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Canada

## Patients are People first

dozen or so years ago when the author has started in psychiatry, nursing was very different, often rigid and routine, sadly Ithis was the expectation. Patients were looked at more statistically and less interpersonally. The author's days were kept busy with acquiring vitals and handing out pills, often with basic staff-patient dialogue, aimed at a more basic assessment, and then passing along same to the psychiatrist. The highlight of the author's day was meal time when the author could watch and interpret the candour of the patients without the presence of a magnifying glass on them. The author has also applied for 3 months to work in recreation activities. There the patients soared. They weren't so afraid to talk or show their passions, and there were a great many artists, intellects, gregarious personalities, athletes and those quiet and introverted. The author has learned more in those 3 months about the public and served, then the author has ever did working the actual nursing floor. Most of the entire author learned that psychiatric patients are people first. They may be anyone; even sometimes friends, family, colleagues, but they are person first. You can't realistically expect to walk into someone's life and ask them the most intimate questions of their psyche without first establishing relevant repoire and respect. The author once heard a colleague describing a patient as the schizophrenic in room 9. The author didn't like that term very much and decided to tell them then and there, that is found incredibly disrespectful. Apparently someone noticed, because it gave me a bit of reputation as an advocate. Back in 2006 with the advent of Tidal Model Nursing the author has got first glimpse of what it means to embrace the patient/client as a person foremost. It spoke to me of autonomy and to respect the individual as they ultimately know their limitations, experiences and tribulations better than anyone. The author has decided that she wanted to be a leader in her own area of education. She took numerous courses often with advancement, in such things as: SRAI (suicide risk), psychotropic medication and ultimately a 2 year distance psychiatric distance program through Douglas College. The LPN Mental Health Nursing Program focused on nursing practices like the nurse-patient relationship, interpersonal skills, nursing diagnosis, assessment, human emotions and stress for the patient and for the clinician. How we talk with and to our clients/patients has changed profoundly and that she is glad to say is for the better. With more dialogue comes acceptance and understanding so that we better support the cognitive, emotional and social aspects of the patient. She is also been fortunate enough to attend and speak at several conferences within my own country and internationally to support anti-stigma in Mental Health. She would have never dreamed such things at the start of my career. It has brought me to a much broader awareness and understanding of the plight of those with mental illness and their loved ones. It is bittersweet however, because my own family has been statistic themselves, yet she still believes in hope and that the will of the individual is far greater than that of the adversity.

## **Biography**

Shauna Mckay-Burke, is a licenced practical nurse with experience in adolescent, adult and forensic psychiatry, she has also worked in geriatrics, VON and the OR. Mom of 3, she has also experienced her child's admission to psychiatric hospital for 3 months duration. She understands what it is like to be on either side of the hallway.

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