

**Current Theories and Practice**

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I will never forget the time I got to experience my first encounter with a psychiatric patient. A nurse had come up to me asking if I could monitor her patient through the door, and I said yes. At the time I was in IM1 and had just barely started nursing school, to make it even more interesting it was my very first clinical ever. I didn't know what to expect, because I had never been exposed to anything like this before, so many different things were going through my head at that time, all I knew was I had to watch this patient through the door while the nurse quickly went to run to tend to something else. The only other time I had seen a psychiatric patient were movies I had seen growing up. So, I didn't have the exposure to see firsthand how they act, also how differently they are treated compared to the other patients in the hospital setting. The man I was watching was free to roam his room but could not leave his room and had to have constant monitoring. I also remember the nurse telling me not to turn my back towards the door, which I knew better at the time because you never know what they are capable of especially if you can't see what they are doing.

In my experience of it all I got to learn so much about this patient that I never thought I would. I learned that this patient absolutely loved to write about anything he would remember in the moment, or a quick note on some papers would make his day. The nurses would make sure he always had enough paper to write on with some crayons. Another thing is he was right in front of the nurse's station, of course to keep a close eye on but also, I think it was best for his own good. I got to listen to him talk about how back in the day he was a sheriff back in his hometown, and he was one of the best. Then, suddenly, he had a switch in moods, he then started spitting on the small window I was watching him through and in my head, I thought it's so easy

for psych patients to snap and go into a totally different personality. I know it must be hard on them, just knowing it can happen any second, and I'm sure not all patients are like this, but this is the only time I ever in my life got to experience anything like this. I loved every moment, because I got to connect with the patient, and I feel like that's the most important thing in a hospital, getting to know your patients, their triggers, and what you can do to help them in any way.

My fears and concerns consist of how these patients in psych units become psych patients. The triggers I have are everyone talking about these patients and how they behave, and how sometimes it could be dangerous for others including us. They aren't aware of how strong they really are and that can lead to harm with or without intention. These thought and emotions affect how I behave and respond by being always aware of my surroundings, and being aware of how to handle the situation I am in. Knowing how to ease my patients fears and trying to minimize any triggers they may have to set them off, will always be a priority to me for these specific patients.

Lastly, my expectations my IM6 are kind of all over the place, because I haven't experienced a whole lot of patients that are psych admitted. I am more curious and excited for what is to come of this module. I hope to learn how to communicate properly with these patients and I hope to learn a lot about their triggers, to minimize their exposure to them. My three questions currently are:

1. Can you prevent mental health problems?
2. Are there cures currently for mental health problems?

3. What causes mental health problems?