

MENTAL HEALTH NURSING IN NORWAY

Tarefa:

1. Tendo em mente *Teoria da diversidade e universalidade dos cuidados culturais* (M. Leininger, 1991), **identifique no caso os factores culturais** que contribuem para o estado de saúde e para a oferta de cuidados de saúde.
2. Compare com a realidade portuguesa: quais as semelhanças e diferenças que encontra?
3. Que outra informação seria relevante para perceber as necessidades destes clientes e os cuidados a prestar?

Line Terese is a 23 year-old woman who was admitted to a psychiatric unit two weeks ago, after two serious suicide attempts. She had lacerated her wrists and taken a large mixture of sleeping pills (barbiturates) and alcohol.

She appears to be mildly depressed and describes herself as a social failure and states;" I have the best parents in the world, but they did not get the daughter they deserve. My 3 year older sister has always been perfect; she is beautiful and kind, not fat and clumsy like me." Her father is a well-known anthropologist working all over the world, and from time to time her mother goes with him. The mother also has a part-time job in an art gallery.

Previous history:

Line Terese describes herself as a drifter who has problems in settling on a career, lifestyle and keeping friends. She has attended different schools and changed direction in her education several times, she has studied psychology and philosophy without graduating, she has a degree in history and biology. At present she is thinking of going to England to study media. Over the years she has held various part-time jobs such as waitress, aerobics instructor, tour-guide in Mallorca, working in student-organisations and International summer camps for children and secretarial work in the organisation for Animals Protection. She has been engaged in a lot of activities; kickboxing, chess, diving, mountain-climbing and role play to mention some of them.

She knows hundreds of people, but she has no really close friends. Over the last few years she has created an image of herself as; "cool, independent, intellectual and a person who loves a challenge".

Six years ago when she spent a year in the States as an exchange student she started having periods of overeating (binging) followed by vomiting and self-mutilation. She has scars after piercing, (I did it myself) on her face and marks from cutting on arms and legs. This happened in periods when she felt left out, insecure and depressed, and she says such periods occur

several times a year. After such periods she starts excessive dieting and exercising.

She has had some boyfriends over the years, two serious affairs, the latest one with a married man of whom she was sure would leave his wife and spend the rest of his life with her. It was a terrible blow when he ended their relationship 4 weeks ago and it was then she first tried to kill herself. She spent a large amount of money in her efforts to get him back, so at present she has economic problems. She is 3 months overdue with payment on her apartment, and it was after a terrible argument with the landlord, where he threatened to throw her out of the apartment, she tried to end her life a second time.

In the Ward:

She was placed under constant observation the first days, but this is now discontinued. A schedule of activities have been given her and the first days she seemed to adjust well, but lately she refuses to follow the schedule, skipping group-meetings complaining that they are boring.

She seems to be very labile emotionally, she is impulsive and has unpredictable outbursts of anger, which pass as quickly as they come - never lasting more than a few minutes. She wants unlimited access to her therapist and is making requests that cannot not be met no matter how the staff tries. She states that there is no point being in the ward when her needs cannot be met. She has begun to categorize the staff as "good guys and bad guys". When she is with staff members she likes she is pleasant, complimenting them on their kind and understanding attitudes towards her. With staff she dislikes she is uncooperative, comparing them unfavourably to the others.

The first days she 'was very cooperative, friendly and helpful to other patients - then she started to make fun of some of them, critically commenting on their behaviour and clothing, and she found only a few to be at her level intellectually and socially. She misses no opportunity to demonstrate her knowledge in psychology and philosophy, and constantly harasses the nursing students; she finds them to be both ignorant and incompetent when working with people with her sort of problems. She expresses this in a politely but sarcastic way.

When asked how she really feels she says; "Oh, I don't know, I don't feel anything, most of my life I just felt empty. I do not know what I want and what I shall do."

Study guide:

What have you learned about Line Terese's present situation?

What approaches would you suggest the team to adopt in working with Line Terese?

What are your reasons for adopting these approaches?

Could this case study have come from your country?