

Psychiatric and Mental Health Nursing Perspective

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Although I have had limited experiences in terms of interacting with and encountering a wide variety of psychiatric illnesses, I was fortunate enough to grow up in an environment where mental health was openly discussed. For as long as I can remember, my mother has always been a safe place to land for my younger sister and I. She always encouraged us to never be afraid to ask for help when needed, and that we should never feel ashamed of or beat ourselves up in times of psychological distress. She was very open about how a few times in her life she found mental health counseling extremely beneficial and nothing to be ashamed of even though society has given it an unwarranted stigma. She also taught us how to prioritize self care and how to give yourself some grace, so that we had some tools in our tool box to manage stressors that can lead to anxiety and depressive episodes. That environment has shaped my perspective in regard to anxiety and depression specifically. We were both assured help and guidance would be provided if we were ever in need. As an adolescent, I was always so sure that that would never be something that happened to me... until it did. During my first and second year of college I became very lost and anxious, I was able to manage my negative feelings but as more life stressors and relationships added to the mix, I knew I could no longer keep those feelings inside. The anxiety was quite literally eating me alive, I dropped an unhealthy and concerning amount of weight that called attention to my overall health status. I ultimately opened up to my mother and sister in somewhat of an explosion. I was ashamed and embarrassed, it was not supposed to happen to me. I was supposed to just keep pushing along suffering in silence... at least that was the tone of my peers and society. It was difficult to battle the conflicting feelings of how I had been raised, versus the new messages and bias being pushed during my collegiate experience. I agreed to go to a counselor for about two months, this gave me a safe space for talk therapy and to gain a better understanding of what it was I was actually going through. I was met with so

much kindness and gentleness, I felt re-inspired to continue to work hard in my studies so that I could make it to nursing school. Although I have not been in need of mental health services since this time, my overall experience was very positive and I believe I am much more empathetic after having this personal experience with mental health struggles. I also feel called to help others experiencing their own mental health struggles, and to be an advocate for the importance of mental health and trying to change the negative and judgemental conversations in society. I am very grateful to have been raised in an environment where bias and stigma are unwelcome. I really feel as though these experiences and empathy will serve me well in my future career as a nurse.

As far as educational experiences, I have taken generalized collegiate level psychology courses. I felt as though the course focused more on topics such as social experiments and research study ethics. This concerns me in that I do not have a strong foundation of pathophysiology or psychiatric interventions. My knowledge is definitely lacking and I am excited to learn these new concepts in lectures and at the variety of clinical sites. My expectations are that the material will be very rigorous. There are so many elements and contributing factors to mental illnesses. I also recognize that mental illness manifests very uniquely in every individual, and that there is not one cookie cutter mold for each illness. I am sure I will have numerous questions as we begin to delve deep into the material and I begin clinicals in Group 2. At this moment in time I am very interested in learning how similar illnesses are distinguished from one another. Due to the variety of symptoms and symptoms that blend together, I would like to have an understanding of how a practitioner rules out and correctly diagnoses their patients. Secondly, I am interested in learning how consent plays a role in scenarios that may be more extreme. When does the nurse administer medication that the

patient does not agree to? How do medication administration rights come into play in emergency or dangerous situations? And when are psychiatric illnesses treated as outpatient or inpatient care? Finally, I am interested in learning what factors play the biggest role in recovery or management of psychiatric illness. Overall, I am eager and ready to take in a new and diverse specialty of PMH.