

ESSAY

Does mental health care really care for mental health? A personal reflection

Claudia Campbell

South African College of Applied Psychology
22 Neeron Road, Blairgowrie, Randburg, 2194
claudia@redbench.co.za

ABSTRACT

The phrase 'psychology in action' may automatically surface positive connotations to the effects of psychological interventions. However, the fact that something is 'in action' or moving, that someone is 'doing something', does not automatically indicate favourable outcomes. Misled or badly executed actions can be damaging. Psychiatric care facilities exist primarily to treat the psychological and psychiatric difficulties faced by individuals. Even before the appointment with the therapist and doctor, the mere existence of a psychiatric facility represents 'psychology in action'. Everything from the appearance of the building to the attitude of the staff contributes to how the facility is putting psychology into action. Therefore, from the moment one is admitted to a psychiatric institution 'psychology in action' begins to influence the patient. Theory and therapeutic techniques are essential for effectively putting psychology into action. Indeed, a plethora of information exists regarding the academics of psychology. However, how often are mental health care practitioners made to look at the reality of their patients and clients' genuine, lived experiences of psychology in action? It is this question which, in light of personal experience, will be kept in mind while reflecting on the subjective experience of both a damaging, and subsequently effective experience of two psychiatric institutions.

Keywords: Effective care, ineffective care, mental health care, psychiatric admission, psychiatric clinic, psychiatric patient, psychiatric facility, psychiatric hospital, psychiatric hospitalisation, Does Mental Health Care Really Care For Mental Health

Although I am only a foetus in the world of academic psychology, my journey of being a client or patient of psychological treatment runs deep. It is the personal awareness and experience about the influence that every detail of being admitted and staying in a mental health care facility has on a patient which encouraged me to write this narrative – to provide a view of mental health care from the client’s perspective. At first this account may seem to be a diatribe about the negative effects of mental health care. However, it will also bear testimony to the reality that effective mental health care can be a life-saving and beautiful healing tool.

This account is based on a presentation given at a student’s conference, which was themed ‘psychology in action’. So perhaps you could take a moment now to think about the exact point at which psychology is put into action during the process of admitting a patient to a psychiatric facility. Is it when they have their first consultation with the psychiatrist, or perhaps when they attend a group session facilitated by a therapist or counsellor? Or is it the moment that person steps through the doors of the clinic or ward, sees the receptionist, meets various staff members, and has a blood pressure band strapped around their arm? Ask yourself: Does simply putting something into action automatically make it a good thing? More importantly, when psychology is put into action in the wrong way, how damaging could it be?

Over the course of the last 5 years, I travelled a twisty and personal road of both physical and, more relevantly, mental health challenges. Bipolar and post-traumatic stress disorders are a part of my everyday life – as are physical difficulties that can at any time adversely affect the medication stability I rely on. So, although I have been admitted into psychiatric institutions for purely psychiatric reasons, I have also been admitted during times when I’ve been very ill physically but cognisant enough to reflect on and observe the effect that admission has had on me and on my fellow patients. My interaction with other patients has enabled me to also reflect back on my admissions, which took place in the greatest throes of my mental instability.

Through my various hospital stays and the many, many subsequent hours spent with health care professionals, ranging from psychologists and psychiatrists to neurologists, surgeons and endocrinologists, I have developed an acute awareness of the frequency with which people possessing rich experiences and abilities are reduced to nothing more than a label. On admission, ‘patient’ or ‘client’ is often what primarily identifies those admitted.

Over the years, I have relied on my keyboard and the outpouring of my thoughts onto it to help me understand and make meaning out of the situations I have experienced. Consequently, I unintentionally documented each ‘up’ and each ‘down’, each experience of this journey, beneficial or not – including hospital admissions.

At this point I would like to request you, the reader, to reflect on a few of my journal extracts, which explain the mental state of mind in which I was during various admissions to hospital. On reading these accounts, other patients have resonated with my feelings. And so, as you read, forget that I am reflecting my own

experience and in your mind's eye imagine that this is you; try and feel it as if these words are your own.

I'm scared. I'm tired of being scared. I'm tired of wanting to hurt myself. I'm tired of fighting the urge. I'm tired of the guilt from failing. I'm tired of trying and trying and trying. I'm tired of the finishing line being a mirage. Imagining not being here is not what I want to see. But I find the images flashing over and over in my mind (Personal journal, April 2010).

So I don't know what to do. I'm not thinking straight. Everything seems blurred between a haze of panic, the past, anxiety, and drugged fog. I just want this all to stop. I don't know what to do. (Personal journal, May 2010).

So when you are in the midst of a psychological sandstorm, a hurricane of mental missiles, what does an admission look like that induces fear, anxiety and terror?

In my case it resulted in these thoughts:

Clinic Daunting (name has been changed): There are people whose spirits are broken and bruised, people who realise that they need help and are willing ask for it. And when these ones arrive at a 'professional' institute, should they not be made to feel secure, that this is a sanctuary of rest and healing? Should the environment not wrap around them a confidence that would help unhealthy cravings abate instead of making those cravings and urges rush in and overwhelm every fiber of their being? Should they not be greeted decently by a person and shown around to help to find a sense of comfort in their new and very strange environment? Or is right for them to be shunted from one person to the next? Having to provide answers to painful questions to complete strangers who have not even introduced themselves, being left in a corridor, with a blood pressure band around their arm and a thermometer shoved in their armpit with no explanation? Is it fair to just be informed there will be meds waiting for you at 21:00 with no information about what they are and no consideration for the side effects they may have? I'm at a loss to understand where the word 'care' fits into the term Health Care (Personal journal, May 2009).

At this point the 'psychology in action' my mental health care facility was providing me did not come from doctors and therapists; I was only scheduled to meet those individuals many hours later. Rather my psychological state was being acutely impacted by the care of the other staff: Two nurses engrossed in their own conversation who physically dealt with me roughly and, aside from the mandatory health questions, explained nothing to me and only demanded that I reveal any and all sharp or dangerous objects and medication I might have in my luggage or on my person. I was informed that all my belongings were subject to searches at any time and hence should I attempt to lie to them there would be negative consequences and reduced privileges. Today I understand the context of what they said, I do not for a

moment deny the importance of their words, but it is the manner with which I was dealt with. At this point I had no knowledge that I even had ‘privileges’ or what the ‘consequences’ would look like – aside from sounding fear inspiring. My already fragile mental state was thrown into a frenzy of panic and terror. What if I had missed a tiny tablet that had slipped into a fold of my bag? Was my clutch pencil a ‘sharp object’? Was my string of plastic beads a ‘dangerous object’? What if they found these things the next day, how would they punish me? Panic attack after panic attack ensued. So, in your own heart, did this mental health care facility really care for my mental health?

Now, in the context of a state of immense mental fragility, place yourself in front of your assigned doctor or therapist in the mental health care facility, a person you may only have met once before or perhaps not at all. Sense what it is like to feel expected to open up to a stranger whilst in a state of panic. And then try and imagine which approach you would find most beneficial.

I'm trying again to assimilate the words 'I don't want you to be nervous for these sessions'. The reality? I am trying to get thousands of butterflies in my stomach to simply fly in formation, not to mention disappear completely.

However, how do you not be nervous, be just fine, be valiant when you know that facing you are conversations about the deepest, most personal, intimate, terrifying, confusing moments in your life? Yes fine, the details are going to be given over to a 'professional', 'excellently skilled' in dealing with these kinds of 'situations'. But does this imply that by virtue of a profession you shouldn't view the professional in front of you as an ordinary person? No it doesn't. And in every relationship, with any person one meets, a level of trust is involved. Trust built over time and generally not because of impressive certificates and an occupation description on a business card. One needs to be able to trust that your integrity, emotions and reactions will be handled with care and not scribbled down on a patient file for reference purposes only. Trust is feeling that you are more than a few pages of notes. How can I trust someone when I am a 'case', with a 'file', a set of 'symptoms', needing a 'diagnosis'? Does the fact that you have the label of 'patient' mean that you lose your status of 'person', something or perhaps someone beyond a yellow file, with medical aid numbers, and alternative contacts? I struggle to place my hurt and heartache into the category of another's commodity.

I struggle to trust someone when I feel that my most intimate details need to be handed over as simply part of a 'vocation'. It makes me feel defensive and guarded (Personal journal, May 2010).

The picture I have painted until now seems exceedingly gloomy. But there are mental health care facilities that really do care for mental health from the moment you walk through their doors. Consider this extract written fairly recently – a comparison of two admissions, in two different facilities:

There is something that has become clear to me over the course of this journey and the many hospitalizations I have been through. The vast majority of patients admitted into the general program of a psychiatric clinic share a common emotion; perhaps it could even be called a conviction. This is a pervading sense of being valueless, feeling that no part of you has any worth.

For me, the contact one has in the first few hours of admission is vital to the motivation I have regarding my healing during hospitalization. My memory of the experience I had during the few hours I spent at Clinic Daunting, even though they are extremely hazy and disjointed, are of punishment. Every person I met, the doctor as well as the nurses, left me feeling that the reason I had been admitted was that I was a failure as a human. I've thought about the feeling time and again recently. I wondered if my experience at Clinic Daunting was because I was projecting my own sense of failure onto everyone else. Maybe there is some truth in that statement. However, at no point did anyone explain anything to me. Nobody explained what drugs I was meant to be taking and why. Nobody explained why everything I had with me had to be searched. Nobody made me feel safe in any way. It was as if any part of me that was successful was inconsequential, because the bad stuff was just so bad.

However, the experience that I had at Clinic Esteem (name has been changed) was very different. At Clinic Esteem everything is explained to you. And if you ask a question you are answered in a dignified way, a way that makes you feel visible. The nursing staff cares for the patients, not by simply shoving pills down their throats, but also by genuinely wanting to know how you are doing. The patients are asked about what the hospital could do better, and how they feel about their environment. Patients are afforded respect and credit for the simple fact that they were brave enough to be admitted, to acknowledge they need help. The opinions that the patients have matter, because they are not seen as problems but rather as people who happen to have a problem. When you are admitted at Clinic Esteem you feel that you are there because you are worth the effort, that you matter enough to the world for people to help you. In my opinion, this should be a non-negotiable standard of care.

I have met some of the most remarkably intelligent patients in hospital. Many of these individuals are notably successful and possess phenomenal strength of character when considering the trials they face. It's a strange thing how often people can treat you as a bright and functional person until the time they find out you have a mental illness. Apparently to these people, the erasing of all intelligence is automatic when you have a diagnosis of mental illness – and heaven forbid, an admission to a psychiatric clinic. Now, I can forgive those in the world who don't know better. The thing is that every person employed in a psychiatric clinic should know better. All patients, no matter what illness they have, are ultimately responsible for their own healing. However, if you are admitted to hospital as a diabetic, it is the treatment professional's responsibility to help show you how to care for yourself. They need acknowledge the fear you may have and try to guide you until you feel safe in knowing how to manage your illness. Health care professionals are not going to withhold insulin from a diabetic patient because insulin is the very thing they need. Similarly safety and a sense of value should be afforded to psychiatric patients because it is these things they don't have, they are consumed by vulnerability and worthlessness. Patients, psychiatric or otherwise, have to make the effort to learn, but caregivers need to teach them (Personal journal, February 2013).

Although the following piece of writing addresses one professional at Clinic Esteem, its spirit applies to all staff. I believe that it highlights the positive power the approach of all psychiatric facility staff can have, even before any drugs are administered to a patient.

Each time I've seen you, you have never made me feel judged or useless. You made me feel too, that I was more than a malfunctioning piece of flesh in need of a pile of pills, but rather I felt as if you saw me, the real me, who gets tangled up in an emotional spider web and begins to disappear even from her own view. The way that you have approached my story and me has enabled me to have a concrete trust in you, to feel comfortable in not hiding anything at all. You make me, the authentic me, not the mask or moods or panic, fear or grief, trauma, illness or despair, but me, feel visible. I know that you're in the business of making people better and saving their lives. It's your job, what you do everyday, with hundreds of us. But, I have never felt as if I'm simply your job or just another patient. And for some reason you seem to have a granite belief that my ability out-weighs my disability (Personal journal, December 2011).

So, reflecting back on the title of my presentation do you think mental health care cares for mental health? I feel the answer is yes and no. If the facility does not afford patients a sense of safety and worth, it is a dangerous space. But in my personal experience, when I am admitted into a psychiatric facility and I'm seen as the person I am, beyond my file and label, treated with dignity, and made to feel valued and safe, mental health care really does care for my mental health. In fact, I could go so far as saying it has saved my life.

And, the effect this has had on my mind is summed up on these words:

It encourages me to try, to not give up. Thank you for seeing the 'me' I didn't know I was, and thank you for helping me meet her (Personal journal, December 2012).

BIOGRAPHICAL NOTES



Claudia Campbell is an Applied Psychology student at the South African College of Applied Psychology (SACAP). Based on her own experience regarding her struggles and triumphs over physical and mental illness, Claudia left an eight-year long corporate career to pursue studies in psychology. Claudia's passion lies in challenging traditional ideas concerning the treatment of mental illness.