

Reflection on Mental Status Exam

1. The patient was a young female person. Her appearance was neat, with regular eye contact and normal motor activity. Her affect was labile. She was changing her affect, going from happy to crying/ unhappy. Her cognition was normal. The patient denied hallucinations of any kind and delusions. The patient denied suicidal thoughts at the time of assessment but admitted some suicidal thoughts in the past, six years ago, when she overdosed on medications. The patient had some problems in judgment. She said she would take the money if she found the wallet. It was hard to distinguish whether she was serious or not about that. The second question was adequately answered. She would call 911 if she saw the house on fire. The patient is aware of her mental problems and seeks help.
2. What mostly stood out were the patient's very long, elaborate answers. That can be interpreted as the patient being manic. The patient also stated having ADHD, which can be recognized in some symptoms. Some manic symptoms include rapid speech and being talkative with high energy. Also, there was a change of affect, going from ordinary to crying. That seems like borderline personality disorder.
3. It would be good to have more extended conversations with a patient using open-ended questions. Longer conversations give more insight into the problems the patient has. After asking the patient more questions, the patient opened up and said that she does not like when people from her surroundings, such as friends, ask too many favors. That overwhelms her thoughts, and she becomes anxious and dysfunctional. She wishes to do all of their requests but cannot do so. At the same time, she does not know how to refuse them.
4. I learned that through conversation, patients can better understand and define their problems. The patient realized and verbalized that she could not refuse other people's requests. Professor Irelan and I taught the patient how to say no. We pretended to ask a

favor of the patient, while the patient was developing her way of saying politely "no."
The teaching, for me and probably for the patient, was a great learning experience.

Reflection on Additional Assessment

1. PHQ-9 was used as an additional test because the patient had some suicidal intentions in the past. Also, the patient was crying often; she could have some symptoms of depression. This assessment gave a 15 on a scale of 1-27. Based on that, this is a moderate to severe level of depression. This test measures the level of depression and evaluates the results of therapy.
2. The results of the PHQ-9 test were abnormal, showing possible moderate to severe depression. Also, the patient complained of being unable to work or get a job, although she has an education, because she cannot think properly. This problem can be explained by depression causing cognitive changes. Sometimes depression can cause slow thinking, problems with memory, problems with concentration and attention.
3. There is additional information that a student can use: mental status examination and medical history. As a student, I can report abnormal behavior to the nurse in charge and ensure patient safety. As a nurse, I can inform the provider about anything unusual or any new behavior change to change therapy.
4. I learned it is tough to be sure about the diagnosis because so many symptoms repeat and overlap in different diseases. More learning is necessary to improve the skills and knowledge of mental diseases.