

Psychiatric Mental Health

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Mental health, a severely underserved topic in the United States and even in most of the world. I have seen firsthand on clinical rotations in ambulances, patients who it was very apparent longed for help because of a psychiatric issue in their life. Many different crews and EMS response teams whose own members were affected, EMS patients, nursing clinical patients, and people in day-to-day life. I was one of those people, for an embarrassingly long time, who was ignorant to the fact that this topic was so widespread and real versus the mainstream media's perception that it was few and far between. It is so real, and it is so extremely important to address the mind, address the issues while they are smoke and not fire. And yet, I feel like the world is taught to turn their head and count it as a weakness in the next person who comes along with a mental struggle.

Burn ICU tank room, renal floor, military veterans, chemotherapy units, an ambulance assault patient, Emergency Department admitting... Everywhere I delved into for clinical experience/work housed not just one, but many people that were affected with a mental health struggle. This is real life, the numbers flood the United States, it is not just the rarity that society forecasts. It is everyday people that don't "look" the part. It's the mother in the grocery store, it's the dad who lost his wife to Cancer, it's the unpopular kid in class, but it's also the elite athlete, it's the person who appears to give off so many positive vibes, it's the person who is well-dressed in the Starbucks line. That is what shook me to the core. Mental health does not discriminate, and how absurd is it to think that having a mental struggle is foul or unfavored or any different than a physical problem? If I have a prolonged health issue, physically, that is not improving, I go to the doctor. But what is it about mental health that makes it seem like it can't be talked about? Is it our ego? Is it a learned behavior that it is a weakness?

2014, UMC Burn Intensive Care center, a husband, and father of two children, was lying in his hospital bed, suffering third degree burns to the entire body. An accident that would forever change not only his physical presence, but the way he thought, the way he perceived human interaction, the way he physically moved, valued himself, felt emotionally. I can't remember a time there were no words to be spoken in an entire room, for almost an entire day. Where silence embodied bad news and was such a heavy and unearthing feeling. We had done his weekly protocol in the Tank Room that morning, in attempt to debride dead tissues and cells away with hydrotherapy and physical intervention. His body was over eighty-five percent burned. The patient's body was no longer responding to antibiotics as bacteria had begun to grow around the heart and lungs. The wife and small daughter walked in, for their daily visit to see their beloved husband/father. This is the time they received the news that he would not make it many more weeks. Earth shattering. The sadness was something I never physically saw, but never emotionally felt for a stranger. The mom fell to her knees, devastated. Advancing on into an unknown world without the person that was her safeguard, mentally tough to bear. Maneuvering through everyday life where she had established a routine with the person she loved, emotionally altering. Longing for and mourning the loss of her husband, mentally, emotionally, physically traumatic. The young daughter no longer had a father, emotional heartache. So many people would forever be changed from this one accident. Long term, will they mentally face many hardships? Absolutely. This is a traumatic event. This is also just one patient. There are millions of people in the world, and if the impact from one person, was so extremely heavy, I learned, sitting in silence that day, that mental health had just become a huge part of their lives, and I saw it firsthand, and is so much more than our perception of it.

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I am grateful. I am grateful that the student body in our program has the opportunity to see a mental health unit. I truly and genuinely feel that mental health patients are so severely underserved. And until that day in the Burn ICU, I didn't ever think of the impact that everyday life, and trauma, and life experiences would transition the way people and patient's brains perceived life. Trauma will change the brain, chemically. But even then, what if that patient had survived? What would he specifically suffer from? Body dysmorphia? Shame? Guilt? The feeling that he had failed his family. His entire life would be different. He would face weeks and months of physical therapy to be able to walk normally, move his joints, his range of motion would be drastically altered. He would have to attend wound therapy; the shear trauma could mentally alter his foundation. How would he accept human interaction? Would he be timid? Would his emotional stimulus drop because he was ashamed of how he looked so he stopped engaging in conversations? What about dreams? Would he experience any post-traumatic nightmares or vivid flashbacks from the explosion? This is just a few examples of what could be changed, and so many more possibilities. So, in closing, in order to better serve the masses, I think this mental health rotation and unit should be mandatory, for all nursing programs. I think people fail to think about the impact that life has on the human brain. We are placed here to serve, and who are we if we only serve an elected group? Who are we if we don't tend to all people?

In this unit, I want to learn how to hone in on therapeutic communication, how to talk to these patients to best suit them but also understand them and still be respectful of their illness? Secondly, I am aware all traumas will have differing treatments, but I want to grow in the physical therapies for each specific group of patients. Lastly, diagnostics. Physically what does

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this do to the brain? How does it present before me? What do labs look like? What specific advanced imaging if any, would be altered?

In conclusion, I am passionate to serve the people who at times are forgotten. I value mental health, I have read many books on burn recovery and always try to apply those concepts to everyday patients, but still, I know this population can be overlooked. I think this is a wonderful opportunity for people who have never witnessed what I was fortunate to learn and understand during clinicals, and even still, I know I will benefit from this experience and I hope each of us are impacted in a way that alters our care for everyday patients no matter where we choose to serve.