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N323/C323 Mental Health

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Reflection Assignment: MSE

Noticing

During the mental health portion of the assessment of my client appeared alert and oriented times four. While assessing the client I noticed that she was well groomed, neat in appearance, and clean. The client's speech was clear, and her words were well formed, and she spoke and engaged in our conversation with understanding and appeared to have a higher level of education than a high school level education. The client's mood appeared positive with no deviations of anxious, angry, depressed, irritable, or euphoric moods or behaviors. The client stated that she "is focusing on herself and getting better so that she can go home soon". The client also stated that she has "had no thoughts of harming herself or anyone else and that she has not had past thoughts of harming herself or others as well and no plan has ever been formed to do so". The client denied having past or current hallucinations or delusions. This client was very cooperative during the assessment and provided answers to all questions asked, her insight appears fair, and her judgment is considered to be good. When asked what you would do if you encountered a house on fire as you were walking down the street, she responded by saying "call 911 to get help right away." No assessments appeared to be abnormal to me.

Interpreting

When assessing the client, the answers given by the client did not seem abnormal and her body language appeared normal as well. I did, however, question if the clients answers were completely honest because of the clients notes from staff within her chart. The clients' answers to questions during the assessment about harming herself or others was contradicted within the client's admission notes and the following notes throughout the week from staff. I have experienced others that are frequently admitted to a hospital setting for their mental health and have familiarized themselves with answers that provide the interviewer with the answers needed to assume the client is stable enough to be released even when that is not the case. And no pathophysiology is involved.

Responding

Additional information needed based on my assessment findings would have been to have access to the chart prior to performing the assessment. As a nursing student if I had prior knowledge to what lead to the client's admission and the nursing or doctor's notes that were entered during the clients hospitalization, I could have asked questions that may have assisted in the client providing information that was more in depth and maybe consisted of a more accurate version of the situation that lead to the

clients hospitalization. After reviewing the chart, I made mental and physical notes of the differences in the client's answers during the assessment. As a nurse I could have had prior access to the chart and would have been able to review and provide a different assessment approach. During my interactions with the client, I utilized therapeutic communication techniques by actively listening to the client, observing the client's appearance and mannerisms, restating answers for clarification, and asking the client open ended questions so that I could obtain as much information as possible from the client.

Reflecting

During my first clinical day for mental health, I gained experience on how the unit is run on not only a day-to-day basis but also on a minute-to-minute basis. The clients are accounted for every 15 minutes by a staff member physically visualizing the client's location and making a note of where the client is and what they are doing at that moment. In the future I will request to see the clients chart information before performing my assessment to be better prepared during my interaction with the client. I feel that obtaining as much information as possible about the client's condition and their reason for admittance is important for the outcome of the assessment. I feel that I interacted with each client I was in contact with well and attempted to make the client feel as comfortable as possible during each interaction. I feel like as we attend clinicals over this semester we will gradually become more confident and comfortable in the mental health floor setting, it is a very overwhelming experience being on a floor with so much going on every minute of the shift with so many different clients. Based on my clinical experience this week I had a lot to take in and process on the hour drive home including attempting to process that my daughter has experienced multiple mental health admissions in multiple hospital settings as a juvenile and that this setting is what she will experience as an adult if her mental status does not become stabilized for the most part before she becomes an adult. And to be honest it was emotionally very hard to process the thought of her enduring the emotional stress of being in and out of mental health hospital settings for the rest of her life.