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Assessment and Reflection

The Pavilion Children's Unit

N:323 Mental Health

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Noticing:

There were many things I noticed while performing the mental status examination on my client. She was a 13-year-old female who appeared neat and well dressed. She spoke in conversation well however; her avoidant eye contact and restlessness were shown directly. She appeared to be anxious and irritable but wanted to believe that she could control herself. She did not have any orientation or memory impairments, however; her ADHD affects her attention and impulsiveness. She did not have any perceptions of hallucinations or thoughts of delusions and homicide. She did express suicide ideation. Her behavior was scattered, while being cooperative, guarding, aggressive, and hyperactive. She even showed emotion by “growling” at people and stated that she does not like when people speak over her. She also has a vocal and vulgar way of communicating with others. Considering her previous actions, her insight is fair, and her judgement appears to be poor. I noticed that she coped by taking the paper off the crayons that she received and called them “naked crayons”. She stated that it took time to remove the paper which distracted her mind as well as coloring. The only assessment that stood out to me was the suicidal ideation simply because, she acts similar to girls her age and is unable to explain her reasoning behind her ideation.

The second assessment that I chose to complete was the Suicide Risk Screening Tool. At first, I was unsure what other assessment to complete until I had a brief conversation with my client. This assessment made me slightly uncomfortable since I had to ask these questions to a 13-year-old young girl. However, once I sat down with her, she accepted the questions very well which made me feel more comfortable asking questions. During this assessment, the client answered seriously and honestly while showing no hesitation during responses. The client stated that within the past few weeks she wished she were dead and believed that her family would be

better off that way. She admitted to having thoughts of killing herself and stated that she had tried attempted two days in a row by strangling herself with a belt. She did not have any thoughts of killing herself during the interview. This assessment stood out to me since I was unable to wrap my head around how a young child could think such a thing. However, after leaving my first clinical rotation, my views of mental health and suicidal risk broadened.

Interpreting:

While interacting with my client I wanted to learn more about her suicidal ideation and why she felt the need to do such harm. This is my first interaction with children who have felt the need to harm themselves and I believe this young girl opened my view of the mental health world. I wanted to understand why the young girl felt the need to harm herself and when I asked, she responded with “I don’t know why I do it, I just feel like my family doesn't want me”. As an older sibling this statement struck me hard, and I communicated with her therapeutically to understand more. There may be many potential causes for my client believing that she does not belong and resulting in suicidal ideation. To start off, she was previously sexually abused by her father's best friend for two years which may result in her thoughts of not being wanted. She does not have a big friend group at her school, which is okay. However, she needs to be able to trust her friends which she expressed that she does not. She has also been encountering lice for the past five years of her life from her younger sister. This circumstance can cause a decrease in self-confidence and hope. In my opinion, no child should have to encounter lice for that long since it can affect your mental health and how you believe in yourself. In junior high, other children have the tendency to be mean and there is no reason to have to worry about bullies and lice at the same time.

Pathophysiology: The pathophysiology of attention deficit hyperactivity disorder is associated with cognitive and overall functional deficits. Research shows that ADHD occurs when the DLPFC part of the brain is smaller than other individuals' brains (Magnus et al., 2023). Brain activity in the frontostriatal region has also been known to be reduced (Magnus et al.,). Overall, it should be noted that ADHD is a clinical diagnosis and that no lab testing or diagnostics are needed to diagnose patients with ADHD.

Responding:

During these assessments, I sat down with the client and spoke freely which in turn allowed her to feel able to do the same. As a nursing student, I expressed empathy and support while communicating with her. She soon opened up and explained what she felt was going on in her life. We worked through each problem that she listed and soon came to an agreement on how to manage her internal thoughts. We discussed interventions on how to work through her thoughts of harming herself and one that she caught on to was placing two fingers together and holding them with pressure. Focusing on this pressure point helps distract the mind from other harmful thoughts and feelings. If I was her nurse, I would do the same thing and work with her and figure out what simply she is thinking about. I would be a safe place for her to come to if she needs it and I would be there for her to work at removing the lice. Even if she did not want to speak, the presence of being there for her would therapeutically be equal.

Reflecting:

While spending the day with my client, I learned that children may look and act the same, but they may not always think the same things. Some children may think about going home after school and wanting to play with their barbies and others may think of going home and attempting

to kill themselves. At this moment, I am unsure what I will do differently in my next rotation at the Pavilion because I am still learning to understand and communicate with those who have different mental thoughts or feelings. Additional practice and self-confidence will help me with future situations like this. I believe that I did well working with the children because in the end they are still young kids who want to play despite their internal thoughts and motives. It is important to always be aware of these children, however; a support system is needed as well and my client showed enjoyment while I was there since she was unable to see her family. I like to think to myself and believe that I was her family for the day. It is important to understand that each child has their own mind, and you should always be cautious of what to say because you never know what is going on at home or their mental health.

References:

Magnus, W., Anilkumar, A., & Shaban, K. (2023).

<https://www.ncbi.nlm.nih.gov/books/NBK441838/>.