INTRODUCTION

I was allocated to a twenty bed unit as part of my mental health clinical placement. This unit consisted of both voluntary and involuntary clients. It was my first experience in mental health. This paper will explore the feelings I experienced during this time and the subsequent reflective process.

NARRATIVE

On my first day at the unit I was assigned to work with a Registered Nurse Bill (pseudonym). During my orientation we were approached by a client George (pseudonym). I introduced myself and explained that I was a 2nd year nursing student working on the unit for 2 weeks. He acknowledged me but mainly directed his conversation to Bill. I recalled from handover that George was an involuntary client who had been admitted with paranoid schizophrenia. I was conscious of upholding a professional standard and providing non-judgemental nursing care. I was unaware whether he was currently experiencing delusions or hallucinations, so thought I should ‘be on guard’. I became very conscious of my stance, posture and body language. I was closely observing Bill to see the way he interacted with George using both his language and body language. During this conversation it became clear that George, among other things was experiencing paranoid delusions. George stated that he had a traumatic upbringing with a large amount of abuse both sexual and physical. He said he felt like he just wanted to get a gun and shoot whoever walked past because he was over it. Even though I was feeling distressed by what I was hearing, I tried to copy Bill’s body language and active listening, trying to be non threatening to George. The content of this conversation became quite upsetting for me however and I became very conscious of not allowing my feelings to show. I found it difficult to overcome my fear of interacting with people living with a mental health illness.

REFLECTION

I had mixed emotions about this placement. I was feeling emotions of excitement, as I knew I would learn a great deal about mental health disorders but also felt apprehension thinking the clients would all be hallucinating and dangerous. Because of this I was unsure about how I would feel. I believe I am a considerate person who can nurse people in a non-judgemental and caring manner. I am able to engage and interact with my patients and have benefited from all of my previous placements. I was aware that I may bring to the clinical placement my self limiting negative attitudes or preconceived ideations regarding mental health illnesses. I became aware that it was a fear I had to overcome. When I was talking with George I could not believe that I would feel the way I did. I was really scared and felt threatened by the way George was speaking. I had this sick feeling in my stomach and my hands were shaky and sweaty. I just wanted to leave this situation and go into the nurses’ station where I felt safe. I kept thinking that because George was suffering with paranoid schizophrenia that he was an immediate danger to me.

I knew I did not handle the situation as well as I should. I was very surprised that I felt so judgemental towards George. It upset me to think that I was stigmatising him and allowing my preconceived ideations to overtake my usual non-judgemental caring nature. I decided to discuss my fears with Bill who reassured me that at some point all nurses may feel the same way. He suggested that I use reflective practice to fully understand why I felt the way I did. I realised I have various weaknesses and strengths and commenced this placement with preconceived negative attitudes, which limited me in having a positive clinical placement. I believe I needed to change my attitudes, feelings and beliefs not only about this client but in general about mental illness. I was viewing George as a mental illness not a person living with mental illness and judged him accordingly. I realised there will be times when I am no longer a student, that I will experience nursing patients with mental health issues and this situation is not restricted to mental health units.

From this situation I have learnt that these clients are people who need to be treated with respect, empathy and understanding. I have learnt not to judge a client by their mental illness. It reinforced to me that I need to focus on George the person and not concentrate on the negative self limiting beliefs I held for these clients because they are living with a mental health disorder.

LITERATURE REVIEW

Nursing students may hold negative attitudes towards mental disorders before the commencement of a clinical placement in a mental health unit (Hung, Huang & Lin, 2009). The reasons behind this are multifactorial (Lysaker, Buck & Lintner, 2009). However, media plays an important role in how students view mental illnesses, typically portraying the most negative aspects (McAllister, 2008). Conversely, there are numerous ‘feel good stories’ depicting how ordinary people have overcome certain tragic situations and ‘got on with their lives’ (Meadows, Singh & Grigg, 2009). These types of news stories may cause people living with schizophrenia for example, as crazed psychopaths, dangerous, aggressive, socially undesirable and irrational people who should be avoided (Avanti, Samakouri, Kalamara, Bochtsou, Bikos, Livaditis, 2009). McAllister suggests that this perception is more deep seated now than in the past, due to an increased numbers of people being diagnosed with a mental illness (McAllister, 2008). Conversely, there are numerous ‘feel good stories’ depicting how ordinary people have overcome certain tragic situations and ‘got on with their lives’ (Meadows, Singh & Grigg, 2009). These types of news stories may cause people living with mental illnesses to self stigmatise and believe that they are not good enough or ‘weak individuals’ who cannot cope with trivial things happening in their lives (Meadows et al., 2009).

Society’s lack of knowledge on mental illnesses and how it impacts on a person’s life can be another factor contributing to ongoing stigma (Hung et al., 2009). Students may feel a level of mixed emotions based on not knowing what to expect from the placement and a certain amount of anxiety or fear (Webster, 2009). These preconceived ideations contribute to the student becoming reluctant to interact with health care consumers and forming opinions about the client before meeting them (Webster, 2009). However, knowledge does not necessarily indicate understanding (Meadows et al., 2009). These authors suggest that some medical professionals working in mental health continue to stereotype
these clients, contributing to the negative misunderstandings about mental health (Meadows et al., 2009). Negative attitudes may be the reason for students becoming reluctant to pursue a career in mental health nursing (Happell & Gough, 2007).

It is clear from the literature the impact of stigma and discrimination has a profound effect on the person living with a mental illness (Meadows et al., 2009). It may cause a delay in that person seeking help and treatment due to feelings of shame and guilt (Pinto-Foltz & Logsdon, 2009) which in turn can contribute to low self esteem, loneliness and hopelessness, prolonging the recovery time (McAllister, 2008). Stigma also has negative effects on a consumer’s families (Meadows et al., 2009). Society is hesitant to talk about mental illness, which can cause feelings of shame, guilt and discrimination for the families of people living with mental illnesses (Meadows et al., 2009).

Nursing students who hold negative and preconceived ideas about mental illness must face their fears (Webster, 2010). The best way to achieve this is by establishing and maintaining a therapeutic relationship with the client, showing empathy and using reflective practice (Lysaker et al., 2009). However, anxiety may influence a student’s ability to communicate with mental health clients (Hung et al., 2009).

A therapeutic relationship is built on trust from both parties (Stein-Parbury, 2009). In a student-client relationship this can be demonstrated by mutual respect, acceptance and the student treating the client in a non-judgemental manner (Stein-Parbury, 2009).

Empathy is demonstrated by the student having an understanding of the client’s feelings and the capacity to be self aware (Webster, 2010). Empathy is critical for the student to possess the ability to care for the client, which can be expressed both verbally and non-verbally (Webster, 2010), through both behavioural and cognitive expressions (Stein-Parbury, 2009). Stigma is associated with a nurse’s inability to show understanding to the client because of her pre-judgmental attitudes (Webster, 2010). Showing empathy can reduce the client’s feelings of isolation and alter stigmatised attitudes (Webster, 2010).

Engaging the expertise of registered nurses and clinical facilitators along with self-reflection is critical in nursing practice and can improve the student’s ability to develop understanding and show empathy (Stein-Parbury, 2009). Students can employ reflective practices that can dramatically change the negative feelings, assumptions and stigmatising attitudes that they bring to their clinical placement (Webster, 2009). Students could utilise the knowledge and experience gained from their nursing practice during the clinical placement period, reflect on why they felt the way they did, what influenced their thoughts and false assumptions (Webster, 2009).

CONCLUSION

Nursing clients with mental health illnesses are not confined to mental health units. Perhaps experienced nurses working in generalist settings experience the same fear and judgemental thoughts I experienced when they provide care to a person with a mental illness. Perhaps then, changing fear and stigmatising beliefs within the nursing profession can be achieved through reflective practices in all healthcare settings. These processes allow students and nurses to gain a better understanding of mental health illnesses and how negative attitudes, preconceived ideations and stigma can affect the people who live with a mental illness, their families, the mental health nursing team and future mental health nurses (Pinto-Foltz & Logsdon, 2009).

REFERENCES


