

Mental Health Nursing Journal Assignment

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Most of the psychiatric patients that I have interacted with, both at work and in clinical, have been wild and mean or dangerous to themselves or others. Whether this means that they are confused after a traumatic brain injury, have dementia, were withdrawing from a substance, had a mental illness of some sort, or had been placed in observation for suicidal ideation or attempt, they all required more attention than the average patient. Often I see that these patients are unfortunately placed in restraints. I have had several patients recently that were on restraints, not because they were a danger to others, but because they were a danger to themselves due to their impulsivity and/or confusion. I believe that while sometimes restraints are necessary, they should be a last resort.

My first day off of orientation as a brand new CNA, I was floated to another floor to sit with a patient going through alcohol withdrawals. He was incredibly agitated and in four point restraints. I remember when I walked into the room that morning, he was screaming at the woman who I was replacing. She simply showed me how to do the charting on him every 15 minutes, gave me a very brief report, and said “good luck and put the face shield on if you decide to feed him.” I was behind the secretary’s desk crying by noon. During the hours I spent with him, he tried to strangle himself with his gown, which I obviously took away from him, called me every ugly name you can ever think of and then a few others, threatened and made attempts at hitting and biting me, made inappropriate sexual remarks towards me, spit food back in my face, and repeatedly would bang his head on the side rails of the bed saying that he would “just kill himself then.” I was told that we did not have any paper scrubs, I could not have any seizure pads for the bed, and I should just hold a pillow between his head and the side rails when he would beat his head against the bed. This left me running from each side of the bed constantly,

trying to keep him from hurting himself. In all this time, I saw his nurse twice: once at bedside report, and once when she tried to give him his morning meds. Finally, a surgeon whose name I wish that I knew, stepped in when he heard him yelling at me. He made eye contact with me and asked if I was okay. I shook my head and started to cry and he told me to go get my charge and take a break because I didn't deserve to be yelled at like that. He stood in there with the patient while I got the charge nurse. I did not go back in that room. The patient did end up ripping out is IJ line before the shift was over. The following weekend, I was sent back, this time as his aid, and he was a completely different person, but I was still scared to go into that room with him. It was a bad day to say the least and my first day off of orientation no less. This is a rather dramatic example of a situation in which restraints are absolutely necessary.

My only real concern is situations like that where I would be in a room with an abusive patient like that for hours on end with no one willing to help me. I think that is why I had a breakdown that day- not because of the patient behaving so awfully, but because no one was willing to help me. I know that in clinicals, we would never be put in an unsafe situation intentionally, but because of this experience I am nervous about it.

Aside from this experience, I have some personal experience with depression and anxiety, which runs on my mom's side. I don't foresee it causing any issues taking this course, but I do have strong memories of my grandmother on my mom's side laying in her dark bedroom for days, barely moving. Her depression did lead to some drug abuse and although I have not seen her since I was 13, I often think about her.

Overall, I am excited to take this course and although there are things that make me nervous about having clinical experiences in Psychiatric Mental Health Nursing, I think it will be a great experience. I would really like to learn how to better handle these patients when they get

agitated and calm them back down before it goes too far. I have seen many nurses that just continue to repeat the same instructions, but louder and, from what I've seen, that does not help. I would also love to learn more details about other psychiatric illnesses such as schizophrenia and bipolar disorder. I feel that I know a considerable amount about depression and anxiety and substance withdrawal, but I am always wanting to learn more. The three main questions I would like answers to this module would be 1)how a psychiatric facility actually works and is run, 2)what a rehab program actually looks like step-by-step and 3)what patients/families are told to do in addition to medications to help life run smoother and keep the patient safe for those with more extreme cases. Medication obviously is not a cure all.

In conclusion, I am very excited to be learning something new and get to experience a different side of nursing!