Assessment Task Two

Name

Instructor

Presenting Complaint
The patient in focus is a 27-Year-old female who made her third visit to the hospital. The patient was dressed in black leggings and a blue top with tattoos and piercings on the body when brought for care. The patient had pale eyes and exhibited signs of malnourishment. She had reasonable, logical and undisturbed thoughts. The patient did not have any hallucinations and was alert with good insights and precise orientation to person time and place. She was seeking medical attention because she had severe depression and had just attempted suicide.
Occupational History
The patient is a trained accountant and used to work as an accountant in a multinational firm with the presence in five countries. She rose through the ranks to become the chief accountant. The patient complained that she lost motivation to continue working for the organization. The patient also complained about the lack of support for her role. The patient resigned from the position five months prior his visit to the hospital. The patient currently works an s cleaner in a train station to sustain his livelihood.
Relationship/ Marital History
The patient met her current boyfriend when she was 16 years old. She got pregnant and delivered a baby girl by the name Samantha. She is currently separated from the boyfriend but still considers that they are in a relationship. The patient's daughter stays with her partner leaving her to limited access to her daughter. The patient complains that the absence of her daughter affects her esteem and hopes to be reunited with her soon. The patient claims she loves her daughter and felt bad that her condition meant she might be unable to interact with her daughter fully
Drug and Alcohol Abuse
The patient smokes about 45 cigarettes a day and occasionally drinks alcohol. Recently the patient has been drinking heavily and was engaged in a road accident, She, however, did not get any Injury from the road accident.
Forensic History/ Legal Matters.
The patient had his license withdrawn resulting from dangerous drunk driving.
Medical History
The patient has had a history of depression from the age of sixteen. She developed post-natal depression after giving birth to her daughter. Her daughter is a source of happiness to the parents. She went for treatment at a local clinic and was referred to a psychiatrist. The Patient was put on medication with Effexor; however, the drug made her erratic to the point of trying to kill the father of her daughter. The patient's child is in the custody of her partner. She has been unable to see her child because of her current condition. The lack of access to her daughter has contributed to her depression. The patient was exposed to trauma as a child witnessing extreme amounts of domestic violence when growing up. The father was an alcoholic who physically abused the patient's mother. The parents divorced when she was 12 years old. From a young age, she took up adult responsibilities, protecting younger sibling and performing housework. Her current depression started after meeting with her father who she had not seen for more than twelve years. She met her father with the aim of closing the chapter of her life. However, the meeting triggered all the bad memories and leading to her current state. The patient had little support from family and the hospital leading to her resignation from her job. She eventually had to settle for less lucrative jobs to survive further

denting her self-esteem. The lack of proper support system including her partner giving up on her. She began experiencing difficulty in sleeping and eating resulting in loss of 7kg of weight. She went back to the local medical clinic and on seeking treatment; the clinician gave her sertraline 100mg medication. Her partner had lost all his patience threatened to leave her. The threats overwhelmed the patient. She finally attempted suicide by use of paracetamol and prednisolone tablets. She was admitted to hospital for close monitoring and review by the psychiatrist.

Personality
The patient prefers keeping to herself, She readily cooperates when asked questions and as willing to answer questions. The patient maintains eye contact and flow of thought during the discussion.
Cultural background
The patient was raised in a British household. Extreme violence characterized her early years by her alcoholic parent. The parents specifically the father who used to drink heavily and physically abuse the mother. Her mother told her that during her pregnancy her alcoholic father drove her towards drinking and may be the reason for her poor cognitive development as a child. Her birth weight was low, and she was significantly below her development milestones especially for weight and speech development. She experienced a violent home during her early childhood and had few friends to interact. She progressed well at school acquiring average grades.
Spiritual Considerations
The patient was in low spirits
General Presentation:
Patient is a 27 year old female, currently lacks a working as a cleaner with one child. Patient has a history depression and has High blood pressure; The patient complains about lack of sleep, loss of appetite, She has lost about 7kg. The patient has been admitted for attempted suicide. The patient was dressed in black leggings and a blue top with tattoos and piercings on the body when brought for care. The patient had pale eyes and exhibited signs of malnourishment. She was disturbed and looked emaciated.
Orientation
The patient has normal orientation and can place the time and location for events both current and past in the context of the activity.
Thought
She had reasonable, logical and undisturbed thoughts. The patient did not have any hallucinations and was alert with good insights and precise orientation to person time and place.

Mood and Affect
The patient had low spirits and wanted to be discharged to go and stay with her mother. The patient felt lonely and dejected she needed to be close to her partner.
Perceptual Abnormalities
The patient does not have any perceptual abnormalities. She can see through her current situation and is positive of the help being proposed by the psychiatrist.
Attention and Concentration
The patient has impaired attention and concentration with difficulties in keeping adequate attention spans when subjected to lengthy talks. The patient is unable to do simple subtraction and additions.
Memory:
The patient claims to have amnesia both for the long-term and short-term memory. She has periods where she cannot recall anything at all. The patient states this started immediately after the time she met with her father.
Insight
The patient is aware she is suffering from depression. She is aware of the trigger to her current feelings and is positive of her ability to navigate out of her current challenges.
Judgment
The patient has a clear understanding of what needs to be done to achieve the appropriate course of action. She is aware that she will need to undergo therapy to enable better treatment outcomes for PTSD

Risk Basement
The suicide assessment risk rating for the patient is very high. She has already attempted suicide and lacks family support. She has lost her lucrative job recently resulting into her doing menial jobs for a living, The patient has been suffering from depression and thus at high risk of suicide.
Summary
The patient suffers from post-traumatic stress disorder caused by trauma the patient experienced as a child. The trigger for the episode was the father who had exposed the patient to violence during her early life. The patient may have been managed better if the treatment focused on the needs of the patient. The use of medication without consideration of family therapy, psychotherapy and Electroconvulsive therapy was ineffective in managing the severe depression.
Formulation (Diagnostic)
The patient could be seen to have post-traumatic stress disorder that may have been managed better if the treatment focused on the needs of the patient. Post-traumatic stress disorder (PTSD) is a type of functional disorder, psychogenic or dissociative disorder where memory functions abnormally even when there is no structural brain damage evidence. PTSD is as a result of psychological trauma and stress on the brain. It is characterized by flashbacks, nightmares avoidance and emotional numbing (Foa et al. 2009).The condition affected her job as a senior manager in the hospitality industry leading to her eventual resignation. The patient felt unsupported leading to loss of motivation that eventually led to her resignation from the position. The failure of the healthcare system is evident here, a patient with PTSD requires utmost care that personalized care provides. The patient having relived the original trauma through nightmare and flashbacks will have little efficacy and esteem. PTSD memories evoke emotional and physical intensity as if it was experienced again and the traumatic experience does not fade with time. The outcome of the patient would have been different if the personalized care had been more robust.

Problem Definition and Initial Management plan
The patient has post-traumatic stress disorder that emanates from her childhood experiences. The meeting with her father triggered the bad memories resulting in her current condition. Post-traumatic stress disorder (PTSD) is a type of functional disorder, psychogenic or dissociative disorder where memory functions abnormally even when there is no structural brain damage evidence. PTSD is as a result of psychological trauma and stress on the brain. It is characterized by flashbacks, nightmares avoidance and emotional numbing (Foa et al. 2009). The patients thus exhibit all the symptoms of the disorder. The management plan involves the use of medication, psychotherapy and electroconvulsive therapy.

Reflection

Mental health patients require individualized healthcare focus. The care should emphasize on the dignity, compassion, and respect for the patients. Mental health care is therefore personalized, enabling and coordinated. The attention should focus on a collaborative approach between the patient and caregivers to allow a clear understanding of what the patient feels is important, a concerted approach towards the treatment and care and checking on progress achievement towards set goals (McCormack et al. 2011). Patient with mental disorders should have their family involved in decisions and aftercare treatment. The patient's religious and cultural preferences are incorporated into the treatment plan to promote a quiet atmosphere that encourages overall wellbeing. The involvement of patients in treatment process enables better service provision to patients. The general goals of nursing based interventions for mental health patients are the assessment of the patient condition, planning, implementation, and evaluation. Nursing should combine knowledge, intuition, and theory in combination with experience to improve healing outcomes in of mental health patients

The patient in focus is a 27-Year-old female who made her third visit to the hospital. The patient was dressed in black leggings and a blue top with tattoos and piercings on the body. The patient had pale eyes and exhibited signs of malnourishment. She had reasonable, logical and undisturbed thoughts. The patient did not have any hallucinations and was alert with good insights and precise orientation to person time and place. She was seeking medical attention because she had suicidal thoughts. The patient denied having such suicidal thoughts the next day. The patient exhibited serious suicide potential based on suicide risk assessment model having met five out of the seven in the suicide risk matrix.

The patient had a history of depression from the age of sixteen. She developed post-natal depression after giving birth to her daughter. The Patient was put on medication with Effexor; she complained that the drug made her erratic to the point of trying to kill the father of her daughter. The drug Effexor whose purpose was to manage depression had side effects that worsened her condition.

The patient's child patient is in the custody of her partner. She has been unable to see her child because of the current condition. The lack of access to her daughter may have contributed to her depression. The access to her child should have been facilitated to ensure that the patients overall emotional needs are addressed. The patient was exposed to trauma as a child witnessing extreme amounts of domestic violence when growing up. The father was an alcoholic who physically abused the patient's mother. The parents divorced when she was 12 years old. She took the role of protecting younger sibling and is fearful and anxious. Her current struggles started after meeting with her father. The patient wanted to move on by closing the chapter of life. However, the meeting triggered all the bad memories and leading to her current state. The patient had little support from family and the hospital leading to her resignation from her job. She eventually had to settle for less lucrative jobs to survive further denting her self-esteem. The lack of proper support system including her partner giving up on her. She began experiencing difficulty in sleeping and eating resulting in loss of 7kg of weight. Her partner had lost his patience threatened to leave. The threats to leave the partner overwhelmed the patient. On seeking treatment, the patient was given sertraline 100mg medication. The drug seems to have little impact on the patient since she finally attempted suicide by use of paracetamol and

prednisolone tablets. The therapy provided to the patient did not meet her personal needs resulting in the suicide attempt

The patient could be seen to have post-traumatic stress disorder (PTSD) that may have been managed better if the treatment focused on the needs of the patient. PTSD is a type of functional disorder causing the brain to function abnormally even when there is no structural brain damage evidence. PTSD is as a result of psychological trauma and stress on the brain. It is characterized by flashbacks, nightmares avoidance and emotional numbing (Foa et al. 2009).The condition affected. PTSD memories evoke emotional and physical intensity as if it was experienced again and the traumatic experience does not fade with time. The outcome of the patient would have been different if the personalized care had been more robust.

The treatment of PTSD aims at reducing the frequency and severity of the clinical symptoms of PTSD. Suicidal patients should have been contained in the hospital setting. The clinical focus of both the PTSD and suicidal thoughts required a more structured approach. In patients with chemical abuse, the chemical dependence complicates treatment and should be addressed first before treatment of PTSD (Wilson et al., 2012). The patient is seen to be addicted to tobacco, and these should have been contained to increase treatment outcomes.

Patient-centered treatment of PTSD can be by several ways such as psychotherapy, Electroconvulsive treatment, clinical hypnosis and family therapy. The patient has shown willingness to participate in treatment as reported by the psychiatrist. Psychotherapy aims at increasing communication between the patient and the psychotherapist. Psychotherapy enable the therapist fully understand the issues affecting the patient from family history to current feeling that give the doctor the ability to diagnose and treat illness. Medication is also used manage adverse depression. In the case of the patient, the drug Effexor seems to have adverse side effects that threatened the safety of the family and people around her. Medication should be carefully given to avoid adverse side effects. The patient was given 30mg of mirtazapine 30mg that improved her sleep patterns. Family therapy should have been introduced early to allow the family to be trained to recognize and manage depression by providing emotional and social support. The patient family members should have been made aware of the condition the patient was going through and advised on the best support measures that would increase the patient's recovery outcomes (Foa et al., 2009). The use of other creative techniques that may have been considered in the patient is the use of art that enables self-expression thus treating depression. The treatment of PTSD will involve the gaining of trust from patients.

The case of severe depression as outlined in the case study may necessitate the use of electroconvulsive therapy (ECT) to manage depression. ECT uses electric currents to cause seizures that affect brain biochemistry. The altered brain biochemistry reverses the effects of severe depression. Studies have shown that ECT therapy is effective in managing depressive disorders (Prudic et al. 2006). ECT is a last resort and has consent by the patient. The success rate of treatment depression was 51.5% after ECT treatment. ECT is twice as effective when compared to other treatment precools. (Daly et al. 2001). The patient was satisfied that the hospital was taking her concerns seriously. The consideration of the patient's interest means that the hospital had embraced more patient-centered care approach. The goal of the treatment must involve the assurance of the patient that their welfare is at the heart of the therapy outcome. The nature of PTSD means that treatment plans must ensure that patients are assured of the presence

of their preferred therapists for them to gain trust with the PTSD management protocol (Wilson et al., 2012).

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