

Lindsey Davis

At the start of the semester, **mental health clinical was what I was least looking forward too.** Due to the fact that mental health wasn't something I felt drawn to do as a future career. However, after learning more in lecture and experiencing my first clinical I **have completely changed my mind.** I **look forward** to this clinical and lecture time, I'm eager to learn more about mental health. On our first evening at The Pavilion, I was nervous since I've never been exposed to such a facility. Although, the nerves subsided with a tour of the units, I was about to feel more confident with the patients I might be interacting with. My group stayed on the adult unit for our clinical, we were able to attend two meeting.

The first meeting we attended was very interesting, the tech leading the meeting walked in with snacks to pass out, introduced himself and went over the rules of the meeting. I think the snacks are provided **for possibly two reasons it encourages people to come to the meeting if they know they are getting a snack, and it's a way of thanking them for their participation in the group.** This group was focused around suicide, the tech went on to tell a story from memory and then the group was asked to interpret its meaning to each of them. While each person went around the room stating their own interpretation, most went on to express something to do with either mental illness or why they were admitted. I was fascinated by the information so people were able to share with others. I also found it interesting to see different mental illnesses all in the same room, a few that expressed their illness were drug addiction, depression, bipolar, and schizophrenia. For our final meeting of the evening, the topic was end of day. Similar to the first meeting the tech walked in with a snack, introduced himself and then reviewed the group rules. This meeting was simply to reflect on each patient's day

and how they felt it went. This meeting was brought out a few different feelings. Going patient by patient the tech asked how the day was on a scale of 1-10, ten being the best. While some would say an 8 or 9 and express why, the light in their eyes of excitement made me smile with joy for their accomplishments. However, there were a few that said 0 or -2 and some of their reasons were crushing to listen too. The tech leading this meeting was absolutely amazing, I can not express how his words and truly caring nature seemed to make a difference to the patients. Overall, the adult unit was very interesting to me and I can't wait to come back.

One misconception about mental health is mental health is a sign of weakness. **I believe this misconception to be false. A patient with mental illnesses such as depression or anxiety are far from weak. The things people have to cope with, that have depression or anxiety can be extremely crippling at times. While these people may need to reach out for help from time to time for resources such as medications, hospitalizations or therapy. Just the them wanting to learning about their illness and gaining the tools to manage it, makes them very strong in my opinion.**

One topic I want to learn more about in clinical is the adolescent's population. Because I work in an inpatient pediatric department, we often see patients for suicide attempts, eating disorders, depression, and even a few schizophrenias. Once the patients are medically cleared, they are often transferred to The Pavilion to receive inpatient assistance. Often these kids are scared to leave the hospital to go to a psych facility because they don't know what to expect. So, by me being able to see first hand how this unit looks and runs. I will be able to help explain some of the things that happen while they are admitted to The Pavilion.