

Behind The Scrubs:

Mental Health, Nursing, and the Human Side of Healthcare

Recognizing Distress. Responding to Crisis.
Caring for Patients... And Ourselves.



Presented by: Colby Odom, M.S.W., L.M.S.W.
On Behalf of Connors State College

Behind The Scrubs

Introduction



I am a Licensed Master Social Worker and mental health therapist with experience across community mental health, crisis intervention, child welfare, hospice care, and rural behavioral healthcare. I currently provide therapy through Green Country Behavioral Health Services, where my work includes providing psychotherapy and psychoanalysis while supporting people experiencing a wide range of mental health needs.

I hold a Bachelor and Master's degree in social work and completed an additional two year advanced training to become a Registered Play Therapist with a focus in trauma, families, and couples. My commitment to the profession extends beyond clinical practice. I currently serve on the Board of Directors for the Oklahoma Association for Play Therapy as the Continuing Education Director, helping support professionals and the advancement of play therapy throughout Oklahoma.

My work has received recognition beyond the clinical setting. I was recognized as the #1 Hospice Social Worker in Oklahoma (2023), after providing intensive grief therapy following a homicide in McAlester, OK.

Throughout my career, I have worked alongside nurses, doctors, social workers, and various other healthcare professionals in a variety of settings including crisis intervention and behavioral health. My work is grounded into two core beliefs:

Effective care requires us to understand not just what is happening, but also the person to whom it is happening and all behavior is communication.



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Differential Diagnosis

We have a patient that is presenting with:

- **Tachycardia**
- **Sweating**
- **Shortness of Breath**
- **Nausea**
- **Trembling**
- **Dizziness**
- **Chest Tightness**
- **Reporting, “Something is SERIOUSLY wrong”**

Is this medical? Or is it psychiatric?



Differential Diagnosis Cont.



Answer: We actually don't know yet...

...That is the entire point.

A panic attack can resemble a medical emergency. Medical illness can appear as psychiatric distress. Substance use, medication effects, withdrawal can complicate the diagnostic process.

Good mental health care isn't deciding what is psychological. It is recognizing that psychological and physiological don't always conveniently separate that easy for us.

Today's Prescription

By discharge today, you should be able to:

Recognize mental-health concerns in everyday practice.

Respond therapeutically rather than reflex and instinct.

Recognize when distress becomes crisis.

Know where Green Country Behavioral Health fits into the space.

Understand opportunities for nurses in behavioral health.

Recognize when YOU need support.



Mental Health IS Healthcare

“Psych Patient” Is Not A Diagnosis

Examples include:

Depression still has a blood pressure.

Trauma still has a pulse.

Anxiety still has respirations.

Addiction still gets labs drawn.

Psychosis can still get pneumonia.



Mental illness does not exempt someone from getting physically ill.

We must treat the person and NOT the label.

Mental Health Vital Signs



Safety

Suicide?
Self-Harm?
Violence?
Vulnerability?



Thought

Logical?
Disorganized?
Delusional?
Hallucinating?



Affect

What emotional
state are you
observing?



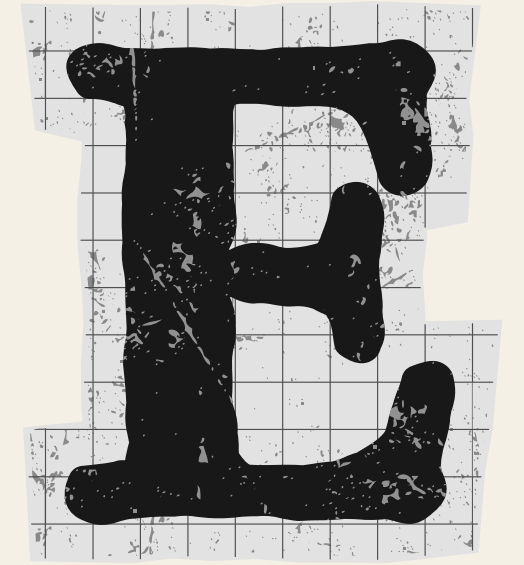
Behavior

Agitated?
Withdrawn?
Intoxicated?
Confused?



Level of Function

Can they care for
themselves?



Environment

What happened
around this
person?

"STABLE" for Memory, Not A Screening Instrument***

Colby Odom, M.S.W., L.M.S.W. Do Not Duplicate

What Does Mental Illness Look Like?

Depression

"I am tired all the time."

Anxiety

"Something is wrong with my heart."

Trauma

"Do not touch me!"

Psychosis

"The television is sending me messages."

Substance Use

"I just need help to stop shaking."

Suicidality

"Everyone would be better without me."

Burnout

"I just don't care anymore."



Which one worries you the most? Why?

How Does This Apply to Nurses?



The good news is that you do not have to become a therapist.

Your job is not to fix the story, but to recognize it, respond safely, and connect the patient with appropriate care.

Nursing Behavioral Health Roles include:

- Observation
- Screening
- Therapeutic Communication
- Medication monitoring and management
- De-escalation
- Suicide Risk Assessment
- Trauma-Informed Care
- Advocacy
- Referral
- Coordination of Care

What NOT To Do:

Patient states, "I don't know if I can keep doing this."

We don't say:

- ❌ "You are gonna be fine."
- ❌ "My other patients have it way worse."
- ❌ "You just need to be positive."
- ❌ "You have so much to live for."
- ❌ "Have you tried calming down or relaxing?"
(If this phrase worked, therapists would be out of work.)



What Helps?

Replace advice with genuine curiosity.

- ✓ Instead of, "Calm Down."
Try: "You are safe here. Please tell me what you are feeling?"
- ✓ Instead of, "Why would you do that?"
Try: "Help me understand what was happening right before that."
- ✓ Instead of, "That was completely irrational."
Try: "I can see that this feels very real and frightening to you."
- ✓ Instead of, "Promise me that you will not hurt yourself."
Try: Immediately move to risk-assessment and ensure safety first.



The Most Therapeutic Thing You Carry?



Stethoscope



IV Supplies



Medication



Bandages



Pens



Blood Pressure Cuffs

The Most Therapeutic Thing You Carry?



YOURSELF

What Happened To You?

Notice the difference between these questions...

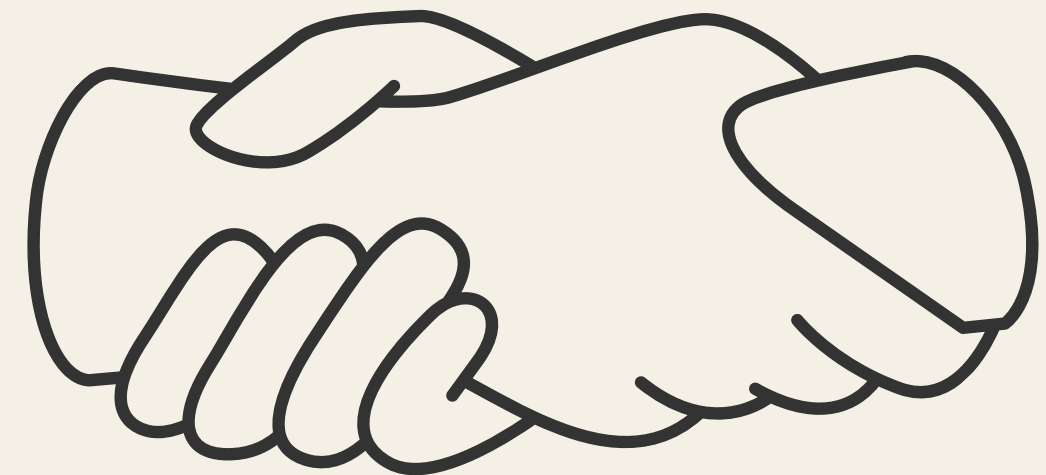
What is wrong with you?

VS.

What happened to you?

These are core understandings of trauma-informed care. It is the difference between talking at someone versus understanding that something is happening to someone and we are attempting to understand it.

For those interested in further discussion on this subject and line of thinking, please see Dr. Bruce Perry's Best Selling Book, "What Happened To You?". He addresses this line of thinking based on his work with the Neurosequential Model of Therapeutics.



The Hospital Can Be Traumatic

I want to practice some empathy. For this exercise, I want you to imagine yourself as a patient from the following point of view:



- Half-dressed
- In the worst pain you can imagine
- Being touched by strangers
- Being asked very intimate questions
- Unable to leave, when you want to
- Sleep deprived
- Separated from your family
- Given new medications that are unfamiliar
- Lacking control

Even when the intention is pure, for some patients... Healthcare can recreate the same exact condition that makes feel unsafe.

Small Choices Restore Control



Let's imagine the same situations, but the nurse starts out with these questions first.

- "Would you rather I explain this process before we start?"
- "Which arm do you prefer?"
- "Would you like me to open the door or close it for you?"
- "Is it okay if I touch your shoulder?"
- "Do you want someone else in the room for this procedure?"

Choice —→ Control —→ Safety

What is the Difference Between Distress and Potential Crisis?



Distress:

"I don't know how I am going to pay this hospital bill?"



Potential Crisis:

"I will not be safe if I am left alone."

Let's Discuss



Withdrawal

Self-Harm

Homicidal Thoughts

Intoxication

Agitation

Psychosis

Mania

Grave Disability

Death & Dying

Asking About Suicide



When it comes to suicidality, we need to ensure that we are using direct language in a non-offensive approach.

“Are you thinking about ending your life?”

Not

“You wouldn’t hurt yourself, would you?”

“You are not gonna do anything stupid, are you?”

“You good?”

Explain things calmly, directly, and follow your ethical codes and company policy procedures when dealing with suicidality.

Scenario

Patient: “I know there are cameras watching me through the vents.”

How should the nurse respond?



Scenario

Patient: “I know there are cameras watching me through the vents.”

How should the nurse respond?

“I do not see a camera, but I can see that you are frightened. Let’s figure out what would help you feel safe together.”



**Don’t Reinforce the Delusion.
Don’t Humiliate the Patient.**



**Respond to the Emotion and Need
for Safety.**

How Behavioral Healthcare Works

Behavioral Health and Mental Healthcare are a TEAM SPORT



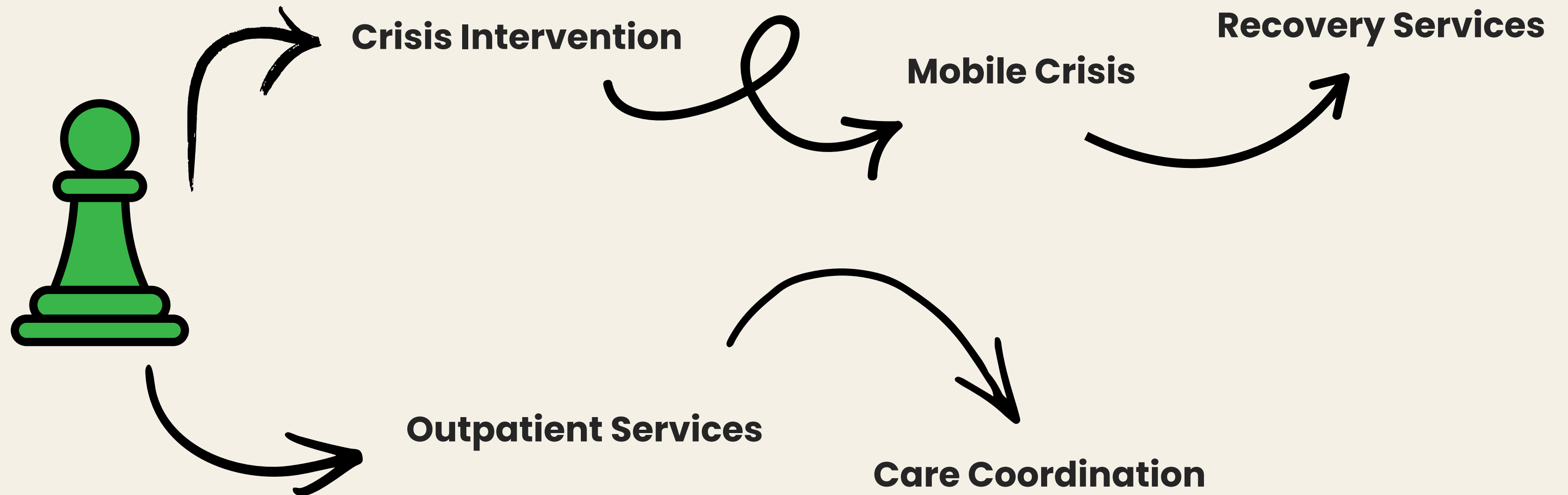
Welcome to



GCBHS services include outpatient therapy, medication services, case management, peer recovery support, substance use treatment, intensive trauma treatment including TF-CBT, EMDR, CAMS for suicidality, children's services, crisis services, and mobile response.

When The Office Needs More

GCBHS offers 24/7 adult crisis services, mobile response, and a family wellness center.



GCBHS is seperated from others by its engagement in the community and service delivery.

CAR-A-VAN

**Early on we began to understand that
access is a major issue.**

We bring outpatient behavioral health services, including medication management to populations who may have difficulty accessing the offices in Muskogee and McIntosh Counties, even virtually.

GCBHS does not want any of these issues to get in the way of quality mental health services.



**Transportation
Rurality
Poverty
Stigma
Work Schedules
Childcare
Provider Shortages**

Now Let's Talk About YOU!

The person most likely to ignore their own symptoms in this room may eventually be the healthcare professional we have been discussing.



**Nursing students are not immune to mental illness.
They are human beings learning to care for other human beings.**

Nursing School is Hard. The Data Agrees.

A 2025 study pooled evidence from 171,828 nursing students and estimated:

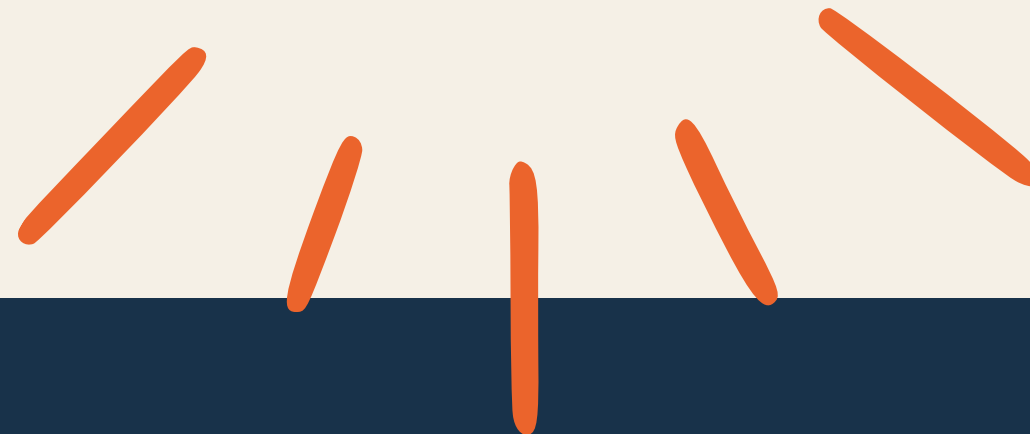


50% Sleep Disturbances
32% Burnout
29% Depression
29% Anxiety
27% Stress



Struggling during nursing school does not mean you do not belong in nursing.

It does mean that your mental health deserves attention, too.



Burnout is beyond, “Just Tired”



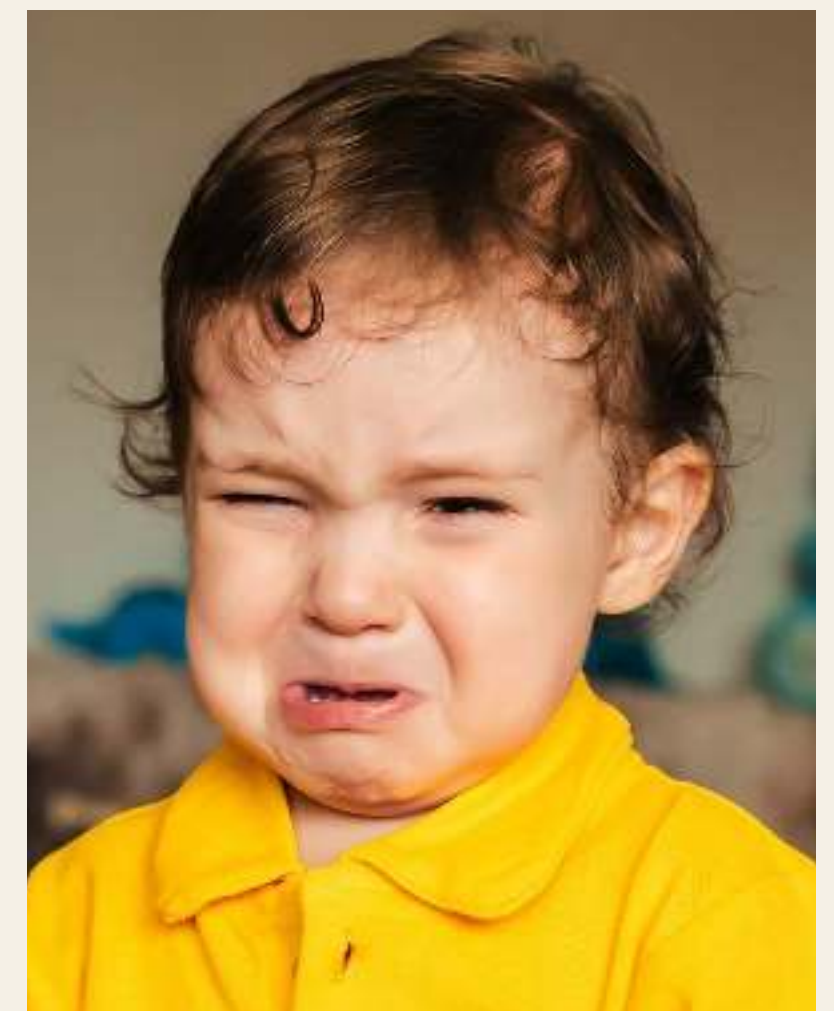
Emotional Exhaustion

“I have nothing left.”



Depersonalization

“I don’t care anymore.”



Reduced Accomplishment

“Nothing I can do matters.”

A study published in 2025 identified nursing students burnout is impacting their psychological health, academic functioning, and professional development.

Burnout Goes Further

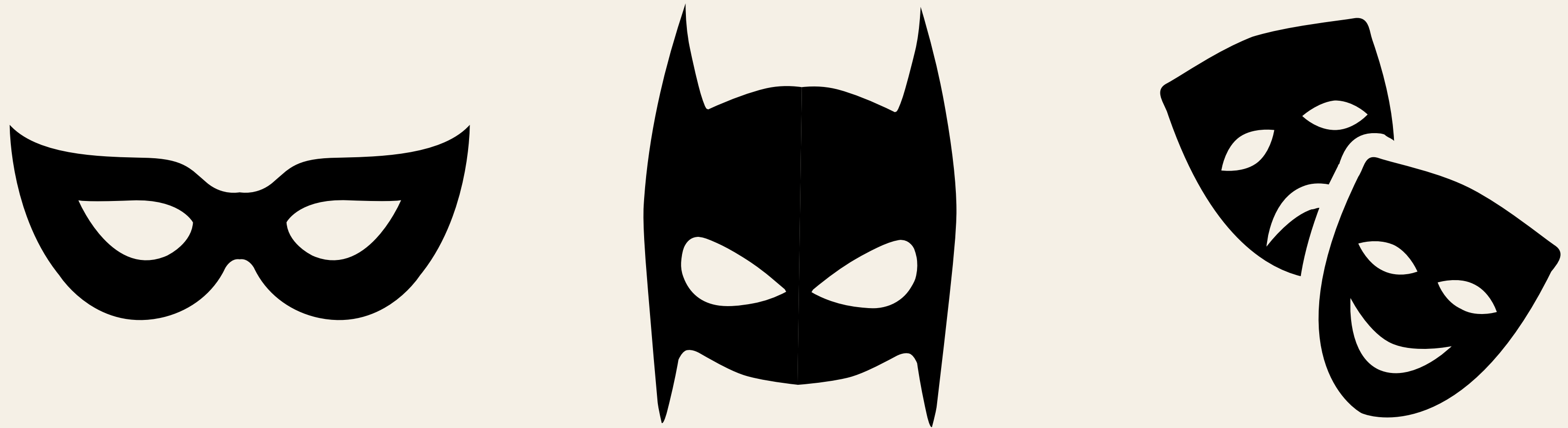
A 2024 meta-analysis reviewed 85 separate studies and 288,581 nurses found that burnout was associated with:

- **More Medication Errors**
- **More Patient/Safety Incidents**
- **More Missed Care**
- **More Falls**
- **Worsening Safety Concerns**
- **Lower Patient Satisfaction**
- **Lower Quality of Care**



Bottom Line: Taking care of nurses IS taking care of patients.

The Mask & The Person



What Does The World Expect A Nurse To Be?

Exercise: Write or draw words or symbols representing what the expectations are for a nurse to show?

The Mask & The Person



What Might The Person Underneath The Scrubs Actually Carry?

Exercise: Write, draw, scribble, make symbols representing what you carry.

You will not be forced to disclose your card.

The Mask & The Person

Now Look At Both Sides.

Which side of this person is healthcare designed to notice?

Which side are coworkers likely to see?

Which side do patients depend on?

...And what happens when the distance between these two sides becomes too great?



The Mask & The Person

Notice What I Did Not Ask.

Some of you probably thought it was a little weird when a therapist handed you an index card and asked you to draw.

I did not ask that you disclose trauma.

I did not ask you to explain yourself or your drawings.

I gave you a symbol.

Human beings do not communicate exclusively through language. We communicate through metaphor, relationships, symbols, behavior, stories, and play.

The Mask & The Person

**Sometimes... A symbol can hold something that words cannot.
Behavior IS Communication.**

The Mask & The Person

A 5 year old probably won't say, "I am terrified because I do not understand what you are about to do to my body."

But they might kick you or bite you.

A traumatized adult may not say, "Losing control reminds my nervous system of something terrible that has happened to me."

But they might refuse to talk and refuse care.

A nurse might not say, "I am emotionally exhausted and losing my sense of meaning in this work."

But they might become quiet. Irritable. Detached.

The behavior is what we see. The person is what we have to become curious about.

Resilience Is Not Equal to Toleration

Resilience is not learning to suffer more efficiently.

Let's Talk About

Connection
P.T.O.
Sleep
Boundaries
Supervision
Meaning
Therapy
Workplace Conditions
Asking for Help

Disclaimer: Coping skills will not compensate for an unhealthy system.

Green Country for You, Too

Healthcare professionals are allowed to be clients.

We offer many resources to professionals.



- ⊕ Assessment
- ⊕ Individual Therapy
- ⊕ Group Therapy
- ⊕ Substance Use Treatment
- ⊕ Trauma Treatment
- ⊕ Telehealth
- ⊕ Care Coordination
- ⊕ Mobile Crisis

Yes! We Hire Nurses!

GCBHS does hire nurses!

**We also offer benefits, EAP, Paid
CEU's, Tuition Reimbursement, 401(K),
and PTO.**

Learning many different skills including crisis assessments, psychopharmacology, de-escalation, substance use treatment, suicide prevention, trauma-informed approaches, whole person informed.



Whether you choose GCBHS or not, there is no area of nursing where understanding human behavior won't make you a better nurse.

Activity: One Thing I Want You to Remember



On the Other Card:

Write one sentence that you hope you remember on the hardest day of nursing school or the hardest shift of your career.

Activity: One Thing I Want You to Remember



**Take CARE of your patients.
Take CARE of one another.**

And always take CARE of yourself.

Okay, Future Nurses. What Do You Actually Want to Ask?



***No such thing as bad questions.**



See
The Person.
Be
Curious.
Stay
Human.



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**The Therapeutic Relationship
Mental Health | Human Behavior
Trauma | Play Therapy**

Sources

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