

Current Theories and Practices:

Journal Entry

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My initial thoughts on this module prior to day one of lecture were mixed. I was excited to learn and gain a deeper understanding of mental health. However, my knowledge about the nursing responsibilities for psychiatric illnesses are very limited. We had some lectures in past modules on the topic but never significantly scratched the surface of mental health in the hospital. I do in fact believe that psychiatric illness has been stigmatized in many cultures, religions, and in the media very negatively. In doing so, this has built a barrier for seeking treatment. A person who has been conditioned to think negatively about the illness may become in denial about they're diagnosis. Some may come to terms with their disorder but feel self conscious and fear judgement. Others might not think psychiatric disorders are real. These people might not seek treatment or might be in-compliant with following treatment. I have interacted with people struggling with psychiatric illnesses in the hospital setting and also in my personal life. However, I only experienced a glimpse of what psychiatric illness looks like.

My perception on mental health does hit a little close to home. In my personal life, I have encountered people that struggled with psychiatric illness. For instance, my mom. She was diagnosed with bipolar disorder towards the end of my junior year in High school. Before the confirmed diagnosis, life with my mom was very interesting. There were days where she was at her best and not a single thing would knock her down. Then, there were days where if any minor inconvenience occurred, she wouldn't come out from her room all day. I think the first red flag, was the sleepless nights. I remember countless of times waking up in the middle of the night to find her spontaneously painting or rearranging the kitchen. She started accumulating new friends and stayed out late with them and wouldn't come home till the next morning. Then, she was hardly eating and was losing an outrageous amount of weight. This sparked up some concern and after a lot of convincing, my grandma took her to our family clinic. At first, they thought she was

having issues with her thyroid, but after several tests our PCP ruled that out and referred her to psych. Eventually, she was diagnosed and along with that came some new lifestyle changes. She had to meet with someone very frequently and was prescribed medication to manage her illness. Her compliance to the regimen was very great at first, but as time progressed, she would only take her medication periodically. She claimed that she didn't feel as energized when she was on it and did not like that. My sisters and I had to hold her accountable for it moving forward and that permanently altered our family dynamic.

One of the challenges I believe most will face this module is therapeutic communication. As nursing students, we are taught and tested how to use this skill. However, we don't spend a lot of time practicing it. Communicating is such an important skill to have especially when speaking to someone with a psychological disorder. In our last module we learned that children have different development stages. Each stage requires a different approach to communication. I believe different psychological disorders require the same. The nurse needs to have the ability to shift their communicating approach to that specific disorder. Again, this is an important skill to have in general but is vital in psych. While in this module, I look forward to learning how to provide care for these patients while also becoming more confident with therapeutic communication. Three questions I hope to get answered during this module are: What deescalation techniques work best? What is the first drug of choice for each disorder mentioned? What are some interventions I can do for someone experiencing a "panic-attack"?