

Reflection on mental status examination:

1. The main abnormal finding during the mental status exam was that the patient was chronically depressed. He said that depression started in his childhood or late teens. He blames a bad relationship with his parents for that. He was treated with counseling and medications, but nothing worked.
2. The patient I examined was very much affected by his disease. He could not function as a regular member of the society. He lost his job, his friends, and his fiancé. The good thing is that he understands his problem and talks openly about it. The question is, can he fight it, and for how long?
3. Nurses can do an initial interview with a patient. Ask about medical history, medications, potential for suicide, and assess for hypothyroidism. Nurses can inform the health care team to assess the patient further. Also, educating the patient and his family about depression can increase compliance with the therapy. Depression is a widespread disease and requires very long treatment. Medications are only sometimes enough. Exercise and physical activity can help. Good nutrition can help too. Talking to people is good.
4. I learned that depression is tough to treat because the problem is mainly in the disbalance of neurotransmitters in the brain. That is not very easy to resolve. I learned that depression causes patients enormous suffering, which is hard to imagine. They lose their friends, jobs, and whole life. They become unable to do anything to help themselves. I will never forget that in the future.

Reflection after additional assessment:

1. Patient Health Questionnaire-9 was chosen because the patient is having chronic depression. The patient complained of feeling depressed, and on a scale of 0-10, he said he feels it is 8. During this additional assessment, the results showed that the patient is moderately or moderately to severely depressed, depending on different scales. His result was 16 on a scale of 0-27.
2. The patient was talking about his life with emotions, and on the surface, he looked composed. I noticed his voice changing like he would cry, and his eyes were wet occasionally. That showed me how depression controls emotions, and that hurts.
3. The PHQ-9 assessment indicated a depression level that should be addressed. The patient was already in the hospital and receiving appropriate medications and counseling. As a nurse student, I should report any significant changes. For example, if a patient becomes more depressed and looks, he could harm himself.
4. I learned how to use PHQ-9 and that it can be used to measure depression as often as weekly or daily. It shows if the therapy works. Very high scores warn that the patient needs more care and proper medication.