

NRS384 Assignment

Student Details

Course Details

Institution

Instructor

Deadline

Introduction

The essay aims to analyze a case study of a patient who has been suffering from mental health problems with significant background history. It explores the case study which focuses on a patient who have been experiencing several psychological issues for years. The assignment consists of four main parts. It covers the contemporary nursing theory, relevant to caring individuals with mental disorders. The second part covers two nursing interventions for the case study patient with reference to the selected theory. The subsequent part outlines the domains of the mental state examination (MSE), identify assessable domains in the case study, and explore how they can be evaluated. The last part provides crisis, distress, emergency and trauma in mental health, their applications in the case study patient, and factors involved in the vulnerable groups.

1. Contemporary Theory of Nursing for Mental Illness

The contemporary nursing theory most suitable for nursing patients with mental illnesses is Peplau's theory of interpersonal relations. The theory was introduced by Hildegard Peplau in the 1950s, this theory establishes a therapeutic nurse-patient relationship as the essential element in the nursing care in psychiatric areas (Yang et al., 2022).

According to Peplau's theory, the nurse-patient relationship progresses through four phases: orientation, identification, exploitation, and resolution. During the orientation phase, nurse and patient build up the rapport and focus on patient's needs. The identification phase entails patients to apprehend the nurse as a helper developing trust and teamwork (Ventura et al., 2021). For the intervention phase, the patient works with the guidance of the nurse towards accomplishing their fundamental needs by actively participating. Lastly, after the patient's needs have been met, the termination of the professional relationship is the final phase of the therapy.

Peplau's theory underlines communicating thoroughly, being empathic, and having no bias on the side of the nurse. This role acknowledges that the nurse supports the personal growth of their patient and the development of their interpersonal skills. Moreover, the theory highlights the therapeutic application of nurse-self in which the nurse shall use their personal and experience to establish a real connection with the patient (Liu & Hsieh, 2023). Peplau's theory of the nurse-patient relationship as the means of change complements recovery approach in modern mental health care. It provides the patients with an opportunity to take an active part in their care and it contributes to their autonomy and self-determination, principles which are very important in modern psychiatric nursing care.

2. Nursing Interventions

Nursing Intervention 1: Establishing a Therapeutic Nurse-Patient Relationship

In the Peplau's theory, the nurse-patient relationship helps to provide quality psychiatric nursing services. So, the first essential intervention of the nurse should be to develop a strong relationship with the patient characterized by rapport, trust, and collaboration. Orientation phase would be the first step where the nurse should ensure that the patient feels welcomed, warmed, and understand without any sort of discrimination. Strong communication skills, including active listening, using open-ended questions to promote engagement, and reflects on patient's feelings, help to start a relationship (Varcarolis & Fosbre, 2020). A nurse also should clarify their role and the process they will follow so the patient knows what to expect.

The nurse should establish the patient's trust in the identification phase. The nurse should ensure, while doing so, that they show how essential they are as a helper for the patient. Being empathic, honest and non-judgmental can help a patient see the nurse as a

helper. The nurse should allow the patient to share their feelings, thoughts, and concerns freely, making a safe place for self-reflection (Wasaya et al., 2021).

In this therapeutic relationship, the patient can get a corrective emotional experience, which help challenge any negative interpersonal patterns or beliefs they might have acquired because of the mental difficulties or their past experiences. When the patient and the therapist develop a relationship, the patient may find it easier to participate in treatment and follow the recovery plan (Wasaya et al., 2021).

Nursing Intervention 2: Facilitating Patient Autonomy and Self-Determination

One significant intervention is guiding the patient through the process of autonomy and self-determination during their care. The nurse should allow the patient to actively participate in their treatment process by identifying their needs, goals, and preferences. This mutual problem solving assists the patient, develop a self-confidence and personal power about the healing process.

A coaching style should be applied during therapy sessions or interactions, assisting the patient in identifying their thoughts, emotions, and behaviors and not telling him/her what to do. This method enhances the patient's problem-solving capacities as well as decision-making skills which are essential for the full recovery process (Isobel & Thomas, 2022). Besides, the nurse has to educate the patient psychologically on his/her condition, its treatment and also coping strategies. This kind of information enables patients to control their symptoms and to decide how they should be managed, thus they become more independent.

The nurse should celebrate the patient's success and also motivate them to assume more responsibility in their care. This can help to encourage the patient's autonomy, and increases their confidence and determination. Through promoting autonomy and self-determination, the nurse gives awareness to the patient and thus allows them to be an

energetic participant in their recovery instead of a passive recipient of health care. This method aligns with Peplau's theory, which focuses on individual growth and the development of interpersonal skills. This results in a comprehensive care plan design which ensures the wellbeing and the quality of life of the patient long-term (Jimenez et al., 2021). The interventions, the therapeutic relation between the patient and the nurse and the facilitation of patient autonomy and self-determination – are based on Peplau's Theory of interpersonal relations. They discover the healing force of the nurse-patient relationship, and they guide according to the key of personal development, active communication, and teamwork on care.

3. Mental State Examination (MSE)

The mental state examination is carefully designed tool where clinician examines the present state of a patient based on their psychological functions. It is composed of several domains, which provide an insight into different aspects of the patient's mind. These domains usually comprise of appearance and behavior, speech, affect and mood, thought process, thought content, perceptions, cognition, and judgement and insight (Goddard et al., 2021).

In the domain of appearance and behavior, once evaluates the patient's physical appearance, grooming, posture, psychomotor activity, and general conduct during the examination. The speech domain measures the patient's rate, volume, and words per minute, as well as abnormalities such as pressured speech and mutism. The domain of mood and affect deals with patient's feelings (mood) and their reflection in the patient's facial expression (affect) including their range, intensity, and appropriateness (Assadi, 2020). The thought process domain assesses the patient's ability to think logically and to be coherent, as well as detecting any abnormalities such as tangentiality, circumstantiality and flight of ideas. The thought content domain comprises of thoughts and beliefs of the patient, for example, delusions, obsessions and preoccupations.

The perception domain assesses the patient's emotional sensations, focusing on the existence of hallucination or other perceptual abnormalities. The cognition domain includes assessment of level of consciousness, orientation, attention, concentration, memory and intellect. The judgment and perception domain assesses the patient's awareness of their disease and what it might mean to them as well as whether they can make sound judgments and come up with good plans (Wasaya et al., 2021).

As per the case study, some MSE domains can be partially assessed, while other domains may need additional analysis or observation. The domains that can be assessed are behaviors and appearance, mood and affect, cognition, suicidal ideation, thought form and content, as well as insight and judgement. In the case study, the patient's physical appearance and hygiene, observed behaviors and emotional state, various expressions, and thoughts, beliefs and preoccupations can be assessed, and those can be useful for evaluating these domains.

Nevertheless, if the doctor wants to evaluate sleep, speech, thought process, and perception, further direct observation or examination may be needed. A qualified psychiatrist or psychologist should administer, and interpret the MSE alongside other clinical assessments, the medical history, and the collateral information. This can help to realize an accurate diagnosis and develop a personalized treatment plan.

4. Crisis, Distress, Emergency, and Trauma in Mental Health

Crisis, distress, emergency and trauma are related but different issues within mental health, all with their specific assessment and treatment approach. It is essential to understand the difference between these terms in order to ensure adequate treatment and service to the patients, particularly the vulnerable groups.

Crisis may be defined as a short-term state of psychic disturbance as a result of a conflict or stressor. Due to a crisis, the coping mechanisms of a person are paralyzed resulting in feelings of so deep anxiety, fear and helplessness. Crises manifest themselves in different ways including suicidal thoughts, psychotic episodes, or extreme mood disturbances. Intervention should be done as soon as possible so that further deterioration can be prevented, and restoration is facilitated (Gilla et al., 2021).

Distress may be said as a term that includes feelings such as depression, worry, sadness or uneasiness. It may be a way of dealing with life's difficulties and pressures that is entirely normal and expected. Distress may be entire normal and may be the result of adverse situations. However, when it becomes persistent or severe, it may be indicative of an underlying mental disorder and may need professional intervention.

Emergency in mental health is defined as a situation that has an immediate influence on the safety or even living conditions of a given individual or people in their surroundings. It could be characterized by some suicidal, homicidal, or severe self-harm behaviors, psychosis, and the inability for the person to give a true account of what is going on or to make reality-based decisions. Emergency situations require a prompt response, usually involving crisis services or hospitalization.

Trauma refers to long-term psychological impact of extremely distressing or life-threatening events like physical or sexual abuse, natural disasters, exposure to violence. Trauma can cause long-term consequences, for example, post-traumatic stress disorder (PTSD), anxiety, depression or emotion dysregulation and the formation of healthy relationships

In the case study, the patient may have had or is having a few of these disorders. Once case could be when the patient's mental health condition has led to suicidal thoughts or other

acute disturbances of thought or behavior. This may require prompt attention and intervention. The patient's history includes any traumatic event involving exposure, such as abuse or violence, they may be dealing with ongoing trauma-related symptoms.

When doing an assessment and treatment of patients from a vulnerable group, those specific factors which may cause or worsen their mental health illness should be considered. These factors may include social exclusion, prejudice, poverty, denial of access to the resources, that is, exposure to various forms of violence and oppression at system level. For example, people who belong to minority ethnic or cultural groups may face more difficulties in the way of approaching the mental health services. They may endure psychological trauma owing to racism or discrimination. People who are part of the LGBTQ+ community have faced discrimination, rejection, and traumatic situations because of their sexual orientation, gender identity, which significantly raise their chances of mental health issues.

Vulnerable populations may also include people with disabilities, homeless or poor people, domestic violence or human trafficking survivors, people with substance abuse disorders or physical health problems. It is important to understand the differences of crisis, distress, emergency and trauma, and understanding the specific problems of vulnerable individuals. Mental health professionals can use the information to provide more tailored, culturally-sensitive and trauma-informed care. The approach can help to address the current problem and also considers the long-term social, economic, systemic factors which are essential to an individual's mental wellbeing.

Conclusion

The essay has examined the contemporary nursing theory and interventions for patients with mental illness, domains of mental state examination, and the differences between a crisis, distress, emergency and trauma situations in mental health. The main focus

was given to see how these concepts relate to the provided case study and to the population as a whole. Nurses should integrate different theories, clinical assessments, and a trauma-informed, culturally-sensitive approach. This can help them to take care of patients based on their needs and preferences. There is a need for continuous education and self-evaluation for the sustainability of a caring, empathetic, and data-driven mental health nursing practice.

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