emotional validation, mental health interviewing and shared decision-making.
- Identify situations involving emotional crisis, suicidal behaviour, self-harm, agitation or emotional dysregulation, and understand the basic principles of risk assessment, safety planning, verbal de-escalation, environmental de-escalation and non-coercive care.
- Understand the main nursing interventions in mental health with preventive, psychoeducational, therapeutic, family, group, community and clinical follow-up components, both within independent nursing practice and interdisciplinary collaboration.
- Understand the role of the generalist nurse and the mental health specialist nurse within public and private care networks, including hospital, community, home-based, residential and continuity-of-care services.
- Integrate the recovery model, person-centred care, the participation of people with lived experience and co-production as guiding principles for mental health nursing care.
- Critically analyse the ethical, legal and human rights framework that regulates mental health nursing practice, particularly in relation to consent, capacity, confidentiality, involuntary admission, restrictive measures and the reduction of coercion.
- Critically appraise innovative practices in mental health, such as QualityRights, Safewards, open-door approaches, trauma-informed care, digital mental health, telecare and artificial intelligence, identifying their opportunities, limitations and ethical implications for the nursing profession.

Learning outcomes

- KM33 (Describe the most common mental health illnesses and problems at different stages of the life cycle.) Describe the most common mental health illnesses and problems at different stages of the life cycle.
- SM30 (Analyse the data collected in the assessment of people with mental health illnesses or problems to identify their care needs.) Analyse the data collected in the assessment of people with mental health illnesses or problems to identify their care needs.
- SM31 (Plan nursing interventions to promote, maintain or restore people's mental health.) Plan nursing interventions to promote, maintain or restore people's mental health.
- SM32 (Apply techniques and procedures related to nursing care to people with mental health illnesses or problems, based on the available scientific evidence) Apply techniques and procedures related to nursing care to people with mental health illnesses or problems, based on the available scientific evidence

Contents

Course contents

1.Historical, conceptual and social foundations of mental health

Concept of mental health, psychological suffering, mental disorder, vulnerability and psychosocial disability.

Historical evolution of the understanding of mental illness and models of care.

Paradigms for understanding mental health: biomedical, psychological, social, community, systemic, recovery-oriented and human-rights-based.

Stigma, discrimination and social exclusion in mental health.

Social determinants of mental health.

Influence of gender, culture, social class, migration, sexual diversity and spirituality on the experience of psychological suffering.

2.Nursing models, taxonomies and the nursing care process in mental health

Differences between medical diagnosis, nursing diagnosis and nursing clinical formulation.

Medical classification systems: DSM and ICD-11.

Nursing taxonomies: NANDA-I, NOC and NIC applied to mental health.

Comprehensive nursing assessment in mental health.

Nursing clinical judgement, identification of needs, problems, risks, strengths and resources.

Person-centred care planning.

Clinical documentation, continuity of care and coordination between services.

3.Therapeutic relationship, clinical communication and mental health interviewing

The therapeutic relationship as a core intervention in mental health nursing.

Therapeutic presence, active listening, empathy, emotional validation and respect.

Clinical interviewing in mental health.

Therapeutic alliance and shared decision-making.

Communication with people experiencing crisis or high emotional vulnerability.

Therapeutic boundaries, professional relationship and nurses' self-care.

Communication with families, caregivers and significant support networks.

Culturally safe communication and sensitivity to diversity.

4.Recovery model, person-centred care and community mental health

Personal recovery and clinical recovery models.

Person-centred care, life project, autonomy, hope and citizenship.

Participation of people with lived experience in mental health.

Co-production and shared decision-making.

Advance decision-making plans and preference-based planning.

Public and private mental health care networks.

Hospital, community, home-based, residential and psychosocial rehabilitation resources.

Continuity of care, interdisciplinary work and intersectoral coordination.

5.Child and adolescent mental health and nursing care

Emotional development and mental health in childhood and adolescence.

Attention deficit hyperactivity disorder.

Autism, neurodiversity and support needs.

Anxiety, behavioural disturbances and emotional difficulties in childhood and adolescence.

Eating disorders in young people.

Emerging personality disorders and diagnostic controversies.

Self-harm and suicidal behaviour in adolescents.

Family, school, peer group and community network.

Nursing care, psychoeducation, early detection, family support and appropriate referral.

6.Adult mental health and associated nursing care

Anxiety disorders and obsessive-compulsive disorder.

Affective disorders: depression and bipolar disorder.

Psychotic disorders.

Eating disorders.

Substance-related disorders and other addictive behaviours.

Personality disorders.

Trauma, dissociation and complex psychological suffering.

Physical comorbidity and mental health.

Therapeutic adherence, adverse effects, self-care and psychoeducation.

Specific nursing care according to needs, functioning, risk, autonomy, family and continuity of care.

7.Mental health in older adults, neurocognitive disorders and comorbidity

Ageing, mental health and vulnerability.

Depression, anxiety and suicide risk in older adults.

Neurocognitive disorders.

Delirium, cognitive impairment and basic differential diagnosis.

Unwanted loneliness, grief, loss and institutionalisation.

Frailty, dependency, physical comorbidity and polypharmacy.

Family, main caregivers and caregiver burden.

Nursing care focused on dignity, autonomy, safety and quality of life.

Health and social care coordination and continuity of care.

8.Suicidal behaviour, self-harm, emotional crisis and nursing risk assessment

Suicidal ideation, suicidal behaviour and self-harm.

Risk factors, protective factors and warning signs.

Nursing risk assessment in mental health.

Clinical interviewing on suicidal ideation and self-harm.

Limitations of predictive scales and the importance of narrative and contextual assessment.

Safety plan and protective measures.

Family support and continuity of care after the crisis.

Suicide prevention and postvention.

Ethical and emotional implications of caring for people at risk of suicide.

9.Agitation, emotional dysregulation, de-escalation and non-coercive care

Psychomotor agitation, emotional dysregulation and crisis situations.

Early identification of signs of escalation.

Verbal de-escalation and communication in situations of high emotional tension.

Environmental de-escalation, sensory modulation and relational safety.

Emotional containment and nursing alternatives to restrictive measures.

Coercive measures: indications, risks, proportionality, documentation and professional responsibility.

Reduction of coercion in mental health.

Safewards model, open-door approaches and practices oriented towards emotional safety.

Trauma-informed care applied to crisis contexts.

10.Preventive, psychoeducational, family, group and community nursing interventions

Mental health promotion and prevention of mental health problems.

Individual and family psychoeducation.

Basic motivational interventions.

Education for self-care, adherence and shared decision-making.

Family interventions and work with caregivers.

Group interventions in mental health.

Relapse prevention and identification of warning signs.

Healthy habits: sleep, nutrition, physical activity, routines and substance use.

Community interventions and coordination with social, educational and health resources.

Nursing care oriented towards continuity, recovery and social participation.

11.Ethics, legislation, human rights and QualityRights

Ethical and legal framework for mental health care.

Human rights and mental health.

Convention on the Rights of Persons with Disabilities.

QualityRights programme.

Informed consent, confidentiality and autonomy.

Capacity, competence and support for decision-making.

Involuntary admission and restrictive measures.

Dignity, proportionality, safety and professional responsibility.

Institutional stigma and violations of rights.

Frequent ethical dilemmas in mental health nursing practice.

12.Innovation, digital mental health and the futures of mental health nursing

Innovation in mental health services and care.

Non-coercive models and rights-based practices.

Open Dialogue and dialogical practices.

Psychiatric home hospitalisation and intensive community teams.

Telecare and mental health telenursing.

Digital mental health and mobile applications.

Artificial intelligence in mental health: opportunities, risks and limitations.

Privacy, bias, safety, technological dependence and digital equity.

Participation of people with lived experience in care innovation.

Critical evaluation of innovations in mental health nursing care.

Learning activities and methodology

Title	Hours	ECTS	Learning outcomes
theoretical classes	31.5	1.26	
Group reflexive practice	18	0.72	
Personal study and academic work	92.5	3.7	

The following training activities will be carried out:

- Theoretical classes: attendance is not mandatory but highly recommended to pass the final exam with guarantees.

- Seminars: Divided into 4 sessions, compulsory attendance. They promote mental health reflection and critical thinking.

Annotation: within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

Assessment

Continuous assessment activities

Title	Weight	Hours	ECTS	Learning outcomes
Portfolio of in-class seminar	20%	2	0.08	SM30, SM31
Individual practical assessment	20%	2	0.08	SM32
Written evaluation through objective tests	40%	2	0.08	KM33, SM30, SM31
Seminars: participation, attitude and critical thinking	20%	2	0.08	SM30

Assessment

This course does not include a single-assessment system.

Assessment in this course is designed as continuous, face-to-face, applied assessment aimed at verifying the progressive acquisition of nursing competencies in mental health. Assessment activities prioritise clinical reasoning, therapeutic communication, critical analysis, decision-making, ethical reflection and the application of nursing care in contextualised clinical situations.

In order to ensure authorship, traceability of the learning process and genuine assessment of competencies, the main evidence will preferably be developed face to face, in the classroom, through seminars, simulations, applied activities or individual tests.

Seminars: participation, attitude and critical thinking

Attendance at seminars is compulsory. Students who do not meet this requirement will not be able to pass the course.

Seminar assessment will be individual and will account for 20% of the final grade. Active participation, professional attitude, listening skills, respect for the group, involvement in activities, critical and reflective thinking, argumentation skills and integration of the course contents will be assessed.

This component will be assessed using the specific seminar rubric.

Portfolio of face-to-face seminar evidence

The portfolio of face-to-face seminar evidence will account for 20% of the final grade. This portfolio will consist

of different brief, individual and applied activities.

Evidence may include, among others:

Brief analysis of a clinical case worked on in class.

Formulation of an initial nursing assessment.

Proposal of justified nursing interventions.

Ethical analysis of a clinical situation.

Critical reflection following a first-person narrative.

Development of a basic safety plan for a crisis situation.

Critical self-assessment of one's own communication in relation to the group during seminars.

The aim of this evidence will not be to produce lengthy texts, but to demonstrate the student's capacity for reasoning, application and reflection. Clinical coherence, the nursing perspective, analytical capacity, justification of interventions, ethical perspective and professional language will be assessed.

The evidence portfolio will be assessed using a specific rubric. Teaching staff may request a brief individual oral defence of any of the evidence submitted.

Individual practical test

The individual practical test will account for 20% of the final grade. It will be carried out during the fourth seminar of the course. The purpose of this test is to assess applied competencies in therapeutic relationships, clinical communication, nursing assessment, crisis intervention, decision-making and ethical reasoning.

Depending on the teaching organisation of the course, the test may consist of one of the following formats:

Brief clinical simulation.

Individual role-playing.

Structured clinical interview.

Oral resolution of a clinical case.

Individual defence of a situation worked on in the seminars.

Face-to-face analysis of a crisis, risk or vulnerability situation.

Situations related to mental health interviewing, communication with a person in crisis, suicide risk assessment, self-harm, agitation, verbal de-escalation, communication with the family, shared decision-making, the rights of the person receiving care or nursing care planning may be assessed.

This activity will be assessed using a specific rubric, which will take into account therapeutic communication, structure of the intervention, safety, respect, ethical perspective, clinical coherence and the ability to justify nursing decisions.

Face-to-face applied written exam

The written exam will account for 40% of the final grade. This test will be conducted face to face and will aim to assess theoretical knowledge and the ability to apply it to clinical situations specific to mental health nursing.

The exam may include single-answer closed questions, short-answer questions and/or questions linked to clinical cases. The assessed content will correspond to the theoretical blocks developed during the course.

Priority will be given to questions focused on understanding, clinical application, nursing reasoning, decision-making, healthcare ethics, the therapeutic relationship, safety and continuity of care.

Use of artificial intelligence and authorship of evidence

The use of generative artificial intelligence tools cannot replace the student's authorship, clinical reasoning, personal reflection or demonstration of competencies.

The course assessment activities are designed so that the main evidence is generated in a face-to-face, applied and individual manner. When written evidence is submitted, it must correspond to the student's actual work process and may be verified through oral defence, verification questions, review of the development process or complementary face-to-face activities.

Any unauthorised, undeclared or fraudulent use of artificial intelligence tools, as well as any other practice that compromises the authorship of the submitted evidence, will be addressed in accordance with current academic regulations.

Resit assessment

Students who have not passed the theoretical exam may sit a resit assessment, provided that they meet the requirements established by academic regulations and have submitted sufficient assessment evidence during the course. Assignments that form part of the assessment may also be resubmitted for resit assessment.

The resit assessment may include an applied written exam, questions linked to clinical cases and/or an individual oral or practical test. The resit assessment will be aimed at verifying the achievement of the learning outcomes that were not previously met.

Activities linked to attendance, face-to-face participation and the continuous seminar process will not be recoverable in the same format, as they form part of the face-to-face competency development of the course.

Final grade

The final grade for the course will be the result of the weighted sum of the different assessment activities:

Seminars: participation, attitude and critical thinking: 20%.

Portfolio of face-to-face seminar evidence: 20%.

Individual practical test: 20%.

Face-to-face applied written exam: 40%.

In order to calculate the weighted average and pass the course, students must obtain a minimum grade of 5 out of 10 in each assessed component. Completion of all compulsory assessment activities is required in order to obtain the final grade.

Students will be considered "Not assessable" if they do not provide sufficient assessment evidence, do not meet the seminar attendance requirement, do not attend the compulsory tests or do not submit the required activities within the deadlines set by the teaching staff.

Students have the right to review their tests and assessment activities. For this purpose, the review date will be announced through the Virtual Campus.

Special situations and individual cases will be assessed by the teaching staff responsible for the course or by the assessment committee established for this purpose.

In accordance with current assessment regulations, grades will be as follows:

From 0 to 4.9: Fail.

From 5.0 to 6.9: Pass.

From 7.0 to 8.9: Merit.

From 9.0 to 10: Excellent.

Honours: according to the criteria established by current academic regulations.

Use of AI

In this course, the use of artificial intelligence (AI) technologies is permitted as an integral part of the development of the work, provided that the final outcome reflects a significant contribution by the student in terms of analysis and personal reflection. The student must clearly identify which parts have been generated using this technology, specify the tools used and include a critical reflection on how they have influenced the process and the final outcome of the activity. Lack of transparency in the use of AI will be considered a breach of academic honesty and may result in a penalty in the grade for the activity, or more serious sanctions in severe cases.

IMPORTANT I

Any irregularity in an assessment activity -academic fraud, plagiarism or improper use of AI, unless such use is expressly authorised in the course guide- that may lead to a significant variation in the grade will result in that assessment activity being graded as 0. If the course guide establishes that obtaining a minimum grade in that assessment activity is an essential requirement to pass the course, or if several irregularities occur in the assessment activities of the same course, the final grade for the course will be 0. In addition, disciplinary proceedings may be initiated against any student who commits such irregularities.

IMPORTANT II

In accordance with Article 510 of the Spanish Criminal Code, which sanctions hate crimes, and with the fundamental values set out in the Spanish Constitution -Articles 10 and 14- regarding human dignity and equality, discriminatory expressions, conduct or discourse will not be accepted in the context of this course, whether directed at individuals or groups on the grounds of race, gender, gender identity or sexual orientation, religion, nationality, disability, mental health or any other personal or social condition.

In accordance with Organic Law 3/2007 for the effective equality of women and men, Law 4/2023 for the real and effective equality of trans people and the guarantee of LGTBI rights, and university codes of ethics, any conduct contrary to these principles may result in a fail grade for the course, in addition to being reported, where appropriate, to the competent university bodies for disciplinary assessment.

This framework is also grounded in the principles set out in the Charter of Fundamental Rights of the European Union, particularly Articles 1 -human dignity-, 20 -equality before the law- and 21 -non-discrimination-.

Bibliography

In line with the methodology used in previous courses, Problem-Based Learning (PBL) and, given that one of the competencies The general goal of the student is to develop strategies for in autonomous learning, no

bibliography is specified. The student must be done competent in the search and management of information.

Software

Microsoft Office/Microsoft 365

Course groups and languages

The information provided is provisional until November 30. After this date, you will be able to consult the language of each group through this link. To access the information, you will need to enter the course CODE

Type of teaching	Group	Language	Semester	Shift
(TE) Theory	301	Catalan	second semester	morning-mixed
(SEM) Seminars	301	Catalan	second semester	morning-mixed
(SEM) Seminars	302	Catalan	second semester	afternoon
(SEM) Seminars	303	Catalan	second semester	morning-mixed
(SEM) Seminars	304	Catalan	second semester	morning-mixed
(TE) Theory	501	Catalan	second semester	morning-mixed
(SEM) Seminars	501	Catalan	second semester	morning-mixed
(SEM) Seminars	502	Catalan	second semester	morning-mixed
(SEM) Seminars	503	Catalan	second semester	morning-mixed
(TE) Theory	601	Catalan	second semester	morning-mixed
(SEM) Seminars	621	Catalan	second semester	morning-mixed
(SEM) Seminars	622	Catalan	second semester	morning-mixed
(SEM) Seminars	623	Catalan	second semester	morning-mixed