Title:
The Craziness of Mental Health: Teaching Mental Illness to Pre-Licensure Nursing Students

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Session Title:
Pre-Licensure Nursing Students: Patient Education and Mental Health

Slot:
M 05: Monday, 19 September 2016: 2:30 PM-3:15 PM

Scheduled Time:
2:50 PM

Purpose:
The purpose of this presentation is to educate nurses and educators in the paradigm shift in caring for the mentally ill. Professionals must first self-reflect and address their own stigmas and personal barriers when providing care to this vulnerable population and when role-modeling for students.

Keywords:
mental health nursing clinical, mental illness and nursing students

References:

Abstract Summary:
Mental illness is no different that diabetes and hypertension. A nurse would not instruct a patient with a high blood glucose to calm down and take a nap. However would not that be our first response to an anxious patient experiencing obsession thoughts and compulsive behaviors?

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to verbalize one exercise which can assist with identifying barriers that may limit the quality of care given to a patient with mental illness.</td>
<td>Three exercises will be provided to the learner to assist with identifying barriers to care.</td>
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<td>The learner will develop one action in which they can enhance or improve their professional approach to the mentally ill population in their workplace.</td>
<td>Examples of innovative approaches will be explored during the presentation along with examples from the audience themselves.</td>
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Abstract Text:
Nurse educators teach the nurses of tomorrow the correct way to take a blood pressure and listen to lung sounds. They also teach the proper way to insert an intravenous catheter or obtain a urine specimen. However, nurse educators also teach about mental health.

From a historical perspective, the mentally ill have been treated poorly since biblical times. Until pharmacological breakthroughs in the 1950s, the mentally ill were institutionalized. Before the 1990's, psychiatric nursing textbooks provided little to no information on psychiatric nursing or psychopharmacology. Today, society has become more aware of the needs of the mentally ill, and it is crucial that nursing schools teach it accurately, scientifically and compassionately.

A frequent comment made among pre-licensure nursing students is that mental health nursing is not real nursing. Such a response from students can be disheartening for the healing of body, mind and spirit erupted with the founder of the profession, Florence Nightingale. To soothe the soul and comfort the mind leads one to health and wholeness.

To provide nonjudgmental care, nurses must be taught self-awareness and self-reflection to identify barriers. The key to competent care is awareness of self. With one in four people experiencing a mental health issue, measures should be placed to challenge the mythology about mental illness and decrease its stigma (Scottish Government, 2012).

Nursing students have been known to either fear their mental health clinical rotation or to minimize its importance to their academic learning. From horror movies to television news that taunts the latest nervous breakdown of a celebrity, the image of having a mental illness ignites fear. For nursing students, this fear along with the stigma of mental illness can be stifling.

To overcome that fear of mental health, it may be all in the presentation. To best prepare nursing students for their mental health rotation, the tone should be set by educating students that mental health is a disease process, just like hypertension or diabetes. As a diabetic does not choose to be hyperglycemic, a schizophrenic patient does not choose to have auditory hallucinations.

The success of our mental health rotation is directly related to the strong roots of its clinical leaders. The demonstration of positive leadership and favorable attitudes is a powerful influence on nursing students in their clinical rotation (Moxham, et al, 2011). Through self-reflection of preconceived misconceptions, an awareness of treatment modalities for the mentally ill, and a large cup of compassion, a profound educational experience for students can be created.

An example of a successful mental health rotation begins with role modeling of the leader and careful planning of the experience. One rotation began with a tour of the county jail. With years of law enforcement experience to his resume, a deputy lead a group of twenty nursing students on a four-hour tour of a facility which houses almost 2,000 prisoners. With a warm welcome from the deputy who states that he is not trained to work with the crazies, we visit the segregation units, the health facility, the unit for those with mental illness, and the ancillary departments of the jail.

The debriefing that occurs after the jail tour is filled with strong emotions. The treatment of the mentally ill in prison is eye-opening yet reality. The students can experience firsthand, for themselves, the journey that a mentally ill patient may begin, through little fault of their own. Self-reflection and awareness by the student begins at this point.

The second day of the clinical rotation is an orientation at a state-run forensic center. This is a facility in which patients who may be incompetent to stand trial, trying to gain competency to stand trial, or who are evaluated as never to gain competency, are secured. While not a prison, this facility is a locked institution with strict rules and little freedom.
A comparison activity is requested of the students at this point in the journey. The similarities and differences between the prison and the forensic center are shared on paper for only the eyes of the instructor to see. This assignment is a paper and pencil activity, not produced from a computer keyboard. The supporting belief is that pencil and paper allow for increased thought, with the intensity of the writing mannerisms a reflection of the emotion of the writer.

Self-awareness and self-reflection are key. Activities that promote inner-self review, self-awareness, and personal struggles, are confidentially shared in debriefing. Activities such as crayoning, Socratic questioning, and discussion of current mental health legislation are discussed. This leads students to a deeper level of thinking.

The following four weeks of the clinical rotation is spent at the forensic center, becoming familiar with the patients, the employees, the facility and the dynamics between them all. For the clinical leader, it is imperative that the tone be set on the first day. With a positive attitude, simple introductions, and body language to nurture mutual respect, the journey begins.

For twelve hours a week for four weeks, conversation between students and patients begin to emerge through a simple dice game or a low-key, puzzle-solving adventure. It begins with role-modeling from the clinical leader who immerses themselves in the facility. The leader engages in conversation with the patient, initiates card games and invites students to participate, and organizes a volleyball game with the students versus the patients. This leader engagement is important and should be initiated early in the rotation and remain throughout. It is the role modeling of the leader that sends a silent, yet strong message to the students that the patients are people, just like us.

Though professional boundaries are established and maintained, stories are shared and vulnerabilities are displayed. Any pre-existing fears by the student subside. The common response gleaned from the students is simply the fact that these patients are people too.

Student are taught that open posturing, a listening ear, and a therapeutic use of silence are tools that can enhance conversation. An air of acceptance, genuineness, and compassion are tools that, if sensed by the patient, can also enhance conversation. Like a moth to a light, patients are drawn to students who display openness.

Engaging in games, music therapy, or a game of ping pong, the student-patient barriers are diminished and the patients begin to share their life’s journey. There is no room for judgment. Students embrace the trust, the stories, the vulnerabilities, and the honor of receiving information that will make them a better nurse.

The result from the six-week rotation culminates with an awareness that mental illness is all around us and does not discriminate between social class, age, race, or education. It is not to be feared. We need to talk about it. They are people too.