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 overall mood. The patient was a quiet, elderly man whom I observed in a state of unkept, disheveled hygiene, along with a constricted and flat affect that made the patient seem numb. The patient stated, "I want to have more priority time with my family. This is what I am hopeful for." Before speaking with the patient, they had thoughts of suicidal ideation and self-harm a week before our visit.

- Interpreting: As mentioned above, the factor that stood out to me the most was the patient's overall mood. The patient was very anxious, withdrawn, and seemed depressed. The patient clearly had some anxiety struggles, which could be the cause or pattern of this mood that he has conveyed over the past week and a half. In the past, I have seen many people struggle with anxiety, including myself, and this feeling puts you in a constant state of fright and fear of what's going to happen next. The pathophysiology of anxiety is believed to be that dopamine, gamma-aminobutyric acid (GABA), serotonin, and norepinephrine are the main central nervous system mediators of anxiety (Chand, 2023). The majority of symptoms are mediated by the autonomic nervous system, particularly the sympathetic nervous system (Chand, 2023). The amygdala is a key player in reducing anxiety and fear. An increased amygdala response to anxiety stimuli has been seen in patients with anxiety disorders (Chand, 2023). Prefrontal cortical areas are linked to the limbic system and amygdala, and psychological or pharmaceutical therapies can restore anomalies in prefrontal-limbic activity (Chand, 2023).

- Responding: Additional and separate information that I would need, based upon the interpretation that the patient's mood was influenced by their anxiety, would be a more in-depth neurological exam. As someone who also struggles with anxiety, I believe that I

was at more of an advantage when interviewing this patient. Although my patient did not seem to want to talk, he answered the questions cooperatively, just with very little interaction. When talking to him, I just wanted to make sure that he felt comfortable and gave him the respect that you should give as a nurse. In my future practice, I will respond the same way and use the therapeutic communication techniques that I exhibited, such as active listening, questioning, and eye contact.

- Reflecting: Something that I learned is that mental health struggles do not have a certain age. As I knew this information before, I have never encountered an elderly person who was having suicidal ideations and thoughts of self-harm. The patient told me that he misses his wife and wants to be better for her, and this really stood out to me. I would not have done anything different when it came to the interview with this patient. I feel like it was handled very appropriately for the energy he was giving. 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 this interaction with the patient, I feel very empathetic toward him and his wife because he seems like a caring husband.

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 I noticed were that the patient was guarded and withdrawn when asked questions about why he was here. The patient's answers were brief, and it was noticeable that he did not want to talk but instead watched a TV show that was on. The patient told me that in the past few weeks, they have wished they were dead. The patient stated that neither he nor his family would be better off if he

were dead and stated that he misses his wife. This situation of ideation and self-harm occurred last week, and the patient says he is not having thoughts about killing himself now. This assessment stood out to me because, as mentioned earlier, this was an elderly man, and it was the first patient I had encountered at this age with these thoughts.

- Interpreting: What stood out to me the most was when the patient was very blunt and to the point about their plan and how they were going to go about it. The potential cause or pattern for this could be the patient's depression. There have been multiple similar situations at this clinical site that I have endured. With that, each patient acted differently in their own way. One patient was hyperactive, the other seemed unbothered and normal, and this patient seems numb. The available pathophysiology of depression data suggests that the emotional symptoms are caused by a complicated interplay between neurotransmitter availability, receptor modulation, and sensitivity (Chand, 2023). Preclinical and clinical studies point to a disruption in serotonin (5-HT) activity in the central nervous system as a significant contributing factor. Brain-derived neurotrophic factor (BDNF), glutamate, dopamine (DA), and norepinephrine (NE) are among the other neurotransmitters that have been linked (Chand, 2023). The effectiveness of selective serotonin reuptake inhibitors (SSRIs) as a treatment suggests that CNS 5-HT activity plays a role in the pathophysiology of major depressive disorder (Chand, 2023). In addition to increased neurotransmitter availability, research findings suggest a function for intracellular signaling, neuronal receptor modulation, and gene expression throughout time (Chand, 2023).

- Responding: The "Patient Health Questionnaire-9" assessment information can be used for my interpretations. As a nursing student, nonjudgmental cues and active listening are

important when assessing this, to make the patient feel heard and respected. By using these techniques, I believe it was very beneficial, and I plan to continue them moving forward.

- Reflecting: Something that I learned throughout this assessment was that a patient can have unexpected and unwanted mental health struggles, and if there is someone important in their life, that person can be the reason they want to be better. This patient seemed to love his wife tremendously. I would not do anything different in the future; my patient and I had an effective conversation, even with the energy he was giving me. Additional knowledge or skills that I need to help me with future situations like this would be a better understanding of how older adults struggle with mental health. My values and feelings did not change throughout the assessment. I was very empathetic the whole time, and I wish the patient had not been thinking those thoughts at all.

References

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