

# Clinical Journal

Your journal should address issues below. Be 500 words in length. (This is not a formal paper and does not have to be in APA format).

1. Identify your thoughts and feelings about your clinical experience on the clinical unit. Underline your feelings and bold your thoughts.
2. List at least 1 misconception about Mental Health and state whether this misconception is true or false.
3. Discuss 2 therapeutic communication techniques. Define the techniques, how would you implement each? Have you seen the techniques implemented in the clinical setting?
4. Discuss a legal or ethical issue that is going on in the arena of Mental Health nursing. 1) Identify a nursing journal article related to the issue 2) reference the article in APA format 2) State your thoughts, feelings, and concerns about the issue.

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During my time at mental health clinical, I experienced mental health nursing in a way I never have before. At my workplace in the ER, we get psychiatric patients all the time, but we send them to behavioral health units. Being on the behavioral health unit and seeing what the process is was **eye-opening**. Being on a mental health unit made me nervous because I **did not know what to expect** or **how the patients would act**. The patients I had the pleasure of taking care of were pleasant, and hearing their stories was disheartening, but overall, I had an educational experience.

A misconception in healthcare that I think of is the expectation of violence. When walking into a mental health facility, that was the first thing I was worried about, and the patients were nothing like the expectations I had in my head. When people think of someone with a mental illness, they may automatically assume they are aggressive or violent, which I came to find is rarely the case.

One therapeutic technique that I would use is silence, sitting, and listening or comforting the patient. Being silent can give the nurse, and the patient time to think through and process their thoughts and give patients the time and space they may need. I would implement this by sitting next to my patient and telling them they can talk to me or just sit together for a while. I have seen this technique, and I think it is one of the best ones. Sometimes we speak before thinking. Being silent and listening and thinking things through before speaking is therapeutic to the patient and the conversation. Another therapeutic technique I can think of is giving recognition. This promotes good behavior and can make a patient feel good about their progress. Sometimes if you compliment an action, it can come off as condescending, especially when they did an everyday task that was hard for them but easy for most people. Therefore, pointing out

their progress and showing them that you have noticed it is therapeutic. I have seen this in a clinical setting and watched nurses point out things they noticed the patient did on their own.

A legal issue in mental health is psychiatric advanced directives. It is a legal document that has details on a person's preferences for future mental health treatment or someone who can make decisions. The issue is that many people are not familiar with them, and currently, only 25 states are required to have them, although they are still an option in other states. If more people had education on psychiatric advanced directives, it would improve the quality of patient care. It would improve because these documents contain medication preferences, inpatient treatment considerations and help preserve their autonomy. I think the psychiatric advanced directives are essential to have, and patients would be more willing to work with their providers and feel as if their needs are met. We must provide care aligned with a patient's preference. If there were to be a crisis situation, that document would be helpful to have on hand.

## Reference

Tinland, A., Leclerc, L., Loubière, S., Mougeot, F., Greacen, T., Pontier, M., . . . Auquier, P. (2019). *Psychiatric advance directives for people living with schizophrenia, bipolar i disorders, or schizoaffective disorders: Study protocol for a randomized controlled trial – daip study*. *BMC Psychiatry*, 19(1). doi:10.1186/s12888-019-2416-9