

**PMH Reflective Journal Assignment**

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Psychiatric illness comes in many different forms, severities, and diagnoses. Due to this, there are so many therapy options which makes treatment plans very personable. When dealing with the human mind, every single one is different, and making individualized plans for patients is imperative to giving them a good quality of life. Our minds cannot fit inside a box, and learning and accepting that has helped this field of practice expand and grow into what it is capable of now.

I was exposed to several psychiatric illnesses when working in the emergency department. I was frequently asked to be a psych sitter and closely monitor patients that fit the requirements. While a majority of patients were experiencing suicidal/homicidal ideation, I did interact with people diagnosed with Schizophrenia, Anxiety, Depression, Post-traumatic Stress Disorder, Bipolar, or anyone expressing behaviors that would lead law enforcement or family members to believe that they are a danger to society or themselves. One thing I learned from interacting with these patients is that you could have two people diagnosed with the same thing standing next to each other, and depending on what type of therapy and support system they have will hugely impact not only their actions and how they communicate but also how they manage their illness. I also learned how to evaluate patients better and how they react to something through observation; being able to predict how someone will respond to medical interventions and what they will need to make the process easier changed not only how I cared for that demographic of patients but all patients I encounter with.

On a more personal level, I was diagnosed with anxiety and depression at 17 years old. As I have aged and my daily life expectations have changed through the last four years, learning

to adapt and change my treatment plan has dramatically impacted how I cope with my diagnosis. I have utilized medications and counseling to manage my emotions, and I have had to change things within those therapy options to get the best quality of life for myself. Another thing that has improved my experiences is being selective about whom I surround myself with. Having the right family and friends support system has significantly impacted me and has helped me not internalize or seclude myself due to my mental health disorder. Out of my two disorders, my depression is the one that is hardest for me to cope with; I recognize what causes it, and I acknowledge what ways to manage it, but it is so incapacitating that I sometimes struggle to do what I know I need to. One thing that I dislike is the terminology used; for example, I do not describe my situation as an illness but rather a disorder. I understand they are synonyms, but something about the word illness does not sit right with me. Being particular about how you describe something defiantly impacts how it is perceived, and even though two words mean the same thing, one could be interpreted better than another. Realizing that and speaking to someone about their diagnosis in a way that makes them more comfortable impacts how they cope and what treatment options they seek. Society as a whole is more open to communicating about mental health and watching other people share their experiences made me brave enough to share mine when I feel it will benefit others.

The human mind has always piqued my interest, and getting a better understanding of what experiences or predispositions lead to a psychiatric illness is something I wish to learn more about. For my nursing career, I want to learn the specifics of each diagnosis to better care for patients and recognize what someone might need to make medical interventions more tolerable for them. It is important to me to treat both the physical and the mental because, from experience, I know how much mental health impacts your physical health. My first question is,

what are the therapy options and resources available that I have not been exposed to? What is the best way to approach a patient who you see might need intervention but is unwilling to accept the possibility of them having a mental health disorder? From observation, I have noticed that some psychiatric illnesses are better received than others, so how do we raise awareness for all of them and get people to accept those that are harder to understand and deal with?