**Assessing and Planning Mental Health Nursing Care**

Name

Institution Affiliation

Course

Instructor

Date

**Introduction**

In this task, I will conduct a comprehensive analysis of care for a patient named Alex, who was diagnosed with major depressive disorder (MDD). Looking at my engagement with Alex and his care in a psychiatric unit allows me to critically evaluate the assessment processes as well as develop further recommendations for subsequent stages. The scope will be limited to a single feature of Alex's care, mainly the initial evaluation and its contribution to designing an individualized comprehensive treatment plan that meets his needs. This examination intends to put apart the layers associated with the assessment of mental health conditions, especially depressive disorders, and how assessments directly speak in terms of treatment formulation through evidence-based practices. In addition to this, Alex's assessment tools and methods are also critically examined so that the assignment can highlight how some patient-related details should be considered while partaking in treatment sets, even those broadly established through evidence-based approaches. The long-term goal of this analysis is to learn about the intersections between assessment findings and care planning and provide insights on how these processes can be improved to better serve people with mental health disorders. Future practice advice will be based on current research and reflections on my contribution to Alex's nursing care, aiming at whenever mental health nurses are undergoing further development.

**Description of care situation**

**Context**

In a psychiatric unit, I had the immense privilege of providing care to "Alex," an individual aged 35 years who was struggling with major depressive disorder (MDD). Alex's referral to our unit came back from a general practitioner (GP) who had realized the understanding of his condition—it being an eminent depression that has increased gradually over time. His symptoms were extraordinarily severe, with the persistence of the depression, general social withdrawal from previously enjoyed activities, and recurrence of suicidal thoughts leading to safety concerns.

After his admission, it became apparent that the immediate challenges we sought to address were not only threats to Alex's physical well-being but also the intricacies of mental, emotional, and social health. In one of the initial phases of caring for Alex, an elaborate assessment process was carried out to gain a comprehensive representation of his health status. This evaluation was multilayered, the 'objective' and 'subjective,' piecing together an overall view of his state.

**The Setting and Rationale for Care**

The setting is a specialized psychiatric unit within the hospital system as such can be viewed as an exclusively dedicated place for people suffering from acute mental health emergencies (Bakken & Hoidal, 2019). The need for an intensive, multidisciplinary approach to treatment outlined Alex's admission here and the determinate by his severe depression-included suicidal risk. The resources available for the unit, access to psychiatrists who accessed psychiatric nurses, and therapeutic programs were also suitable backgrounds within which Alex's recovery journey unfolded.

**The Assessment Process**

The core component of our strategy was a comprehensive psychoanalytical assessment (Guénaël et al., 2019), which, in my view and I hope on behalf of most members of this course, is an unavoidable step to constructing appropriate treatment. The process started when Alex gave a detailed interview where he mentioned the incidents that his experiences brought from him, his symptoms, and their impact on everyday life. His narrative revealed a tapestry of challenges: he had a deep sense of despair, insomnia, low appetite, and carelessness that ultimately killed his desire to live. To measure the levels of Alex's depressive symptoms and to establish an early baseline for monitoring his treatment progress, we used the – Hamilton Depression Rating Scale (HDRS) (Renemane & Vrublevska, 2021). Alex's HDRS score was severely depressed, in tandem with the clinical picture we were gradually forming.

**Understanding Alex's Needs**

The assessment shed light on several short and long-term needs. Primarily, he handled the management of suicidal Ideation, demanding permanent watch and installation of preventive measures that would protect him. Non-urgently, however, was the need to deal with his deep-level mood disturbances, sleep pattern anomalies, and rebuilding of relationships that were gravely compromised as a result of isolation from life.

Our ontological study went further than the symptoms; we probed into Alex's personal development, discovering how other factors had contributed to his current situation. We learned of recent upheavals in his life: the loss of a job, the termination or cessation of such a vital relation, and the lack of economic instruments. These were crucial insights because they did not only shape our understanding of his state but also the goals and directions of care planning, highlighting an interdisciplinary approach.

**Navigating the Care Process**

The care plan development for Alex arose from multidisciplinary contributions from psychiatrists, mental health nurses, occupational therapists, and himself. At the center of our planning were his needs- guided by the principle that we first address life-threatening concerns and then systematically follow with each next issue at hand, from mood and sleep disruption to reintegration into the community.

As we sketched Alex's route to healing, the functions of medication, psychotherapy, and support services became apparent. To control his biochemical imbalances, he was prescribed antidepressants; cognitive-behavioral therapy (CBT) has been considered the primary intervention for dealing with the patient's negative thinking. Further, we firmly focused on the need to create an influential community, both within the hospital and outside it, to sustain his progress after discharge.

**Summary of Assessment and Formulation**

The multidimensional assessment of Alex, a thirty-five-year-old with the diagnosis of major depressive disorder, revealed several vital areas demanding focused intervention. The HDRS was crucial in quantifying the symptom severity as Alex scored 20, reflecting a severe decline score (Renemane & Vrublevska, 2021). Combined with a thorough interview, this objective measure provided an adept perception of his psychological state, reflecting dominant characteristics like widespread despondency, general decline awareness (disinterest in almost everything), a considerable loss of weight involving depleted activation level, and recurrent suicidal thoughts.

These results called for immediate attention to Alex's suicidal Ideation and safety, which became an initial focus of care. The lost social support system and the case evidenced by his little relationship outside the workplace, as well as his detachment from family, were cited to be one of the factors that contributed to aggravating his mental health. In addition, anxiety in connection with his job status became a significant stressor, increasing his depressive symptoms.

Alex's care plan was developed with an interdisciplinary approach by consulting psychiatrists, psychologists, and occupational therapists to guarantee a broader scope. The following diagram illustrates the key components of Alex's care formulation: It is suspected that any enforcement action should constitute a computer not in use.

1. Depressive Symptoms- Introduction of a pharmacological treatment using an SSRI (Selective Serotonin Reuptake Inhibitor) accompanied by CBT intervention to deal with depressive thoughts.
2. Suicidal Ideation- close surveillance through daily evaluation and firm establishment of a safety plan characterized by emergency contact numbers as well as coping mechanisms for suicidal thoughts.
3. Social Support- Admitting to participate in group therapy sessions that would help build some form of support network and reconnect with family friends as a result of formalizing the relationship through mechanisms discussed during various family therapy sessions.
4. Employment Anxiety- Consult an occupational therapist to identify ways of coping with stress and job demands and discuss future employment that helps Alex's psychological well-being.

This care plan formulation was person-centered; Alex's circumstances and preferences were considered. Talks involving Alex and, at times, his family were pivotal to personalizing interventions that resonated with what he treasured most. This collective process not only guaranteed the adequacy of this care plan but also developed an ability for Alex to empower himself in his recovery path.

**Note: Please note that "Alex" is a pseudonym used to maintain confidentiality and protect the privacy of the actual patient.**

**References**

Bakken, T. L., & Hoidal, S. H. (2019). Specialized psychiatric services: patient characteristics, referral practice and length of stay in a representative clinical sample 2010–2016. *International Journal of Development Disabilities*, 65(4): 277–284. doi: 10.1080/20473869.2018.1438961.

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Renemane, L., & Vrublevska, J. (2021). Hamilton depression rating scale: Uses and applications. *The Neuroscience of Depression*, 175-183. https://doi.org/10.1016/B978-0-12-817933-8.00019-0.