

## Reflection Assignment

During my mental status examination of the client, I noticed that the client's appearance was neat and appropriate for the client's age. The client spoke at a normal rate with no hesitations, the client made good eye contact, and the client was not restless during the interview. When I was interviewing the client, she was laying down in bed. When I asked the client how she was feeling today, she stated, "I am feeling good today, just tired." I asked the client if she has any hallucinations where she sees or hears things that others don't, the client stated, "no nothing like that." I asked the client if she had any thoughts about harming herself or wanting to kill herself, the client stated, "no." I do not believe the client was telling me the whole truth, because of the client's history. I believe the client is in suicidal ideation. I believe this because the client does not have a plan to kill herself but did overdose on ibuprofen which is the reason she has been admitted onto the behavioral unit. After asking the client questions from the mental status examination form and observing the client, I then proceeded to ask questions from the PHQ form. I picked the PHQ form because one of the client's diagnoses is depression. The first question I asked the client was, "have you in the past two weeks had little interest or pleasure in doing things?" The client responded with yes. The client stated, "I work with preschoolers, and I am always tired, so it makes it hard. So, feel like being tired all the time makes me have little interest in doing things." I asked the client if she has been feeling down, depressed, or hopeless lately. The client stated, "no." Again I do believe that the client was lying to me about the answers she had been providing me. I asked the client if she has had trouble falling or staying asleep. The client states, "yes, I am a light sleeper, and it is hard for me to stay asleep." The client told me earlier that she had been super tired, and so I asked her again, "I know earlier you

said you have been super tired, does that make you feel like you have little energy as well?" the client stated, "yes, probably from me being always tired." The next question I asked the client was, "have you noticed you having a poor appetite or eating too much?" The client stated, "I have not been too hungry, I have to force myself to eat, but I also notice sometimes I eat too much." I asked the client if she has been feeling bade about herself or feeling like she has been letting herself or family down. The client stated, "I use too, but not since I have been here." The client told me she has been having trouble concentrating on things and that she has been fidgety. I asked the client if she has been feeling that she would be better off dead or hurting herself in any way. The client stated, "no." Again, I do not believe that the client was telling me all the truth. Maybe the client was not telling me the truth because she could have possibly thought if she told me the truth, it maybe means that her stay would be longer. The clients PHQ score was 17, which is a severe PHQ score. Overall, I feel like I have become more comfortable when talking and interacting with mental health clients. I keep learning new things that I will be able to use in my nursing career. Although I do not foresee myself being in the mental health field, I will continue to learn about mental health because I could come across a patient that suffers from a mental illness.

## Mental Status Exam

Client Name AP		Date 11/10/23			
<b>OBSERVATIONS</b>					
Appearance	<input checked="" type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Other
Speech	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured	<input type="checkbox"/> Impoverished	<input type="checkbox"/> Other
Eye Contact	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant	<input type="checkbox"/> Other	
Motor Activity	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics	<input type="checkbox"/> Slowed	<input type="checkbox"/> Other
Affect	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile	<input type="checkbox"/> Other
Comments:					
<b>MOOD</b>					
<input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other					
Comments: "I am feel good today, just tired."					
<b>COGNITION</b>					
Orientation Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object	<input type="checkbox"/> Person	<input type="checkbox"/> Time
Memory Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Long-Term	<input type="checkbox"/> Other	
Attention	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Distracted	<input type="checkbox"/> Other		
Comments:					
<b>PERCEPTION</b>					
Hallucinations	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Other	
Other	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization		
Comments: "NO, nothing like that."					
<b>THOUGHTS</b>					
Suicidality	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Ideation	<input type="checkbox"/> Plan	<input type="checkbox"/> Intent	<input type="checkbox"/> Self-Harm
Homicidality	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent	<input type="checkbox"/> Plan	
Delusions	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Religious	<input type="checkbox"/> Other
Comments:					
<b>BEHAVIOR</b>					
<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated	<input type="checkbox"/> Paranoid	
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Other	
Comments:					
<b>INSIGHT</b>	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	Comments:	
<b>JUDGMENT</b>	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor	Comments:	

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much <i>Hard to stay asleep; light sleeper</i>	0	1	2	3
4. Feeling tired or having little energy <i>Super tired</i>	0	1	2	3
5. Poor appetite or overeating <i>"I have a poor appetite and I overeat."</i>	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down <i>"I use too, but not since I have been here."</i>	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television <i>"I have a hard time concentrating on things."</i>	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual <i>Fidgety</i>	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + 0 + 8 + 9  
=Total Score: 17

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all      
 Somewhat difficult      
 Very difficult      
 Extremely difficult

*"I work with preschoolers, and I am always tired, so it makes it hard."*