



Holistic Assessment of A person's situation

Name:

Institutional affiliation:

### **Mental Status Examination**

The case presented involves Jayan, a 27-year-old Aboriginal male who has been brought into a psychiatric unit by the community nurse. A brief analysis of his life shows a person living with mental illness, and this can be depicted in many instances, including personal confessions on the aspect of suicide. A mental status examination for Jayan is, therefore, vital to determine the severity of his mental illness condition.

A mental status examination is often defined as an assessment of the behavioral patterns of a patient while still evaluating their cognitive functioning. A mental status examination also involves an overall description of the consciousness, general behaviour, mood, and effect of the individual being subjected under the process (Giger, 2016). Regarding the subject in this case study, Jayan, a mental status examination should, therefore, take into consideration all the presented aspects. The appearance and general behaviour of Jayan in the case study portray him as having; unkempt hair, wearing a cowboy hat, dusty jeans and also worn out riding boots. His general appearance shows that he has not been taking care of himself and, thus, might be going through something. His speech and motor activity are depicted in the case study, when he speaks to the community nurse in monosyllables, hence showing disinterest in the topic presented. An evaluation of his affect and mood shows that Jayan is most probably depressed. The patient's thoughts and perceptions are also misoriented and this is evident in the instance where he gave the community nurse an account of a previous suicidal act by his cousin Michael, citing that his cousin found a way out (Tranter, 2019). An evaluation of the subject's attitude and insight also portrays the aspect of helplessness; hence, the nurse's assumption that the individual is highly susceptible to suicide (Tranter, 2019).

### **Clinical Formulation**

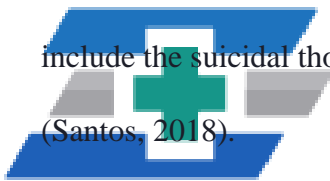
A clinical formulation for mental health nursing practice involves typically the aspect of assessing findings, interpreting them, explaining them. The clinical examination on the subject presented in this case study will include the consideration of the 5P's of the clinical formulation. These 5p's include; presenting, precipitating, predisposing, perpetuating, and protective factors (Santos, 2018).

- **Presenting**

With reference to the given case study, the presenting Factors include aspects of helplessness and loss of hope and meaning for life. The subject, Jayan, is fighting for his relationship with Tess, who has traveled to a different city to study. His fear of losing Tess, therefore, can be presented as an existing problem for Jayan. Symptoms evident include the suicidal thoughts presented during his interview with the community nurse (Santos, 2018).

- **Precipitating**

Precipitating involves the factors which would have triggered the individual's behaviour. In the case of Jayan, his behaviour was most likely triggered by the travelling of his girlfriend Tess. The love Jayan has for Tess is evident as he is seen to have a tattoo of her name on his fingers of his right hand. His fingers on the left hand also have a tattoo of the name LOVE, depicting his value for love and especially the love he has for Tess. The long-distance relationship, according to Jayan, creates some uncertainty, and he is even inquisitive regarding the move Tess made when she decided to travel to Brisbane to study two months ago. This uncertainty, thus, justifies his fears as he is not ready to lose his girlfriend Tess (Santos, 2018).



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- **Predisposing**

Predisposing factors include any factors which would have contributed to an individual's current problem over their lifetime. In the presented case study, there are aspects of racism and stigma present in the early life of Jayan. As an aboriginal, instance of racial discrimination by other children in school are evident, and this can be categorically presented as a factor that prevented mental health even at such an early age (Santos, 2018).

- **Perpetuating**

Perpetuating factors are often termed as those factors which maintain the negative symptoms in a subject. In the presented case study, the critical evident perpetuating factor is the subject's loss of hope. The patient cannot foresee a happier life without his girlfriend, and the fact that he has fears of losing her makes him hopeless of future days without her.



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- **Protective**

Protective factors are factors that lessen a particular behaviour in a subject. In the presented case study, Tess is a protective factor as she provides meaning and hope to the patient. With Jayan near Tess, there are higher chances that he will abandon the evil thoughts of suicide and also get his appetite and life back altogether (Santos, 2018).

### **Plan for Nursing Care**

The subject in the case study presents two prevailing problems. One of them is the challenge of developing depression while the other is that of committing suicide. The challenge of developing depression exists as a priority problem as the victim, in such a condition, will be

easily vulnerable and, thus, may find themselves in situations that they cannot get themselves out of (Cusack, 2017).

Jayan possesses more weaknesses than strengths, and thus, this makes his condition even worse and harder to manage. One of the barriers in his life is the lost love and the fading chance of recovering it. Tess, his girlfriend, seems to have made a life decision of advancing her studies in Brisbane and, therefore, this exists as a possible barrier towards the faster recovery of the subject, Jayan. A possible intervention in this scenario would be for the community nurse to establish a robust nurse-client relationship before providing care that would be directed towards the identified depression. Establishing close contacts with the patient is also essential as they can also be called upon to help out in the provision of care for the depressed individual (Pratt, 2015).

Another priority problem in this case study is the high chance of the subject, Jayan, considering depression as an existing solution to his problems. This is depicted during his interview with the community nurse, where he recalls his cousin Michael, who committed suicide. According to Jayan, Michael was in such a similar position, and according to Jayan, suicide was a way out for him. Managing the developed depression in the victim Jayan, is, therefore, vital to eliminate possible chances of future suicidal thoughts. One potential strength in Jayan's life is his love for his job. Jayan can focus more on spending his time on what he loves, being a station hand, and focus less on the aspects which have brought him sadness. While his love for Tess acts as a barrier in this scenario, focusing on building his life and also other aspects such as constant communication with his girlfriend can suffice as strong counter mechanisms. The possible intervention which would be highly effective in the suicidal scenario presented would be to get the victim to express all his feelings and try to develop a dialogue so as to draw away the suicidal thoughts from the individual, often conducted through a therapeutic

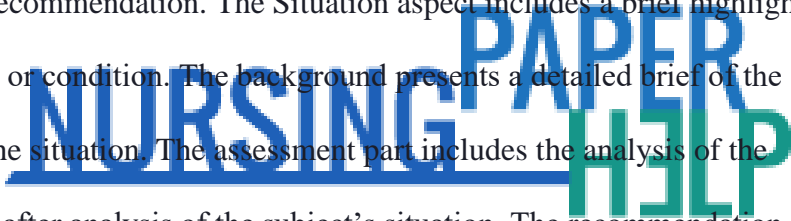
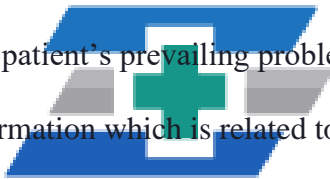


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engagement. The use of proper reasoning with the victim is also essential so as to make him get the other point of view and divert his attention from factors that are facilitating the suicidal thoughts. The victim can also be allowed close monitoring by the family members during this phase as it would ensure that he does no harm to himself.

### **Clinical Handover**

Clinical handover is an integral aspect of nursing care as it involves the transfer of a patient's information between professional individuals within a caregiving facility. Proper clinical handover procedures are essential as they play an active role in the reduction of patient harm or also wastage of resources. One critical technique which is commonly used during clinical handovers is the SBAR technique. The SBAR technique stands for; Situation, Background, Assessment, and Recommendation. The Situation aspect includes a brief highlight of a patient's prevailing problem or condition. The background presents a detailed brief of the information which is related to the situation. The assessment part includes the analysis of the condition and the considerations after analysis of the subject's situation. The recommendation part consists of the actions requested and also the recommendations after the evaluation and assessment of the subject's condition (Haine-Schlagel, 2015). The SBAR technique has two components which include; the SBAR Guidelines and the SBAR worksheet. The SBAR guidelines are guidelines vital for communicating with physicians and, thus, provide a detailed analysis of the step by step process of implementing the SBAR technique. The SBAR worksheet is used in organizing the information which will be presented to another physician, regarding an ill patient.



### **Therapeutic Engagement and Clinical Interpretation**

A therapeutic engagement is often defined as a close relationship that exists between two individuals, namely; a health care professional and a patient. The essential purpose of the therapeutic engagement process is to improve the quality of life of the individual in therapy. Through this relationship, the patient is more willing to share their intimate thoughts, beliefs, and also emotions regarding the critical topic in the discussion (Cox, 2015). A therapist who finds themselves in a position of a therapeutic engagement should uphold the highest level of confidentiality and should not at any moment be judgmental. This behaviour by the therapist would make the patient to be at ease and, therefore, be more willing to cooperate through the therapeutic engagement.

A therapist, however, needs to implement viable strategies in such a scenario so as to promote the further development of the therapeutic engagement. A scenario involving Jayan, the patient presented in this case study, should include a therapeutic engagement as part of the recovery and treatment process (Clement, 2015). In such a scenario where a patient has presented evident mental illness symptoms, effective communication strategies are necessary to ensure that the patient participates fully in the therapeutic engagement. One commendable strategy for active therapeutic engagement is by using body language to demonstrate the plan for care. In the scenario involving Jayan, a depressed 27-year-old Aboriginal male, the use of the body language strategy is efficient and practical in the provision of quality care. Appropriate Body language by a therapist portrays them as active listeners. Examples of body language in a therapeutic Engagement include; constant eye contact, maintaining close contact with the patient as they speak, avoiding arms crossing, using open postures and also friendly gestures (McAllister, 2017).



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All these are guaranteed to put the patient at ease and later open up their emotions and feelings to the therapist.

A therapeutic engagement is essential for the recovery process of a mentally depressed individual as it incorporates the aspect of trust and confidentiality. Opening up in a therapeutic engagement enables a therapist to understand better the position a patient is in and, therefore, grasp their point of view of the problem in the discussion. Regarding depression, the therapist is in a better position to comprehend the emotions, motives, and also understanding of the presented depression case by Jayan. The intervention presented was one that recommended the development of a nurse-patient relationship to ensure the diagnosis process is made possible. Establishing a therapeutic engagement, therefore, suffices as a strategy that favors the development of stronger bonds between the nurse and the patient (Dixon, 2016).

The recovery model in nursing refers to a holistic, person-centered approach to depression management and mental health care in general. The recovery model has, over time, been used as the standard model for mental health care. The model runs on two critical approaches which state that;

- Recovery from mental health conditions is possible and practical
- Patient-centered and patient-directed approaches stand out as the most effective

recovery strategies.

For the successful implementation of the recovery model, there needs to be consideration of four distinct dimensions which are; Health, Home, Purpose, and Community. The nursing interventions presented include the aspect of a developed nurse-patient relationship and also a therapeutic engagement. The first nursing intervention for the victim Jayan relates to the

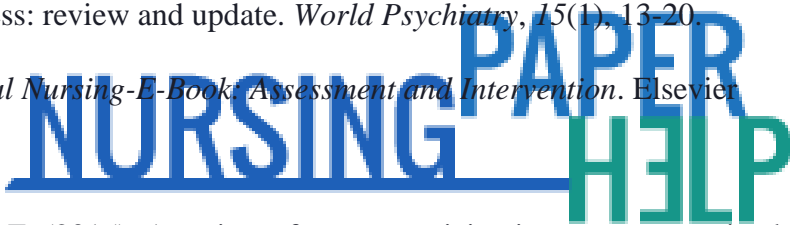


recovery model concept of a patient-centered approach. A nurse-client relationship can, therefore, only be a successful intervention for mental health disorders when the nurse prioritizes the needs of the patients. A patient-centered approach, thus, puts the patient at a better position where they can cooperate and express their feelings hence making the recovery process easier (Norris, 2016). The second intervention, which calls for a therapeutic engagement, also focuses on the notion of patient-centered care. A therapeutic engagement facilitates openness through trust and confidentiality. A patient who is availed such conditions will be in a better position to open up on what they are going through and, therefore, ease the recovery process as the therapist will be in a better position to provide a necessary diagnosis to manage the presented ailment.

With close consideration of the described characteristics of this particular subject, one issue that I would expect as a nurse when working with Jayan would be resistance. Jayan, in his present medical condition, is at a high risk of developing advanced depression and, therefore, immediate management of his condition is necessary (Paulus, 2017). Presented interventions may take time to be implemented as Jayan may pose some resistance towards the nursing interventions presented. To, however, ensure that we provide high-quality care to Jayan, I would ensure that the discussed patientcare approach is implemented on this particular patient and that he is handled with the highest level of care. Awareness is also vital to community and family members on how to handle him so as to prevent a relapse of his depression.

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