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STIGMA OF MENTAL HEALTH PATIENTS IN THE EMERGENCY ROOM

by

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PERMISSION

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Abstract

AG has experienced poor treatment by health professionals including Emergency Department (ED) nurses. After meeting AG and listening to their story of being disrespected and poorly treated by health care professionals, this was a motivator for looking at what the research showed for education of the health professionals. The ED nurses are often the health professionals who are first point of contact for many of these patients who are going through a crisis and sometimes escalated, agitated and overwhelmed. Education for these ED nurses could help improve their ability to understand and provide safe and therapeutic care for these patients. Nurses who are provided relevant information and education have reduced fear and stigma as well as improved attitudes toward people with mental illness which helps build empathy and reduce stigma. Improved psychiatric and mental health patient experiences can also lead to improved patient satisfaction.

Background

AG is 24-year-old female to male patient who uses pronouns they or them and has experienced trauma and has suicide attempts. AG has diagnoses of bipolar 1, severe depression, anxiety, paralyzing social anxiety, panic attacks, and post-traumatic stress disorder (PTSD). AG has experienced poor treatment by health professionals including emergency department (ED) nurses.

A motivator for this paper was meeting AG and listening to their story of being disrespected and poorly treated by health care professionals. The ED nurses are often the health professionals who are first point of contact for many of mental health patients like AG who are going through a crisis and sometimes escalated, agitated and overwhelmed. This case study with a targeted review of the literature will look at the research on nurses and the stigma of mental health patients in the emergency room (ER).

Sometimes the words health professionals say are neutral, however the tone they say things with can be meaningful. Sometimes it may simply be that the professionals are tired and overworked and their nonverbal communication can demonstrate annoyance, frustration, exasperation, or even that they do not believe the patient. Mental health patients are more fragile emotionally and are even more sensitive to the nonverbal and insensitive verbal communication of health professionals.

Health professionals who received education on mental health and psychiatric patients are more likely to have a better understanding of the actual illness as well as how to work with complicated and difficult patients who are going through an emotionally and mentally stressful situation. This is amplified in emergency rooms where often nurses are not given any additional training on mental health and yet where they are faced with extreme patient situations leading to

a very volatile and potentially explosive situation (MacNeela et al., 2012; Plant & White, 2013; Zeller, 2010).

Case Report

This case is a 24-year-old female to male patient (AG) currently on hormones for this process. They are a non-binary individual, born female, who uses the pronouns they or them to describe themselves. The patient, AG, has a diagnosis of bipolar 1, severe depression, anxiety, paralyzing social anxiety, panic attacks, PTSD and history of seven hospitalizations: (five while under the age of 18, but none in last five years; all of these were due to suicidal ideation (SI) or suicide attempts i.e. overdosing on medications and slitting wrists). AG has history of sexual abuse as a child by an older cousin, bullying in school, and relationship struggles that have been ongoing. AG moved here from California and when talking about the abuse, they also said that they had been treated poorly by health professionals including ED nurses. This has been especially experienced during AG's visits to the ER. "I had one who told me, 'fruits and nuts come from California' and another professional who told me, "if it was that bad, you would have killed yourself already so pull yourself together" and "You're not suicidal, you just want attention" and many professionals who have rolled their eyes and someway said "Oh, REALLY?"

AG stated in multiple ways that they want to be treated with respect, they want to have their medications managed in a way that continues to help them do well like they have been doing, and they want to work with a provider who respects them for who they are. AG is currently not in therapy and is open to this. They have not found a therapist who is a good fit. AG has completed a couple sessions of EMDR and is open to trying this again. AG has a good

support system with their parents and siblings as well as a couple close friends. AG has not been able to work in the last year but is hoping to get back to finding and working a job.

Stigma of Mental Health Patients in the Emergency Room

This case study with a targeted review of the literature looks at the research on nurses and the stigma of mental health patients in the ER. Research studies demonstrated a recurring theme that for those nurses who are not psychiatric nurses do not believe they have adequate mental health training. Additionally, they do not believe they have the skills in dealing with mental health needs (MacNeela et al., 2012; Plant & White, 2013; Van Der Kluit & Goossens, 2011). If ED nurses are educated on the psychopathology of psychiatric illness as well as educated on how to empathetically care for these challenging patients, there is a high likelihood that these nurses will have better understanding of and tools to care for psychiatric patients (Knaak, Mantler, & Szeto, 2017; Mousa, 2015; Stevenson, Jack, O'Mara, & LeGris, 2015).

Nurses and staff who work in the ED are constantly caring for serious physically ill patients as well as many psychiatric patients. There is bias and stigma towards psychiatric patients because nurses often lack the understanding, skills and education needed to better care for patients with psychiatric illnesses (Zeller, 2010). There is often fear of what is not understood, and this can affect biases of how nurses perceive psychiatric patients (Fortinash & Holoday-Worret, 2012).

Health care clinicians continue to have stigma associated with mental illness and psychiatric patients and nurses do not have the knowledge and skills to help them empathetically care for mental health patients (Emergency Nurses Association, 2013). Non psychiatric nurses feel that they lack the support and knowledge to care for psychiatric patients and these nurses often view psychiatric patients with negativity. However, when nurses are provided education

this can help decrease the negative perspective and they have more empathy (Zolnierak & Clingerman, 2012). When nurses do not have education on care of patients with mental health, they tend to rely on their own personal experiences as well as their colleague's consensus for assessing patients and planning psychosocial care (MacNeela, Scott, Treacy, Hyde, & O'Mahoney, 2012). The Emergency Nurses Association (ENA) (2013) recommends professional and continuing education to help nurses' have better empathy and understanding of patients who have mental illness.

Literature Review

An online literature search was conducted using the University of North Dakota's School of Medicine and Health Sciences Library. The three databases searched to obtain research articles were CINHAL, PubMed, and PsycINFO. CINHAL and PubMed were utilized first as it is essential to start conducting a literature search using core health databases when researching topics in the health sciences (Murphy, Staffinleno & Foreman, 2017). The PsychINFO database was also accessed as it contains accurate, up-to-date, comprehensive index to scholarly and professional literature in psychology and holds article abstracts and citations for 1,300 professional journals and other psychology material (Fink, 2014). Keywords used in the search were emergency department/room nurse, emergency nurse, mental illness, psychiatric patient, bias, stigma, empathy, and education. Several limitations were then applied to improve the relevancy and accuracy of the search such as, research article, publication dates of 2011-2019, peer-reviewed, and English language. There was a total of eight articles retrieved from CINHAL because they most closely aligned with this treatment challenge.

PubMed is one of the largest databases with more than 5,000 journals covering all areas of the health sciences (Mateo et al., 2014). There was a total of eight articles retrieved from

PubMed. The PsychINFO is the database most focused on psychology material and searched

when addressing mental health questions (Murphy, Staffinleno & Foreman, 2017). Seven articles

were identified from PsychINFO. The literature review identified 15 articles pertinent to the

treatment challenge. Six articles were chosen based on those most applicable to this topic. One

systemic review, which includes the highest level of evidence, is included (Mateo & Foreman,

2014).

The recurring theme found in these research studies are nurses who are not psychiatric

nurses simply do not have the tools or adequate mental health training to satisfactorily care for

psychiatric and mental health patients (MacNeela et al., 2012; Plant & White, 2013; Van Der

Kluit & Goossens, 2011). The care of psychiatric patients can be negatively impacted if ED

nurses do not have the education they need to care for psychiatric and mental health patients.

Ando, Clement, Barley, & Thornicroft (2011) found when people were exposed to simulated

hallucinations, they had more empathy towards people with schizophrenia.

Stigma can be defined as the simultaneous occurrences of classifying, discrimination,

labeling, separation, and stereotyping in situations where there is a power divide where there is

authority who has power that is given through the specific system. In this case, the power divide

consists of the authority which are the health professionals in the ER (Modgill, Patten, Knaak,

Kassam, & Szeto, 2014). Plant & White (2013) used a qualitative investigation of focus groups

and found that nurses used descriptions such as hopelessness, seeking resolution and more

certainty, and struggling with uncertainty when treating psychiatric patients. In their descriptions

of treating psychiatric patients, the overarching word was "powerlessness" as the primary

experience nurses had when working with psychiatric patients (Plant & White, 2013). The most

influencing factor in helping reduce feelings of inadequacy and anxiety was when nurses had the

availability of knowledge and skills when caring for patients with comorbid mental illness (Van Der Kluit & Goossens, 2011).

Healthcare professionals in the ED are usually the first contact that a patient has with mental health care. A negative experience for the psychiatric patient can have long-term impacts where the patient may associate distrust, fear or dislike of providers, which can affect a patient's decision to choose mental health care at the specific facility or organization (Zeller, 2010). Negative attitudes of healthcare professionals regarding mentally ill patients can adversely impact patient recovery, so it is important that these attitudes are understood and focused on (Morris et al., 2011). When nurses are provided with relevant education and information, this gives them the ability to help improve their attitudes toward patients with mental health problems by helping reduce the fear and stigma (Morris et al., 2011). Nurses who have better education and a reduced fear and stigma toward mental health patients, will lead to better psychiatric patient experiences and improved patient satisfaction. It is necessary to promote improved therapeutic alliances, like utilizing reduction of labeling a patient (Dickinson & Hurley, 2011).

Implications

Education for ER nurses could help improve their ability to understand and provide safe and therapeutic care for mental health patients. This education could eventually be expanded and utilized for all staff, much like education on Bariatric patients is provided to all hospital staff. ER nurses need specialized continuing education and knowledge to care for psychiatric patients because this aids in decreasing the negative perceptions and promotes empathy, which can lead to improved patient satisfaction. The implications of this practice recommendation would include management approval and a small amount of budget allocation for the online education that could easily be incorporated into current quarterly education. The nurse educator, or a nursing

task force could put together the online training. Then presentation and a video recording could be created with potential for an interactive module. Nurses who are provided knowledge and skills in caring for patients with comorbid mental illness, this helped reduced their feelings of inadequacy and anxiety (MacNeela et al., 2012; Van Der Kluit & Goossens, 2011). Plant & White (2013) findings show that it is critical that all clinicians throughout the emergency medicine setting receive regular training to effectively care for the needs of mental health patients.

Another recommendation is the development of education that would create a hands-on, in-person training of four to eight-hour class that would help nurses practice working with psychiatric patients, listening to them, and practicing skills like verbal de-escalation. This class could be a one-time class for new ER employees, or it could be repeated every couple of years or at the request of the employee. The second step would include more intensive commitment from management to develop the program as well as the budget commitment to pay the nurses for their time. Education and exposure to persons with mental illness can help nurses respond more positively to mental health patients as well education can help preclude and avoid negative stereotypes (Plant & White, 2013; Zolnierak & Clingerman, 2012).

A final recommendation is to teach the in-person and hands-on education class hospital wide to all nurses as there are psychiatric patients throughout the hospital, ER or in the psychiatric unit. This practice recommendation would be more extensive and may take a longer time to implement as well as more management involvement. Either the hospital management would decide to implement this, or it would need each unit's nurse manager commitment. The benefit of providing excellent education on mental health illnesses and empathetic care for these patients provides nurses a way to gain skills and understand to help provide better mental health

training (MacNeela et al., 2012; Morris et al., 2011; Van Der Kluit & Goossens, 2011). ENA (2013) recommends consistent education and professional development to help promote understanding of mental health and improve nurses' attitudes towards psychiatric patients.

Education is an important part of nursing and education is already a routine practice that is utilized in every health care setting. These practice recommendations add an important education piece to help ED nurses provide improved empathetic care of psychiatric patients. Hospitals are very concerned about creating positive patient experiences. This education could make a positive difference in helping patients feel empathetically cared for and more respected (Knaak, Mantler, & Szeto 2017). The recommendations promote improved patient satisfaction rates, improved nurse understanding of the pathophysiology of psychiatric illnesses, improved empathetic patient care, and increased likelihood that patients and their families will continue to choose the facilities ED (van der Kluit & Goossens, 2011).

The body of evidence for this topic of the stigma of mental health patients in the ED is slowly growing. Most of the research has mostly focused on the primary mental healthcare provider rather than non-psychiatric health professionals like ED nurses. Negative attitudes toward mental health patients that promote stigma affect the general population and sadly, health care professionals share many similar stigmatizing views (Corrigan, 2000; Schulze, 2007). In the ED, patients who are needing treatment for medical symptoms were often prioritized over patients needing treatment for mental health symptoms. Health care professionals rated the severity of medical conditions as more significant than schizophrenia (Rettenbacher, Burns, Kemmler, & Fleischhacker, 2004). The findings relate to the themes of bias, stigma, negative attitudes, stereotyping, empathy, and knowledge and skills deficits among healthcare providers. Educational interventions help to create awareness of psychiatric etiology, pathology and

treatment modalities do have a positive impact on stigma and empathy (Morris et al., 2011; van der Kluit & Goossens, 2011; Zolnierak & Clingerman, 2012).

The findings of stigma of mental health patients in the ED demonstrate that nurses do not feel that they have adequate mental health training and nurses have a lack of confidence in their skills, which can affect care of psychiatric patients. Finally, in order to motivate effective change, there needs to be a clear plan and good communication so that all those involved in the change process have a clear idea of what the goals are and what the education process will be (Marquis & Huston, 2012). Overall, nursing education interventions that promote awareness of psychiatric patients have a positive impact on stigma and help build empathy (van der Kluit & Goossens, 2011).

Conclusion

This case study of AG is an in-depth examination of the research addressing the importance of the connection between how a mental health patient is treated and the tools that health professionals have to be able to respectfully and mindfully care for patients that are considered challenging. Professional continuing education that is focused specifically on why and how to provide empathetic care for mental health patients, can help ED nurses have improved understanding and tools to care for patients with mental illness (Emergency Nurses Association, 2013; Zolnierak & Clingerman, 2012). The focus on promoting understanding of mental health and building empathy can have widespread impacts. These impacts include supporting and developing nurses improved ability to care for psychiatric patients, as well as creating a culture that is able to respect and treat mental health patients with dignity (Mousa, 2015; Stevenson, Jack, O'Mara, & LeGris, 2015). When patients feel respected and treated with dignity, this will lead to improvement in patient satisfaction (Mousa, 2015; Stevenson, Jack,

O'Mara, & LeGris, 2015). Nurses who are provided relevant information and education have reduced fear and stigma as well as improved attitudes toward people with mental illness which helps build empathy and reduce stigma (Morris et al., 2011; van der Kluit & Goossens, 2011). Improved psychiatric and mental health patient experiences can also lead to improved patient satisfaction (Knaak, Mantler, & Szeto 2017).

References

Ando, S., Clement, S., Barley, E., & Thornicroft, G. (2011). The simulation of hallucinations to reduce the stigma of schizophrenia: A systematic review. *Schizophrenia Research, 133*(1-3), 8-16. doi:10.1016/j.schres.2011.09.011

Corrigan, P. W. (2000). Mental health stigma as social attribution: Implications for research methods and attitude change. *Clinical Psychology: Science and Practice, 7*(1), 48-67.

Dickinson, T., Hurley, M. (2011). Exploring the antipathy of nursing staff who work within secure healthcare facilities across the United Kingdom to young people who self-harm. *Journal of Advanced Nursing, (68)*1, 147-158.

Emergency Nurses Association (2013). *Care of the psychiatric patient in the emergency department* (White Paper). Des Plaines, Il. Retrieved from: https://www.ena.org/docs/default-source/resource-library/practice-resources/white-papers/care-of-psychiatric-patient-in-the-ed.pdf?sfvrsn=3fc76cda_4

Eren, N. (2014). Nurses' attitudes toward ethical issues in psychiatric inpatient settings. *Nursing Ethics, (21)*3, 359-373.

Fink, A. (2014). *Conducting Research Literature Reviews: From the Internet to Paper* (4th ed). Thousand oaks, CA: SAGE publications.

Fortinash, K. M., & Holoday-Worret, P. A. (2012). *Psychiatric mental health nursing*. St. Louis, MO: Elsevier Mosby.

Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare: Barriers
    to access and care and evidence-based solutions. Healthcare management forum, *30*(2),
    111–116. doi:10.1177/0840470416679413

MacNeela, P., Scott, P. A., Treacy, M., Hyde, A., & Omahony, R. (2012). A risk to himself:
    Attitudes toward psychiatric patients and choice of psychosocial strategies among nurses
    in medical-surgical units. *Research in Nursing & Health, 35*(2), 200-213.
    doi:10.1002/nur.21466

Marquis, B. L., & Huston, C. J. (2012). *Leadership roles and management functions in nursing:
    theory and application*. (7th ed.). Philadelphia: Wolters Kluwer Health/Lippincott
    Williams & Wilkins.

Marquis, B. L., & Huston, C. J. (2017). Leadership roles and management functions in nursing:
    theory and application. Philadelphia: Wolters Kluwer Health.

Mogdill, G., Patten, S.B., Knaak, S., Kassam, A., Szeto, A.C. (2014). Opening minds stigma
    scale for health care providers (OMS-HC): Examination of psychometric properties and
    responsiveness. *BMC Psychiatry*, *14*, 120.

Morris, R., Scott, P.A., Cocoman, A., Chambers, M., Guise, V., Valimaki, M., Clinton, G.
    (2011). Is the community attitudes towards the mentally ill scale valid for use in the
    investigation of European nurses' attitudes towards the mentally ill? A confirmatory
    factor analytical approach. *Journal of Advanced Nursing, (68)*2, 460-470.

Mousa, M.A. (2015). Empathy toward patients with mental illness among baccalaureate nursing

     students: Impact of a psychiatric nursing and mental health educational experience.

     Journal of Education and Practice, 6(24), 98–107.

Murphy, M., Staffinleno, B. & Foreman, M. (2017). *Research for Advanced Practice Nurses:*

     From Evidence to Practice (3rd ed). New York: Springer Publishing.

Plant, L. D. & White, J. H., (2013). Emergency room psychiatric services: A qualitative study of

     nurses' experiences. *Issues in Mental Health Nursing, 24*(4), 240-248.

     doi:10.3109/01612840.2012.718045

Rettenbacher, M. A., Burns, T., Kemmler, G., & Fleischhacker, W. (2004). Schizophrenia:

     attitudes of patients and professional carers towards the illness and antipsychotic

     medication. *Pharmacopsychiatry, 37*, 103–109.

Schmidt, N. A., & Brown, J. M. (2012). *Evidence-based practice for nurses: Appraisal and*

     application of research (2nd ed.). Sudbury, MA: Jones & Bartlett Learning.

Schulze, B. (2007). Stigma and mental health professionals: A review of the evidence on an

     intricate relationship. *International Review of Psychiatry, 19*, 137-155.

Stevenson, K. N., Jack, S. M., O'Mara, L., & LeGris, J. (2015). Registered nurses' experiences of

     patient violence on acute care psychiatric inpatient units: an interpretive descriptive

     study. *BMC nursing, 14*, 35. doi:10.1186/s12912-015-0079-5

Van Der Kluit, RN, MSc, M.J., Goossens, RN, MANP, PhD, P.J.J. (2011). Factors influencing

   attitudes of nurses in general health care toward patients with comorbid mental illness:

   An integrative literature review. *Issues in Mental Health Nursing*, *32*, 519-527.

Zeller, S.L. (2010). Treatment of psychiatric patients in emergency settings. *Primary*

   Psychiatry, 17(6), 35-41.

Zolnierek, C.D., Clingerman, E.M. (2012). A medical-surgical nurse's perceptions of caring for a

   person with severe mental illness. *Journal of the American Psychiatric Nurses*

   Association, 18(4), 226-323.