

Assessment and Reflection

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## Mental Status Exam

- **Noticing:** During my mental status examination of my patient, there were no assessments that were abnormal or stood out to me. The patient was filled with joy and excitement because they were getting discharged later that day. The patient was extremely sweet and made me laugh a lot. Before speaking with the patient, they had thoughts of suicidal ideation 2 weeks before our visit.
- **Interpreting:** Something that stood out to me was that during our interview and group therapy, the patient was fidgeting and playing with a Pop-It. A potential cause or pattern could be that the patient uses it as a distraction or to control her emotions. I believe that kids and adolescents use fidget toys for a variety of similar but different reasons, such as to control anxiety or to develop a sense of self-control. With this patient, it would be appropriate to say that they were using it to control their emotions and help them stay focused. I do not think my interpretation of this patient's situation links to pathophysiology, because it is not known if this patient has any kind of anxiety that would be linked to the Pop-It.
- **Responding:** Additional assessment information that I need based upon my interpretation would be to dig deeper into the patient's thoughts and feelings, which could be the "Patient Health Questionnaire-9" assessment sheet. As a younger nursing student, I feel like it could be easier to talk to me as the patient because I am closer in age to them. This may give them a sense of comfort and help them open up to me. When we were there, I really tried to have an open mind and to let them know that they could be comfortable with me, and even as a nurse, I still plan to do that in the future with all my patients. The

therapeutic communication techniques that I used were active listening, questioning, silence, and eye contact.

- Reflecting: Something that I learned is that you never know what someone is going through. When I first met this patient, my first impression of them was that they were bright, bubbly, and joyful. Clearly, this patient had their battles. Something that I might do differently in the future is to talk more frequently with the patient. Something that I did well was communicate with the patient, and I plan to carry those skills to future situations like this. Based on this interaction, my feelings were very hurt because it was upsetting to see not just one patient going through a mental health issue, but many.

#### Suicide Risk Screening Tool

- Noticing: I chose this additional assessment because the patient was staying at the hospital for reasons of suicidal ideation. A few things that I noted during the additional assessment of the patient were that they would not explain to me how they were planning to commit suicide, but just that they had ideas of it, and that this happened a little over two weeks ago. The assessment of having suicidal ideation did stand out to me, but when asked if the patient was thinking those thoughts currently, the answer was no.
- Interpreting: What stood out to me was that the patient said yes to the question about whether they or their family would be better off without them if they were dead. The possible cause could be depression in the patient. I have not encountered any similar situation before, so there is nothing to compare between the experiences. The pathophysiology of depression is that major depressive disorder involves disrupted brain chemistry—mainly serotonin, but also norepinephrine, dopamine, glutamate, and BDNF

(Chand, 2023). It's linked to neurotransmitter availability, receptor regulation, and gene expression (Chand, 2023). SSRIs work by boosting serotonin (Chand, 2023).

- Responding: The “Patient Health Questionnaire-9” assessment sheet could also be used in this case with the patient because it is known that they had depression, and this assessment can go into more depth about how they feel inside to back that up. As a nursing student, active listening and nonjudgmental cues are vital in an assessment like this, and this is what I did and plan to do in the future as a nurse. These cues are important because they can be very disrespectful and misleading to the patient if you react otherwise.
- Something that I learned throughout this assessment is that depression and suicidal ideation are targeting younger kids in this generation. My patient got discharged quickly after we arrived, but even with that, I feel like they and I had a great conversation that went well, and I would not have done anything differently. Additional knowledge and skills that I need to help with future situations like this would be a better understanding of how depression targets these younger kids. There were no changes in my values or feelings based on this interaction. I have always believed that depression and suicidal ideation are both terrible thoughts to consume, and it was upsetting to know this patient went through that.

## References

Chand, S. P. (2023, July 17). *Depression*. StatPearls [Internet].

<https://www.ncbi.nlm.nih.gov/books/NBK430847/>