

Assessment and Reflection

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Mental Status Exam

- **Noticing:** During my mental status exam with my patient, an assessment that stood out to me was the patient's behavior. The patient was very hyperactive and rowdy and seemed annoyed with the other patients on the floor. The patient kept telling me that they just wanted to go home. Before speaking with the patient, they had thoughts of suicidal ideation weeks before our visit.
- **Interpreting:** As mentioned above, the factor that stood out to me the most was the patient's behavior. The patient projected excessive energy and was unable to sit still. The patient was running around yelling at the other patients on the floor. A potential cause or pattern could be the patient's attention deficit hyperactivity disorder (ADHD). In the past, I have seen children with ADHD have difficulty following instructions, sitting still, and being easily distracted. Correlating to this patient, it would be pertinent to say that a key role in their behavior was due to their ADHD. The pathophysiology of ADHD can explain that in those with ADHD, the dorsolateral prefrontal cortex (DLFPC) and anterior cingulate gyrus are observed to be small (Magnus, 2023). The deficiencies in goal-directed behavior are believed to be caused by these alterations (Magnus, 2023). Furthermore, fMRI shows that these people have less activity in the frontostriatal area, and to target these pathophysiological pathways with medication, it is critical to comprehend them (Magnus, 2023). Among people with ADHD, there are no typical imaging or laboratory findings (Magnus, 2023).
- **Responding:** Additional assessment information that I would need, based upon the interpretation that the patient's behavior was influenced by their ADHD, would be a more in-depth neurological exam. As a younger nursing student, I believe that we are at more

of an advantage when interviewing these kids. My patient specifically felt very comfortable talking to me and opened up very easily. When we were there, this was my main goal, and to give them a sense of comfort for trust. In the future, I plan to respond the same way, as I want to work with kids. Therapeutic communication techniques that I utilized were active listening, questioning, and eye contact.

- Reflecting: Something that I learned is that even the most excited, hyper, and social person can have their own battles in their head. If I had not known the patient's history of suicidal ideation, I never would have guessed that those were thoughts in their head. Something that I might do differently in the future is to go into more depth when figuring out what my patient is thinking in their head. Something that I did well was active listening and communicating with the patient, and I plan to carry these skills to future situations. Based on my interaction with the patient, my feelings grew very empathetic toward their young and innocent self.

Suicide Risk Screening Tool

- Noticing: I chose this additional assessment because the client came in for suicidal ideation. During this initial assessment, a few things that I noticed were that the patient was closed off when asked questions about suicide. The patient's answers were short and brief, and towards the end of this assessment, I could tell that they were over this conversation. The patient told me that in the past few weeks, they have wished they were dead, but have never tried to commit suicide, just had ideas to do it. The patient stated this occurred "not recently" and was ready to end the conversation. This assessment stood

out to me because the client is so young; it just seems abnormal to have them feel this way.

- **Interpreting:** What stood out to me was when I asked the patients if they had wished they were dead, and they responded with yes. The potential cause or pattern for this could be the patient's depression. Similar situations that I have experienced were at the previous clinical at this site, and the differences include the behavior between the two patients. This patient was way more outgoing and vocal, whereas my other patient was very closed off and quiet. The pathophysiology of depression can be described as the cortical brain areas that perceive psychological stress, and the hypothalamus releases corticotropin-releasing hormone (Mayo Clinic, 2022). The pituitary corticotropin secreted by this hormone triggers the adrenal gland to produce cortisol into the bloodstream (Mayo Clinic, 2022). There is some gender-specificity in the physiologic stress response: women seem to be more sensitive to stress than men, which is in line with the higher prevalence of serious depression in women (Mayo Clinic, 2022). Nonetheless, some patients do have deficiencies in that axis as well as the extrahypothalamic CRH system (Mayo Clinic, 2022).
- **Responding:** The "Patient Health Questionnaire-9" assessment Information can be used upon my interpretation. As a nursing student, nonjudgmental cues and silence are important when assessing this, to give respect to the patient. This is what I did, and plan to do moving forward.
- **Reflecting:** Something that I learned throughout this assessment was that social children who seem perfectly fine have their own thoughts that they are good at hiding. I would not do anything different in the future, my patient and I had an effective conversation that I

feel like went well. Additional knowledge or skills that I need to help me with future situations like this would be a better understanding of how young kids struggle with mental health. My values and feelings did not change throughout this assessment; it was still just upsetting to know that my patient had these thoughts, and I wish it did not have to be this way.

References

Magnus, W. (2023, August 8). *Attention deficit hyperactivity disorder*. StatPearls [Internet].

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Mayo Foundation for Medical Education and Research. (2022, October 14). *Depression (major depressive disorder)*. Mayo Clinic.

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