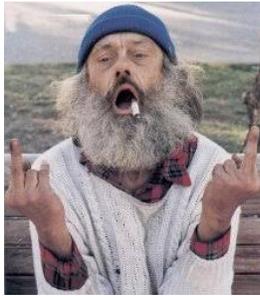


“I don’t care what you say, I want to be a PSYCHIATRIC NURSE !”

“Look at that man over there, the one wearing a torn red shirt ,ragged jeans, and dirty unkempt hair . He's gesturing wildly with his hands, talking to himself and laughing inappropriately. Hurry, cross the street ! You don't know what he might do.”



That easily could have described one of the chronic mentally ill (CMI) patients being discharged in the 1980s after being institutionalized for 25 years or more. Many were discharged to the street with no home plan .

Mental Health Systems Act (MHSA) of 1980 was a law that gave grants to community mental health systems.No longer was mental health care provided at institutions ;but it became community based care.

<https://en.wikipedia.org>

In 1985 , I received my Bachelor of Science in Nursing degree (BSN) . Prior to this degree, I worked as a medical- surgical nurse, I had always wanted to work with psychiatric patients. After getting my BSN degree, I told my family and friends that I was changing my nursing specialty. I met with some opposition. I heard various comments, “Why would you want to work with those people? Aren't you afraid that you will get hurt? “

One family member stated, “You are not a real ‘ nurse’ if you work with those people.”



My first job working with psychiatric clients was working at a local mental health center. I will give you a brief overview of that job . I worked with two other mental health professionals .

We taught independent living skills to a few clients (6-8) in an attempt to help them live successfully in the community. We would take these clients to a small house owned by the center. Working at this facility was an experiment for me to decide if I wanted to work with the psychiatric population or return to medical surgical nursing.



The Independent Living Skills

- 1. Cooking**
 - a. Class on nutrition**
 - b. Make a menu**
 - c. Make a grocery list**
 - d. Shopping**
 - e. Make a meal**
- 2. Doing laundry**
- 3. Basic hygiene**
- 4. Budgeting money (writing checks)**
- 5. First Aid**
- 6. Exercise**

All of these skills are necessary when living independently. Some of the clients were in supervised living apartments. They still needed to know basic living skills.

“I admit I had low expectations that they could learn these skills. To me , this job would be babysitting and keeping them calm.”

My first group session was a learning experience as much for me as them. I had low expectations for them to learn or participate . It was a nutrition group about the food pyramid. During this session, they sat with their head down, making no eye contact. When I started asking questions about the content of the group, several clients were able to accurately answer questions. The joke was on me. I was really surprised but very happy. I had always believed you weren't listening if you didn't make eye contact and keep your head up.

Another surprise I discovered while working with this CMI population : they may look lethargic or unwilling to participate. Looks can be deceiving. I started an aerobics class for exercise.

Again I didn't expect much participation, so I only offered the week. They enjoyed it so much that I had to increase it to three days a week.



Building rapport is a major way to build trust with any population, but especially with psychiatric clients. It is vital to always take your time to listen, show interest, and keep promises. Building rapport is vital in communication. One of our male clients refused to take a bath at home. He believed that he was receiving electrical shocks in the water while bathing. We convinced him to bathe at the house. I had the best rapport with him, so I would stand outside the bathroom door while he bathed. Our deal was that if he started feeling the shocks, I would go in. He never felt the shocks and I never had to go into the bathroom." He bathed on a regular basis.



Another one of my duties was making house calls if a client was in crisis or was considered to be having an emergency.

One night, there was a complaint about one of our female clients screaming and running nude around her apartment building. When my coworker and I arrived, she stated, "When those lights land on me, they burn." After calming her, I asked, "Are you taking your medicine?" She lifts up her blouse, points to her abdomen and says, "Do you see those bumps (no bumps or discolorations) on my skin? Those pills are hard. My skin is soft so my body can't absorb those hard pills." She reported being off her medication for about two weeks. She was agreeable to seeing the psychiatrist the next day since the medication was not working and the burning lights were scary. The medicine was changed to a monthly injection.



I really enjoyed working with the CMI population. They learned at a slower pace , it took a lot of repetition, but most clients were eager to learn. They benefited from continuing treatment at a mental health center , taking scheduled medications, and maintaining good rapport with therapists. As I said this was my experiment to see if I wanted to continue working with psychiatric patients/clients . I found it very rewarding, difficult and challenging at times but fulfilling. I found it so satisfying that I have spent the rest of my career working with the psychiatric population.

Tab 2

Tab 3

Tab 4

Tab 5

