



## Pharmacological and Psychosocial Approaches in Mental Health Nursing: Review of the Biopsychopharmacosocial Model and Its Implications for Clinical Practice

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### Abstract

**Background:** The integration of pharmacological and psychosocial approaches in mental health nursing is essential for addressing the complexities of mental health disorders. The evolving landscape of psychiatric care necessitates a shift towards community-based services and a holistic understanding of patients' needs.

**Methods:** This review evaluates the current literature on the biopsychopharmacosocial model, which combines biological, psychological, and social dimensions of health with pharmacological considerations. It examines the effectiveness of this integrated approach in enhancing patient outcomes, improving accessibility, and fostering recovery-oriented practices in mental health nursing.

**Results:** Evidence suggests that implementing a biopsychopharmacosocial framework in psychiatric nursing can lead to improved patient satisfaction, reduced stigma, and better clinical outcomes. Advanced training for nurses in both pharmacological and psychosocial interventions is associated with increased efficiency and effectiveness in care delivery. Furthermore, the emphasis on interprofessional collaboration and person-centered care has resulted in more comprehensive treatment plans that address the multifaceted nature of mental health issues.

**Conclusion:** The adoption of an integrated biopsychopharmacosocial approach in mental health nursing is vital for meeting the diverse needs of patients. By combining pharmacological and psychosocial strategies, nurses can provide more holistic care, ultimately enhancing recovery and quality of life for individuals with

mental health challenges. Future research should focus on refining training programs and evaluating the long-term impact of this integrated approach on patient outcomes.

**Keywords:** Mental Health Nursing, Biopsychopharmacosocial Model, Integrated Care, Patient Outcomes, Psychosocial Interventions.

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## 1. Introduction

Psychiatric nursing consistently evolves to address shifting demographics, increasing customer demands, and a transformed economic environment. In recent years, an institutional model of health service delivery has been supplanted by a model featuring fewer centers of excellence and an increased provision of community-based services (1). There is an increasing focus within mental health service provision on self-management of chronic conditions and recovery strategies, pastoral care, physical health care, psychosocial interventions, and case management (2-5). Conditions such as personality disorders, intellectual disabilities, and autistic spectrum disorders are no longer considered exclusions from mainstream adult psychiatric services, and there is reduced segregation in older adult services (6).

The evolving landscape of psychiatric services is marked by persistent concerns regarding practice quality, including oppressive, tradition-bound methodologies (7,8), iatrogenic stigma and disability, and the dual challenges of educating for and implementing evidence-based practice (9-13). Particular issues elicit targeted responses, exemplified by the recent publication of the nursing, midwifery, and care staff strategy; however, challenges remain, notably the inadequate engagement of psychiatric nurses with evidence-based practice (both as consumers and producers) and the replacement of comprehensive diagnostic assessment with non-specific psychosocial support (14, 15).

Research indicates that advanced nurse practitioners enhance accessibility and patient satisfaction, are cost-effective, and have favorable results (16, 17). Similarly, the enhanced training of psychiatric nurses in advanced evaluation, formulation, and care planning may improve patient experiences and treatment, while also demonstrating cost-effectiveness via potential gains in productivity and creativity.

This article outlines a methodology that enhances best practices to facilitate the advancement of professional expertise. A multimodal biopsychopharmacosocial framework for psychiatric nursing is suggested, integrating dynamic studies of behavioral antecedents and consequences, as well as the predisposing, precipitating, perpetuating, and protecting elements involved, with the influence and effects of pharmacotherapy.

A growing percentage of individuals undergoing care and treatment for mental health issues will be assisted at some stage by community services. Home treatment teams and community psychiatric nurses deliver urgent care for individuals in crisis and manage cases for those facing diverse issues stemming from acute mental illness, severe and persistent mental health disorders, personality disorders, and/or intellectual disabilities. The presentation of an individual may be compounded by drug use and/or other comorbidities, necessitating a more comprehensive evaluation and formulation than is often accessible (1, 18).

The community-oriented model for addressing the diverse and intricate mental health issues of most individuals, alongside apprehensions regarding the quality of care in residential facilities, has led to a heightened emphasis on, and discontent with, services shaped by risk assessment and management, focusing on symptom stabilization via pharmacotherapy (19-22).

The competencies of psychiatric nurses are evolving, although inconsistently. Nurses in many sectors of mental health care get training in psychosocial treatments and non-medical prescription; nonetheless, they may encounter limited chances and a lack of confidence to cultivate and use these abilities (4, 23, 24). In the hospital environment, the nurse's role has been characterized as predominantly 'custodial' (26, 27), with psychiatric units noted for primarily employing 'pharmacological interventions and television therapy,' while residents are often denied more thorough behavioral evaluations, analyses, and treatment of underlying causes (19). The physical healthcare of individuals with mental health issues has been a

concern for many years, both in hospital settings and within the community (28, 29). The necessity to tackle physical health disparities was incorporated in the mental health national service framework, which aimed to enhance services for chronic physical conditions; however, these disparities have not been integrated into broader health policies, including the primary care access initiative or other pertinent national service frameworks.

Contemporary psychiatric nursing practice acknowledges the importance of the subjective experience of health and illness. The biopsychosocial model (30) has significantly impacted nurses and other practitioners by offering a conceptual and methodological framework for comprehending and addressing individual experiences of health and illness.

## **2. The biopsychosocial model**

The biopsychosocial approach guiding contemporary psychiatric nursing practice carefully evaluates biological, psychological, and social elements, along with their intricate relationships, to comprehend wellness (31). The biopsychosocial model is characterized as both a clinical care philosophy and a pragmatic therapeutic guidance (32). This approach elucidates how the subjective experiences of health and sickness are influenced by many organizational levels, ranging from the macro (societal) to the micro (molecular). Practically, it serves as a method for evaluating and comprehending an individual's subjective experience, which is a crucial element in person-centered evaluation and therapy (32).

In reaction to the perceived dehumanizing consequences of the biomedical model, psychiatrist George Engel (30) proposed the biopsychosocial approach (BPS), which now underpins the contemporary standard psychiatric assessment process, encompassing history taking, comprehensive physical examination and investigations, Mental State Examination (MSE), and ultimately the psychiatric formulation. The process offers a distinctive characterization of the individual from a biopsychosocial perspective, encompassing a 'snapshot' of the current mental state, a preferred and differential multiaxial diagnosis, an examination of aetiology (including predisposing, precipitating, perpetuating, and protective factors), and a comprehensive evaluation of potential diagnosis, management, risk, and prognosis (31, 33). Understanding the significance of the intersection of the three domains (biopsychosocial) and their interactions is essential to the person-centered approach and its resultant consequences.

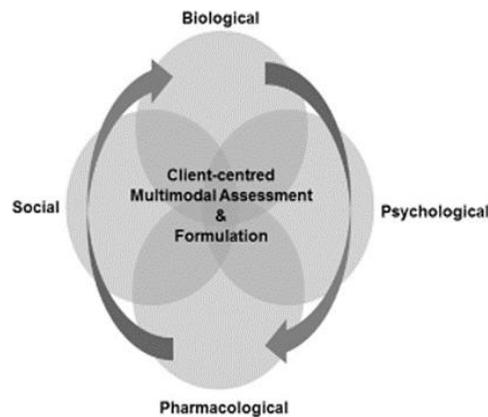
After evaluating the individual's circumstances and relevant aspects, the choice of a nursing strategy entails incorporating medical, psychological, and social treatments into a holistic care plan (31). The assessment process cannot be regarded in isolation; following care planning, execution, and continuous evaluation must also be biopsychosocial to get good results.

## **3. Transcending the BPS model**

An expanded variant of the BPS paradigm, known as the biopsychopharmacosocial approach (BPPS), is considered pertinent to psychiatric nursing practice. The BPPS method offers a dynamic comprehensive framework that incorporates biological, psychological (including mental health, emotions, and behaviors), and social dimensions, while also integrating a pharmaceutical component into the original BPS model (Figure 1). This contrasts with integrating pharmacology into the biological evaluation, so acknowledging the significance of medicine in both assessment and treatment, as well as its role as a complement to psychological therapies for well-being. The elucidation of the pharmacological domain within the BPPS framework recognizes the subjective experience of medicine and the broader role that drugs occupy in everyday life, including both supplementing and enjoyment.

It is crucial to evaluate the influence and intersection of each domain on the others, as well as their link with potential health effects. The secure administration of prescribed medication is a fundamental aspect of nursing practice. Although standard operating procedures are prevalent, they are designed to guide effective practice rather than cultivate it to address the diverse and fluctuating needs of individuals, necessitating 'thought and the exercise of professional judgement'. Inadequate compliance with pharmaceutical protocols is a persistent characteristic of chronic diseases (34), while self-medication with both legal and illegal drugs is an acknowledged aspect of mental illness (35). Pharmacological therapies

interact with both biological and behavioral health components and are potentially adjustable. Therefore, psychiatric nurses must possess a fundamental comprehension of the pharmacodynamics and pharmacokinetics of both professionally prescribed and self-administered medications. Variants of diagnostic overshadowing and associated iatrogenic consequences may hinder the evaluation and therapy process (9). Diagnostic overshadowing encompasses the neglect of symptoms associated with treatable disorders, such as depression, by presuming that manifestations like sleep disturbances, appetite fluctuations, sadness, social withdrawal, and agitation are merely aspects of a more prominent condition, such as schizophrenia or intellectual disability (36,37). The effective and accountable implementation of the BPPS approach necessitates a dynamic multimodal perspective of the individual, transcending the diagnose-and-treat paradigm to deliver interventions that target aetiology, reduce aggression, and diminish reliance on medication, restraint, and seclusion (29).



**Figure 1. The biopsychosocial approach**

A multimodal viewpoint offers a framework for analyzing behavior by concentrating on the antecedents and effects within an individual's social and physical surroundings (29, 38). Identifying cues, both internal and external, linked to behavior is crucial for assessing the probability of events and situations that may result in violence or behaviors deemed 'wrong.' A multimodal view warns against a straight correlation between diagnosis, primary symptoms, and disruptive behavior, hence enhancing the BPPS method. Employing a multimodal viewpoint with BPPS facilitates investigation into the causal causes of observed behaviors, including biological, cognitive, perceptual, and psychosocial capabilities, deficiencies, and vulnerabilities. The environmental, physical, and social pressures on the person are evaluated with potential neurochemical and psychological functioning (29). A multimodal perspective aids in recognizing the functional attributes of behavior, resulting in beneficial interventions that promote both the individual and the nurse in identifying and employing adaptive forms of expression, as well as cultivating prosocial replacement behaviors and coping mechanisms (29).

In conjunction with a multimodal analysis of specific behaviors, a thorough evaluation utilizing the BPPS approach is multiperspective and examines predisposing, precipitating, and perpetuating factors to achieve a profound understanding of the individual within their present context (39). This will then guide care planning, further investigations, risk assessment, and prognosis. A multimodal multiperspective BPPS method offers a coherent and rational framework for facilitating evidence-based, person-centered treatments when executed with enough detail by a seasoned practitioner.

#### **4. Workforce education under the BPPS framework**

The education of the nursing profession has evolved from traditional didactic methods to guided learning at the pre-registration level, partially acknowledging the significance of experiential learning in clinical practice (40, 41). The resurgence of the clinical teacher/tutor to assist pre-registration students is evident (42, 43). Considering that clinical reasoning and decision-making are fundamental attributes of expert practitioners (44, 45), there is a case for enhancing the prominence of the 'expert nurse' or clinical academic

role to facilitate post-registration continuing personal and professional development. Exemplifying instruction in clinical practice, bolstered by interactive workshops and seminars, would reinforce the use of the BPPS method and eventually enhance advanced psychiatric nursing practice. The BPPS method offers a versatile framework for educators, enabling the application of certain theoretical models to many areas and facets of an individual's care. Instruction and education within the practical environment facilitate the 'real-world' application of theoretical concepts, therefore closing the divide between theory and practice.

Healthcare professionals are also actively urged to collaborate and learn from one another. The Department of Health has indicated that inter-professional collaboration and education are crucial for health and social care personnel (46). Psychiatric nurses are required to operate independently while simultaneously collaborating as part of a multidisciplinary team (47). Successful interdisciplinary teamwork requires respect for the expertise and contributions of team members, efficient communication methods, and clear delineation of roles and duties (48). A BPPS approach facilitates inter-professional collaboration and learning in situ by enabling nurses to engage more effectively in assessment, formulation, and care planning activities, as well as to contribute to decision-making through a shared professional lexicon and established concepts. The BPPS approach fosters collaborative, person-centred clinical reasoning that enhances both intra- and inter-professional practice, substituting vague psychosocial support with comprehensive diagnostic assessment and evidence-based interventions (14).

The organizational structure, interactions with other professional groups, regulations, and working circumstances are systemic elements that influence the care environment in which nurses operate, potentially affecting their possibilities to use advanced abilities. It is said that nurses must recognize their role in the issue to contribute to the solutions. Nurses are, by definition, an essential component of the system, and the practice of advanced skills necessitates acknowledgment of the prospects for application. The BPPS method, including multimodal functional analysis, highlights the many domains in which nurses may engage and use their advanced competencies. Nonetheless, achieving proficiency in the use and critical application of the BPPS method requires an advanced degree of both theoretical (research/evidence-based) and clinical understanding, supported by skilled nurses and clinical academics.

## **5. Conclusions**

Psychiatric nurses are increasingly faced with a broader spectrum of intricate mental and physical health challenges, which may be aggravated by detrimental social and environmental conditions that impede rehabilitation. In response, new frameworks for the organization and provision of mental health care have emerged, accompanied with problems in executing person-centered, evidence-based practices (Leufer & Cleary-Holdforth 2007). A BPPS methodology for nursing evaluation and formulation utilizes the existing knowledge and skill assets within the profession and within other professional groups. The multimodal viewpoint opposes diagnostic overshadowing and inadequate treatment.

For psychiatric nurses to address the requirements of varied populations and facilitate recovery, it is essential to conduct a thorough assessment, followed by formulation, care planning, implementation, and evaluation within a BPPS framework. The BPPS method leverages best practices to provide a solid and adaptable framework that enables nurses to explain, communicate, and advance nursing practice within a recognized structure. The education of the nursing workforce will be enhanced by the presence of the 'expert nurse' or clinical academic in the practice environment to 'lead from the front.'

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الأساليب الدوائية والنفسية الاجتماعية في التمريض النفسي: مراجعة نموذج الطب النفسي البيولوجي الاجتماعي وتطبيقاته في الممارسة السريرية

#### الملخص

**الخلفية:** يُعد دمج الأساليب الدوائية والنفسية الاجتماعية في التمريض النفسي أمرًا أساسيًا لمواجهة التعقيدات المرتبطة بالاضطرابات النفسية. تتطلب التطورات المستمرة في رعاية الصحة النفسية التحول نحو الخدمات المجتمعية وفهمًا شاملاً لاحتياجات المرضى.

**المنهجية:** تُقيم هذه المراجعة الأدبيات الحالية حول نموذج الطب النفسي البيولوجي الاجتماعي الذي يدمج الأبعاد البيولوجية والنفسية والاجتماعية مع الاعتبارات الدوائية. يتم تحليل فعالية هذا النهج المتكامل في تحسين نتائج المرضى، وتعزيز إمكانية الوصول إلى الرعاية، وتشجيع الممارسات الموجهة نحو التعافي في التمريض النفسي.

**النتائج:** تشير الأدلة إلى أن تطبيق إطار عمل الطب النفسي البيولوجي الاجتماعي في التمريض النفسي يؤدي إلى زيادة رضا المرضى، وتقليل الوصمة، وتحسين النتائج السريرية. ويرتبط التدريب المتقدم للممرضين على التدخلات الدوائية والنفسية الاجتماعية بزيادة الكفاءة والفعالية في تقديم الرعاية. علاوة على ذلك، فإن التركيز على التعاون بين المهنيين والرعاية المتمركزة حول المريض قد أدى إلى وضع خطط علاجية شاملة تعالج الطبيعة المتعددة الأبعاد لقضايا الصحة النفسية.

**الاستنتاج:** يُعد تبني نهج الطب النفسي البيولوجي الاجتماعي المتكامل في التمريض النفسي أمرًا حيويًا لتلبية الاحتياجات المتنوعة للمرضى. ومن خلال الجمع بين الاستراتيجيات الدوائية والنفسية الاجتماعية، يمكن للممرضين تقديم رعاية أكثر شمولية، مما يعزز التعافي ويحسن جودة الحياة للأفراد الذين يواجهون تحديات الصحة النفسية. ينبغي أن تركز الأبحاث المستقبلية على تحسين برامج التدريب وتقييم التأثيرات طويلة المدى لهذا النهج المتكامل على نتائج المرضى.

**الكلمات المفتاحية:** التمريض النفسي، نموذج الطب النفسي البيولوجي الاجتماعي، الرعاية المتكاملة، نتائج المرضى، التدخلات النفسية الاجتماعية.