JOURNAL ASSIGNMENT

By Emily Blythe

Psychiatric mental health nursing is, I think, very interesting. The psychiatric population is misunderstood and underserved because unlike the other organs, the brain does not have obvious lab values to look for when it begins to malfunction. There does not seem to be an objective way to know that they have a mental illness, and there is the perception that they are unpredictable and dangerous, which can be true for some but ultimately comes from a place of ignorance and naiveite and only seeing mental illness portrayed in movies and on television. Learning more about psychiatric illness is an interesting prospect and I think it will be very useful for my nursing career. I work as a nurse aide and have had very few patients diagnosed with psychiatric illness. One patient was schizophrenic and would put paper towels in their anus. When I asked the nurse about it, they said the patient saw tiny men with red hair and believed that they were going to go into their anus, thus they had to put something there to block them. Another was sure that they had the key to the energy crisis and was very distraught that we were keeping them there at the hospital when they should be talking to the president or any number of important people. Most of my patients that do have a mental illness have dementia and Alzheimer's. While I have learned some about how to interact with them effectively and how to intervene when they are "sundowning," I would like to have a more informed approach.

In my own life I have some experience with mental illness. Much of my family has depression and anxiety, and my sister is diagnosed autistic (Asperger's at the time). I have ADHD, anxiety, depression, and have thought about ending my life and made a loose plan. I am in a much better place now, but it made me realize that mental illness can happen to anyone at any time through no fault of their own. I believe the idea that people with mental illnesses blend in with society and that they could "snap at any moment" scares the general public and hinders efforts to help them, when in reality they are much more likely to hurt themselves than anyone else. In addition, having a mental illness is not conducive to finding and keeping a well paying job, which leads them to be often socioeconomically disadvantaged, which leads them to not have adequate insurance to cover the cost of their illness,

which may not be covered by insurance even if they do have coverage. Even when insurance will cover a psychiatrist visit, the psychiatrist may not be the best. I was referred to a psychiatrist by my doctor and was only able to find one that was covered by my insurance. When I went to see him, one of the questions on the initial visit paperwork asked why I was having suicidal thoughts. I stated that I was no longer happy living in the United States, gave several reasons why, and since I saw no way to move anywhere else the stress of living here was making me want to end my life. I also noticed that no one in the clinic was wearing a face mask, even though we still had high numbers of deaths from Covid-19. I was wearing my mask and wrote that I would not sit with him if he did not also wear one. I used to have very high anxiety when others were not masking properly and even had a panic attack at physical therapy when they no longer required mask wearing. When I was called back, he berated me for believing in the Covid-19 hoax and insinuated that he was wearing the mask as a favor to me. He also went on to ridicule my concerns living in the United States and stated that if I, "loved socialism so much I should move to Cuba, and see what good it did them." At the end of the appointment he made it clear that he would not be a good fit for me as a psychiatrist and did not charge for the visit, but the experience was so traumatic that I was even closer to ending my life. Luckily my husband and child were home that night. A few days ago, I was telling a coworker about my experience and found that she also sees him because he prescribes her mood stabilizers. Her experience is similar to mine, except she does not have another option to not have to see him again. I am genuinely worried for her wellbeing and worry that others that see him feel the same way.

My main fear or concern would be a client becoming unexpectedly violent and not having time to react. I know I can try to maintain 2 arm lengths of distance and not stare, but if I am expected to help a patient with hygiene, which I am happy to do, the distance cannot be maintained and I would be within biting, hitting, or kicking range. I am sure this concern is born from my time in the hospital, where I assist with such tasks and have been nearly bitten, kicked, hit, and punched. I was able to move in time

to not get hurt and we restrained them right after so it would not happen again, but the patients I work with are sick and their reflexes are slowed. If they were healthy, I do not know if I would have been able to evade their hit. Now, since many of our patients have temporary mental impairment due to their disease process, I am always aware of where my patient's hands and feet are, and try my best to stay 4 feet away from them unless it is necessary to be closer. I also keep my hair in a tight bun not only to keep my hair from coming in contact with bodily excretions, but to prevent it from being pulled.

My expectations for this module are that the clinical experiences will be interesting and safe, assuming one maintains situational awareness. I hope to answer the following questions:

1. How does mental illness manifest?

2. Are there conditions where mental illness is more likely to emerge?

3. Is there any way to prevent mental illnesses?

4. Can changes be made systemically that would lower incidences of mental illness nationwide?

Overall I am very excited to learn in this module and see the different psychiatric facilities in Lubbock.