

**Journal Assignment: Current Theories and Practice**

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I am very excited for my upcoming time being able to learn about psychiatric mental health as it pertains to nursing. I do feel that some of my past experiences have made me a little more biased on the matter, but I am willing to open myself up to this new information and see it in a way that will help me in my future practice.

I do have a little experience with dealing with a population that has a history of mental health illness. I used to work at the Montford unit for Texas Department of Criminal Justice as a Correctional officer. The unit was not only a prison but a medical/Psychiatric unit as well, Its main purpose was to treat and help Offenders that suffered from mental illness whether it be Chronic or acute in nature. In that line of work I was a correctional officer and it was my job to maintain safety for inmates and staff alike. It had its own culture where it was the inmates are there for past crimes and they were treated as patients secondary to that. I personally experienced some of the worst of humanity working for the state, and when it came to mental health of the inmates it was a mix of some of the worst health crisis to something more mundane like a medication change and monitoring. The mental health of inmates for the most part is already on a fine line do to the atmosphere and culture that is grown in a prison. Many of the inmates that would come in where Suicidal Ideation, and as a correctional officer it was seen in one of two ways they were either “catch outs” meaning they were afraid of there unit or made a bet they could not pay or they were “crazy” actually needed medical help. This labeling was solidified through my time working, when you would see people that would cut for attention or just the fun of it for them to make the officers work, or there would be a crisis going on and true intention for them to try to take their own life. I just feel that I have grown a bias to people that claim suicidal ideation from my past it was mostly just a cry for attention, and for the small percent that were

set on it would not even inform you of their intent and it was something that would get caught during rounds.

I honestly have no fear or concerns when it comes to the subject matter of mental health I personally have seen it at its worse. It is just the fact that I have a jaded perception when it comes to acute crises that I could see as problematic as a nurse because I know I should be empathetic and believe what the patient tells me. But maybe when dealing with a different population it will help see through the callus I built up when dealing with an incarcerated population.

I am hoping to learn what all it takes to be an impactful nurse and how to help those with mental illness. As for any questions that I have for this upcoming course I am not quite sure on how to even ask or what I want to ask I find it difficult to start a question when none of the material has even been covered, but for one I would like to know how involved the care team is for the patient with mental illness during and after a stay at any type of medical facility? And how much does mental health factor into a patients care for treatment of a non-mental sickness? And Last of which why does their seem to be an increase of the term trigger warning in all areas of life?