Relationship study - psychosis patient in mental health facility

Literature, Russian Literature

Relationship Study - Psychosis Patient in Mental Health Facility The term psychosis has many meanings because it is broken down into several symptoms that a person suffering from psychosis may experience. A common definitions states that psychosis is a " mental illness that markedly interferes with a person's capacity to meet life's everyday demands" (Medicine. net, 2011). Usually, a person suffering from psychosis may have challenges with describing reality, they may see, hear, smell or taste things that are not real and they may experience paranoia. Usually, a person who is showing psychotic symptoms will undergo therapy, treatment with medication and they may live in the community or live in a mental health facility. When I approached my patient, I found that the picture in the textbook did not really show the clinical picture that I saw. The person I interviewed looked like anyone else in the facility. There were no distinguishing characteristics upon my first meeting that I would have stated that this person was suffering from psychosis. I first approached the personnel at the facility and let them know that I was there to interact with patients and to learn more about mental health issues. I would be at the facility until 5: 00 p. m. and I told the patient that I could talk with him at any time during the shift. I would always talk with her in a public area and not in a place that was secluded. I told her we could talk as long as she felt comfortable talking within our meetings. I also explained that anything that was said to me during our conversations was between us, unless it would impact her treatment in some way. If I saw that it would impact treatment, I would have to disclose the information I received to her treatment team. The patient's response was that she probably had already told the therapists, but

she understood what I was saying and she agreed to speak with me. Both the patient and I were always on time for our meetings. There was no need to reschedule any. I was very aware of my responsibility in this meeting and I felt it was very important for me to be attentive and on time to help build rapport with the patient. I felt that by being present and on time, I was able to show the patient that I was interested in listening to what she had to say. I noticed that the client had some stressors depending on what she was talking about. As an example, when she was talking about being admitted to the treatment facility, she seemed to feel more stressed. She became tense in discussing the fact that she was admitted for cervical and lower extremity pain but not for any type of mental illness. She exhibited difficulty standing, walking and at times mentioned wanting to be allowed to be in her room so that she could rest; at those times she said she was not feeling well. She told me that she did not want to talk about her marriage but at the same time, she did not know that she was married to a man named Marc. In fact, she was delusional and stating that she did not know Marc and was actually married to someone else. She presented with some signs of anxiety and showed signs of anger if she was pressed about a topic that she was not comfortable talking about. Mental illness was one of the topics that would make her angry because she does not feel that she is mentally ill. I noticed that talking about her marriage or talking about her psychosis or any other mental illness, she would avoid eye contact with me and would look down at her feet or around the room. She became agitated as if she wanted to leave. When discussing her husband, she would become withdrawn and distant or she would get up and walk away. I had the most difficulty following her when

she was talking about her mental illness. She was fuzzy on some of the details about the events that lead up to her admittance to the hospital. She believed that she had cancer and was experiencing pain because of it, but her hospital reports showed that she was negative when she was tested for cancer. This patient clearly demonstrates somatoform disorders and delusions about her marriage, career and finances. She had some delusions of grandeur because she believes she is an heir to the Disney family. Her circumstances that brought her to the hospital showed that she was found in a condemned mobile home, living with no utilities and with debris all around her. She was tested for substance abuse and found to have marijuana, opiates, cocaine and alcohol in her system. She is currently taking anti-psychotic medications but I could not find out why. She believed she would be released in the next day or so but the treatment team said she was very sick and would not be released. This patient had a 12 year history of psychosis and was able to maintain a somewhat normal life as long as she was on her medication. The patient said that she has two sisters and a brother and that she spoke with them regularly. In reality, she is estranged from her family. As I continued interviews with her, I realized that she really wanted to talk more about her physical ailments than anything else. After awhile, I just listened and did my best to be present while she continued her conversations. I also noticed that she spent a lot of time fidgeting and she was often nervous or restless when we began to talk about a topic that she considered off limits. I was not sure that I was ever able to establish trust with her because she had a level of mis-trust with everyone. I was able to accept the patient as she was however, and able to talk with her.