


Therapeutic Communication for HCA


Chapter 10: Therapeutic Communication and Mental Well-Being


Therapeutic Communication for Health Care Administrators

Kimberlee Carter; Marie Rutherford; and Connie Stevens


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Learning Objectives

- Assess the implication of stressors on anxiety disorders and mood disorders using common theoretical models.
- Explore symptoms and behavioural manifestations of common anxiety disorders and mood disorders.
- Review effective therapeutic communication techniques when communicating with a client suffering from anxiety disorders and mood disorders
- Consider the scope of practice of the health care administrator in supporting clients in various levels of mental well-being.

Introduction

- The Canadian Mental Health Association (CMHA), National (2019) proposes that 1 in 5 people experience an issue with their mental well-being in a given year.
- Studying and learning about common mental health illnesses, reduces fear, increases compassion, and allows for greater empathy when communicating with people suffering from issues with mental well-being.

Stress and Stressors

- All people will experience **stress** during their lifetime:
 - Stress
 - Eustress
 - Distress
- Hans Seyle's General Adaptation Syndrome

Physical Signs & Behavioural Manifestations of Stress

- Signs that a person under stress may exhibit include:
 - Physical
 - Cognitive
 - Behavioural
- As a Health Care Administrator (HCA) you will see behaviours that may seem on the surface as unreasonable responses to the situation.

Anxiety Disorders & Mood Disorders

- **Anxiety** differs from stress.
- Mood disorders and anxiety disorders impact the daily lives of approximately 11.6% of Canadians 18 years or older (Government of Canada, 2015)
- As HCA you will have clients suffering from an anxiety or mood disorder and learning about those disorders, and awareness about the signs, will increase your **empathy** and ability to support them.

Anxiety Disorders

- General Anxiety Disorder (GAD)
- Mild – Moderate – Severe anxiety
- Panic Attack
- Panic Disorder
- Phobias
- Obsessive Compulsive Disorder (OCD)
- Posttraumatic Stress Disorder (PTSD)

Mood Disorders

- Mood disorders negatively impact the way people think, socialize, perceive interactions, and can manifest into negative moods, sadness, and depression (Stangor & Walinga, 2014).
 - Depression
 - Bipolar Disorder

Bipolar Disorder

- Bipolar disorder differs from depression in that there are periods of **depression**, periods of **stable mood**, periods of **mania**, or **mixed** episodes that display both depression, and mania, at the same time (CAMH Bipolar Clinic Staff, 2013).

Schizophrenia

- In Canada, one out of ten Canadians over the age of ten were living with schizophrenia in 2016-2017 (Government of Canada, 2020)

Mental Illness, Substance Misuse, Addiction, and Homelessness

- The Canadian Mental Health Association (CMHA) Ontario (2021), estimates that 25 – 50 percent of homeless individuals suffer from a mental health illness.
- Employment opportunities exist for HCAs with organizations that support people suffering from mental illness, addiction, and homelessness. Therefore is important to increase your confidence to competently and compassionately assist clients.

Summary

In this chapter you have:

- Assessed the implication of stressors on anxiety disorders and mood disorders using common theoretical models.
- Explored symptoms and behavioural manifestations of common anxiety disorders and mood disorders.
- Reviewed effective therapeutic communication techniques when communicating with clients suffering from anxiety disorders and mood disorders.
- Considered the scope of practice of the health care administrator in supporting clients in various levels of mental well-being.

References

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