Assignment 2 1007 Dimension of physical and mental health

Event (what happened and what would I do)

– what has taken place and what is your immediate reaction to this?

The event is based on a man named Bill, who was sleeping out during the cold. He is one of the patients who is suffering from mental health crises and was recently discharged from the mental health ward. The situation represents that Bill was a patient who was going through mental sickness and who has no idea what he is doing. As he sleeping out in cold, this represents how sick he is that he is unable to save himself from cold. My immediate action in this scenario is to share the situation with the teammates and to reopen Bill's file. Moreover, another action that would follow is to communicate with Bill and any one of his relatives to plan for readmission as the scenario represents that his mental stage is not stable to be discharged from the mental health ward.

Emotions

– How does this make you feel? What are your feelings, emotions, and responses?

I was very disturbed after looking at Bill because of his worst condition. The situation made me upset and tensed because after looking at Bill I realized that discharging him was not an appropriate decision. The condition of Bill needs to be discussed with the whole team before his discharge. This also made me feel bad for Bill that I did not provide proper care to him. I was very uncomfortable after the discharge of Bill from the mental health ward. I did not provide enough information about the mental condition of Bill to the whole team with input and this represents my weakness. My concern during the discharge was about having errors that might contribute to unsafe treatment for client or bring him to the hospital for readmission. As a nurse, I thought like I lacked the knowledge to provide information to the team of professional workers. However, I approached the case peacefully and appropriately. I was really happy that my mentor was there to help me during the discharge of client, and this reinforced my confidence.

Evaluation

I found several positive and negative things after analyzing the situation. What was positive about the practice was that I could perform the initial evaluation to determine what caused Bill to suffer. I recorded the findings from my examination and linked with limited help what happened to the MDT (multidisciplinary team). Accurate treatment and counseling data can be given to all staff participants to guarantee ongoing support (Hannigan et al, 2020). My communication skills have been enhanced and I have felt encouraged by my mentor during the transition, who was actively concerned when I overlooked some information. Supervision is a critical option for all students, says Giménez- Díez et al, (2020). The team has helped the process so well as they have taken my information.

My experience was not positive because my mentor had not assured me that I need to transfer the knowledge and information, and I was not prepared mentally to share the knowledge as I was not informed. I often found that before I wanted to continue out my job, I wanted some time to study various people inside our team (Cleary, 2004). At the initial MDT conference, I thought that we did not have sufficient opportunity to engage openly with Bill to recognize other psychosocial issues that could affect his health. However, due to the emotional illness, he was not able to contribute. Nizum et al, (2020) recommends the use of their contact with the patient while capturing test information to illustrate their potential planning and treatment service. To identify medical concerns, requirements, and services, Dougherty & Lister (2015), recommend that health practitioners use listening as a major part of treatment.

Thoughts (How did I become like this, what does it say about me? (analysis)

– What do you think about the event? Why do you think these thoughts came to you?

There are several things that made me feel bad for Bill. One of the things is that even after the healthcare services Bill is still in the same position. This thing made me realize that there are major flaws in the treatment of Bill. The decision of discharging him was also wrong. The main issue was the communication gap between team mates as well as with the patient so that things

went wrong and the condition of the patient was not properly understood (Wilson et al, 2014). Communication and interpersonal abilities literature are wide and detailed. After reviewing some of the comprehensive accessible information, the student could examine the event and to see how this was done.

As stated by Ennis et al, (2015), I have learned communication is the primary thing in the nursing field and it is also noted that interpersonal skills are a method required for successful communication. It was impossible for me to contact a patient because I didn't recognize the problem. It was also challenging for me to not take the behavior to heart and express the emotions at the moment, it is obvious that this is an attribute that I would improve on. Bulman (2008), suggests, however, that it is not enough for one to teach and learn from experience and to improve the ability of reasoning. I agree with them, and I am always able to learn from real practice and draw on it to develop my abilities. With this in mind, in philosophy and experience, I can now reflect on my shortcomings and clarify how, where, and when I plan to strengthen them.

I was able to persuade Bill to obtain the prescription through effective communication. For the quality of treatment, I was willing to move the details to the MDT. Clarke et al, (2007), reported that communication is a continuous method, but the issue of mental health can be a very complicated process. During the discharge of client, I was grateful that the MDT representatives helped and were engaged in what I said.

Learnings

– What have I learned from this? What potential biases have I got? What assumptions have you made? Are these logical? What influence has my previous personal / life experience have on my assumptions?

A lot of things and ideas have been developed and understood after analyzing the scenario of Bill. Finally, I have discovered that every dilemma can be overcome by effective communication, irrespective of the environment, circumstances, or difficulty. Nurses must also ensure that their

communication is successful. It identified the weaknesses to which abilities can be drawn. I now aim to improve my confidence, competence, and capacity to connect. In taking part in Bill's therapy, I have found that the proper evaluation and monitoring of progress is accompanied by clear background information and input on mental health issues when taking care of a person. It is assumed that with the help of effective communication with the patient/client or the family members, things can become easy. It is also assumed that coordination with team members and other departments is also important because it helps to make a better decision about Bill or any other patient who is going through mental crises, either he should be discharged from the health care center or he needs more treatment. If effective communication is there the situation for Bill would be different (Bernabeu-Tamayo, 2020).

A strong customer-personnel interaction is beneficial and helps create trust (Henderson et al, 2008). It can be accomplished by free communication which enables the client, without fear of intimidation, to communicate his feelings and concern. I hope that the insights I have gained from this experience can benefit me in the future as this is happening in reality.

Application (how could this be seen differently, what have I learned from this?)

– How can I grow from this experience personally and professionally? What would I do differently if I came across this event again? What development do I need?

After analyzing the scenario, I found that there are many things that can be helpful to improve such kind of scenario. One of them is communicating with clients and team members. Moreover, the assessment of patients is also one of the most important things that can be helpful to treat the patient in the right way and make the decision according to their mental health condition.

To grow me personally as well as professionally, I focused on conducting my SWOT analysis as this was helpful for me to overcome the weak areas and to focus on opportunities that are helpful to treat the patients. I felt the usage of the SWOT analysis was a helpful structure to follow in order to recognize my flaws and shortcomings in both theory and practice. In this relation, I created a development plan which focuses on my weaknesses and how, when, and why I plan to

strengthen them. The biggest point, of course, is that I am eager to stay a qualified nurse in the future. I am about to get to focus on these issues. I am already prepared and able to study this disorder with all potential patients. I'll take the time to speak to them, to make sure they're happy with me to take care of them. I will have another team member to support me and to comfort them whenever they feel upset.

References

Clarke, D. E., Dusome, D., & Hughes, L. (2007). Emergency department from the mental health client's perspective. International journal of mental health nursing, 16(2), 126-131. https://doi.org/10.1111/j.1447-0349.2007.00455.x

Cleary, M. (2004). The realities of mental health nursing in acute inpatient environments. International journal of mental health nursing, 13(1), 53-60. https://doi.org/10.1111/j.1447-0349.2004.00308.x

Dougherty, L., & Lister, S. (Eds.). (2015). The Royal Marsden manual of clinical nursing procedures. John Wiley & Sons.

Ennis, G., Happell, B., & Reid-Searl, K. (2015). Clinical leadership in mental health nursing: The importance of a calm and confident approach. Perspectives in Psychiatric Care, 51(1), 57-62. doi: 10.1111/ppc.12070

Giménez-Díez, D., Maldonado Alía, R., Rodríguez Jiménez, S., Granel, N., Torrent Solà, L., & Bernabeu-Tamayo, M. D. (2020). Treating mental health crises at home: Patient satisfaction with home nursing care. Journal of Psychiatric and Mental Health Nursing, 27(3), 246-257. https://doi.org/10.1111/jpm.12573

Bulman, C. (2008). An introduction to reflection. Reflective practice in nursing, 1-24.

Hannigan, B., Nolan, F., Chambers, M., & Turner, J. (2020). Mental health nursing at a time of crisis. Journal of Psychiatric and Mental Health Nursing. doi: 10.1111/jpm.12652

Henderson, J., Willis, E., Walter, B., & Toffoli, L. (2008). Community mental health nursing: Keeping pace with care delivery? International Journal of Mental Health Nursing, 17(3), 162 170. https://doi.org/10.1111/j.1447-0349.2008.00528.x.

Nizum, N., Yoon, R., Ferreira-Legere, L., Poole, N., & Lulat, Z. (2020). Nursing interventions for adults following a mental health crisis: A systematic review guided by trauma-informed principles. International Journal of Mental Health Nursing, 29(3), 348-363. DOI: 10.1111/inm.12691

Wilson, S. C. (2014). Mental health crisis intervention: A discourse analysis involving service users, families, nurses and the police. DOI: 10.13140/2.1.2612.3526