Impact of Nurse-Led Mindfulness-Based Interventions (MBIs) on Inpatient Psychiatric Floors

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"This paper represents my own work in accordance with the School and University regulations."

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The psychiatric unit at Emory Decatur Hospital (EDH) is an inpatient facility that provides stabilization for patients experiencing acute symptoms related to mental health conditions. This floor consisted of a diverse patient population, with individuals' ages ranging between 19-65 years old, and the presence of a variety of mental health conditions including depression, anxiety, schizophrenia, bipolar disorder, substance abuse disorder, and more. As part of the treatment team's plan, the patients on this floor were supposed to have an optional hourlong group therapy session lead by a social worker or unit healthcare worker each day. In these group meetings, patients were taught techniques to assess and cope with symptoms related to their psychological condition.

During my time at EDH, there were several issues that prevented the patients from receiving consistent and effective group therapy. These barriers included an insufficient amount of time for group leaders/social workers to conduct therapy and a diminished provision of therapeutic techniques that catered to all mental health conditions, age groups, and demographics represented on the unit. I believe a nursing intervention can be implemented that is time-efficient and ensures that the patients receive daily group therapy sessions that are beneficial to all admitted patients.

There are a large variety of group therapy models that have shown to be effective in psychiatric settings, but one type that has been proven to be successful across all barriers previously mentioned are Mindfulness-Based Interventions (MBI) (Cetin & Aylaz, 2018). Mindfulness is discussed as "the practice of directing attention to one's internal thoughts, emotions, and bodily sensations through observation and non-judgment, and seeks to cultivate an awareness of the present moment" (Sams, Handley, & Alpert-Gillis, 2018). MBIs can be used to compliment and improve the results of pharmacological treatments on psychiatric floors by

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increasing efficacy of treatment, adherence to medications, and personal understanding and insight of one's one condition (Cetin & Aylaz, 2018). The types of MBIs that will be discussed are yoga, meditation, art therapy, and music therapy (Sams et al., 2018; Cetin & Aylaz, 2018). This paper will focus on showing the importance of using mindfulness-based nursing interventions on acute psychiatric floors that are time-efficient for staff, incorporate all age groups/demographics, and positively impact a diverse range of psychiatric disorders.

Due to time restraints and understaffing, many nurses and social workers on psychiatric units, including the ones at EDH, have little time to conduct group therapy sessions. Additionally, on many stabilization floors, patients are not admitted long enough to complete therapeutic interventions that last several weeks. However, research has shown that even the participation in short-term, frequent therapy sessions have been beneficial to patients (Sams et al., 2018). One study viewed the impact of group-based therapy interventions for adolescents in short-term inpatient mental health units that focused on teaching relaxation exercises such as deep-breathing techniques and yoga. The study consisted of short group sessions that were considered "low dose mindfulness", meaning that the mindfulness interventions only consisted of 1 to 2 sessions. Between pre- and post-intervention, significant improvements were seen in mood disturbance, as well as decreases in anger, fatigue and tension (Sams et al., 2018).

Another study published in the *International Journal of Psychiatry in Clinical Practice*, researched the impact of 10-minute long group mindfulness therapy for patients on an inpatient psychiatric floor. It concluded that brief interventions were well tolerated and suitable for acutely hospitalized psychiatric patients and that having an active component to the therapy was most effective (Nikolitch et al., 2016). This shows that nurses can conduct therapy sessions that are

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quick and efficient that avoid taking up large parts of their day, while also catering to patients who are only on the floor for a few days.

In addition to ensuring that group therapy programs are time-efficient, it is important to ensure that they are successful across a wide variety of mental health conditions. Mindfulnessbased therapies, such as yoga, meditation, art and music therapy, have been proven to improve the symptoms of many psychological problems, including anxiety disorders, depression, schizophrenia, and eating disorders (Cetin & Aylaz, 2018). Several studies have discussed the positive impact that yoga has on decreasing schizophrenia symptoms as a complimentary treatment to antipsychotics (Govindaraj, Varambally, Sharma, & Gangadhar, 2016). In fact, yoga-based therapies have been found to chemically increase the levels of endogenous plasma oxytocin in patients which lead to decreased negative symptoms of schizophrenia (Jayaram et al., 2013). In combination with yoga, meditation was found to help ease muscle tension and reduce chronic pain for adults experiencing depression by directing their attention and focusing on another sensation (Lee, Tang, & Bressington, 2019).

In regard to art-based mindfulness therapy, research conducted by Coholic et. al showed the benefits of using art in group settings for adult psychiatric patients with anxiety and depression. The intervention utilized a Holistic Arts-Based Program (HAP), where patients drew a picture of what a "bad day" looks like for their particular condition, and then were told to transform that picture into what a "good day" looks like for them. Using the Beck Depression Inventory and Beck Anxiety Inventory, the study concluded that patients improved in both their depression and anxiety ratings, pre- to post-intervention (Coholic, McAlister, Eys, Sugeng, & Smith, 2018). Additionally, song-writing and recreational music therapy were found to improve

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comfort level and quality of life of patients on an acute psychiatric floor, while decreasing feelings of depression (Silverman, 2013).

In addition to providing complimentary treatment methods for mental health patients, MBIs have been proven to improve the mental state of nurses working on psychiatric units. The burnout of mental health nurses is a large issue that leads to understaffed floors and poor patient outcomes. In order to combat these problems, nurses can lead the MBIs with the goal of additionally reducing their own mental conditions that often accompany the job (Askey, 2018).

In conclusion, I recommend that the mental health unit at EDH implements a daily mindfulness-based group therapy intervention that is led by nurses on the unit. Each day should utilize a different form of MBI, switching off between yoga, meditation, art and music therapy, and more. This way, every patient with a different mental health condition can receive therapeutic exercises that are most helpful to their specific diagnosis and set of symptoms. This strategy will help improve rates of medication adherence in patients, decreased symptoms experienced in several psychiatric conditions, and prevent rates of burnout by mental health nurses.

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