

Journal Entry: Experience with Psychiatric Mental Illness

Zandria Farris
Covenant School of Nursing
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Mr. Jeremy Ellis
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Psychiatric Mental Health, would not be my first choice of a nursing area to work in. I have had my fair share of working with the said population, and it is not my preference. I feel that psychiatric care for mental health is important, and I understand the need for it in our community and I understand the lack of it in our community. I know that it is a very important area of healthcare. But non the less it just is not a good fit for me. I have a respect for mental health because I believe it is important to be treated so that patients have the potential for better outcomes with their other health care needs/concerns. It has always been challenging for me to build rapport with psychiatric patients. I always feel as if the end goal is never met with the patients. I feel it is a never-ending circle. Additionally, I am somewhat afraid of them. I feel that I am afraid, but I have worked with them in control and uncontrolled environments, so I am not even sure. I just feel as if it is a lot of repeating and repeating. So, even though I would not like to work in psychiatric nursing I am looking forward to the clinical experience. I am a little anxious, but very interested.

I have substantial experience with psychiatric illnesses. Prior to starting nursing school, I worked as a case manager for Child Protective Services, and prior to that we studied Psychiatric illnesses in Social Work undergrad. My prior experience has a lot to do with why I feel the way that I feel about psychiatrics. While working at CPS I worked with adult and children's clients who had mental health diagnosis. I worked with these families in controlled and uncontrolled environments. I visited children and adults in Psychiatric hospitals. I have also helped develop care plans, routines, and medication management for clients. While working with the psychiatric population, I have found it challenging for them to overcome/control their illness. Compliance was a big factor. I believe that mental health can be treated if clients are accepting

to treatment and agree to take responsibility of their mental health. Of course, the expectation is to take responsibility well a patient is well. No in an active crisis. Also, my experience in the field has included a lot of treatment that included medication being prescribed and no additional treatment. Some of the diagnosis I've worked with include, personality disorders, depression, anxiety, schizophrenia, behavioral disorders, addiction and substance abuse, PTSD, and bipolar disorders

I fear being physically hurt and having a difficult time building rapport with patients. I also fear manipulation. I don't have a history of being physically hurt but I have heard stories of things that occur in inpatient facilities. I have also witnessed some aggression, while in psychiatric environments. So those experiences have me a little anxious about the upcoming clinicals. These experiences have led me to be aware of my surroundings, have an escape plan out of any confined space, avoid having my back to clients, avoid blocking myself from an entrance. I have learned when it is time to deescalate or change a subject.

By the end of this module, I am hoping to have a different outlook on mental health care. I am hoping to find a difference between mandated clients and clients who voluntarily seek treatment. I hope to learn that there are treatments and patients that overcome and/or have control over their mental illness diagnosis. I would like to know: what treatments are successful for mental illness outside of medication and therapy? Can mental illness truly be cured? Are mental illnesses something that we are born with and different experiences triggers like a flare up in a sense?

Although I don't have the most positive outlook on mental illness with my past experiences I am looking forward to new experiences. I am open and looking forward to

experiencing this field from a different perspective. Who knows maybe I might be a psychiatric nurse.