Ten years ago, in December of 2006, I was nearing completion of my diploma program in nursing. The last day of class I was sitting among my peers when one of our professors came to congratulate us and ask which areas of nursing we planned to pursue. She asked by a show of hands. While the majority of my classmates raised their hands for critical care, medical-surgical, or labor and delivery, only one other person besides myself raised their hand when asked regarding mental health nursing. My professor, with an expression of expectation, then warmheartedly informed us that this was somewhat of a “trick question” and that each and every one of us was going into mental health. She continued that despite our various avenues of nursing, mental health will always be part of our patients’ overall health and well-being.

It has been almost a decade since I began working in a mental health emergency department (MHED). Much progress has been made even in this short time, such as the addition of social workers and peer-support specialists to our department. However, the risk of developing compassion fatigue continues to be an equally noticeable concern for mental health nurses. An unfortunate truth of the nursing role is the deemed “occupational hazard” of working with a population of patients that has a more common prevalence of traumatic history (Beck, 2011). High psychological resilience corresponds to a lower risk of developing compassion fatigue and burnout, and reinforcement of resilience can be supported through individual and organizational mindfulness, self-efficacy, and coping (Rees, Breen, Cusack, & Hegney, 2015). Mindfulness is thought to be the strongest predictor of burnout (Rees, et al., 2015). This is indicative that the crucial element to preventing compassion fatigue is intrapersonal intelligence, otherwise known as self-awareness or mindfulness.

What I have found of particular interest is that mindfulness is a universal need, both for ourselves in order to master our own lives, and also in pursuit of compassionate care to our patients. This is especially true if our intentions are undoubtedly to assist our patients in doing the same, mastering their lives. Mindfulness helps generate a presence of being and a state of non-judgement. The National Academies of Sciences, Engineering, and Medicine (NASEM) recently released a report indicating that a more collaborative effort needs to be taken to “reduce negative attitudes and behavior toward people with mental and substance use disorders;” they have stated that it is “among the most highly stigmatized health conditions in the United States.”
It is from this place of stillness that the components of our being can emerge, and we can manifest the highest version of ourselves; thereby encouraging our patients to do the same.

States” (NASEM, 2016). Often, it is this externalized stigma that tends to oppress individuals and keep those affected by mental health issues from making positive progress for their lives.

Mental health is multifaceted and requires nurses to look through a holistic lens to fully understand the manifestation of what we term mental illness. An individual and their mental health is an ambiguous integration of mind, body, and spirit with their surrounding environment (see box at right). Compton and Shim’s book, The Social Determinants of Mental Health, describes, unhesitatingly, the detrimental effects of: discrimination and social exclusion; adverse early life experiences; poor education; un/underemployment/job insecurity; income inequality, poverty, and neighborhood deprivation; poor access to healthy food; poor housing quality or housing instability; and poor access to health care. The authors contend that all these social determinants are “shaped by [a] multilevel distribution of money, power, and resources” (Shim et al., 2015, p. 4). Approximately half of Americans will be afflicted by some form of mental illness at some point in their lives (Shim et al., 2013). The effects of depression are central to the cause of disability and burden worldwide, and the most detrimental forms of mental illness, such as bipolar disorder and schizophrenia, are estimated at reducing the life expectancy of those affected by a monumental 25 years (Shim et al., 2015).

The implications for holistic mental health nursing are this: If we can begin to dismantle judgments within our minds and become more self-aware, then the attainment of both inner and outer peace is absolutely possible, and it could thereby generate a better state of individual as well as collective mental health. Unlimited potential and divine intelligence precedes thought. Thought precedes matter. Matter produces form, and form creates the experience of our reality. We need to tap into the space between this unlimited potential and thought in order to transform our presence. It is from this place of stillness that the components of our being can emerge, and we can manifest the highest version of ourselves; thereby encouraging our patients to do the same. An internal shift is a requisite of a shift among the physical world. We must begin from within.

REFERENCES


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Mental Health: A Holistic Perspective

A person’s overall mental health is a product of many factors. Mental health evolves through continuous interaction which takes place on both the internal and external levels with regard to mind, body, and spiritual development, and is comprised of, but not limited to, the following:

- Brain functioning and chemicals
- Hormones
- Nutrition
- Immune system function
- Epigenetics
- Physical condition
- Environment
- Upbringing (nurture)
- Spirituality
- Social and emotional intelligence
- Interpersonal relationships
- Intrapersonal relationship with self and self-awareness
- Personality
- History of past traumas
- Subconscious programming
- Social determinants