

Nursing Assessment of Mental Health

By

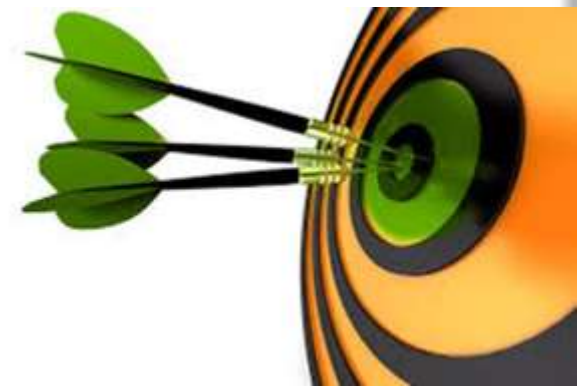
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Students Learning Outcomes

At the end of this presentation, learners will be able to:

- ✓ Identify the principles & the categories that are used to assess the mental health status of different clients.
- ✓ Formulate appropriate questions that lead to obtain enough information for each category to use as basis in developing care plan that fits a patient's needs.
- ✓ Describe the physical impairments that are common among clients with mental disorders.
- ✓ Demonstrate appropriate mental health assessments



How do you know if an individual
has a mental illness
or
is just a response to life stressors
?????????



Introduction

Factors Influencing Assessment

- 1. *Client's Participation & Health Status:*** Unwilling to participate or unable to comprehend the question being asked.
- 2. *Client's previous Experiences and Attitudes about Health Care:***
- 3. *Client's Ability to Understand:*** Client's ability to hear, read, and understand the language being used in the assessment.
- 4. *Nurse's Attitude and Approach:*** Accepting, non-defensive, and nonjudgmental.

Content of the Psychiatric Nursing Assessment

Biopsychosocial History

- *Identifying Client's Information:* Demographic data
- *Chief Complaint:* The current reason of contact or seeking mental health services. (e.g. *what brings you here today?*)
- *History of Present Illness:* Client's symptoms including (onset of symptoms, duration, and symptoms stability).
- *Psychiatric History:* Past psychiatric illnesses.

Biopsychosocial History Cont.

➤ ***History of Alcohol & Substance Abuse:***

- Method of use: Oral, injection, and/ or inhalation.
- Amount and frequency of using alcohol or substances.

➤ ***Medical & Drug History:*** Illnesses, injuries, & treatment received & allergies.

➤ ***Family History:***

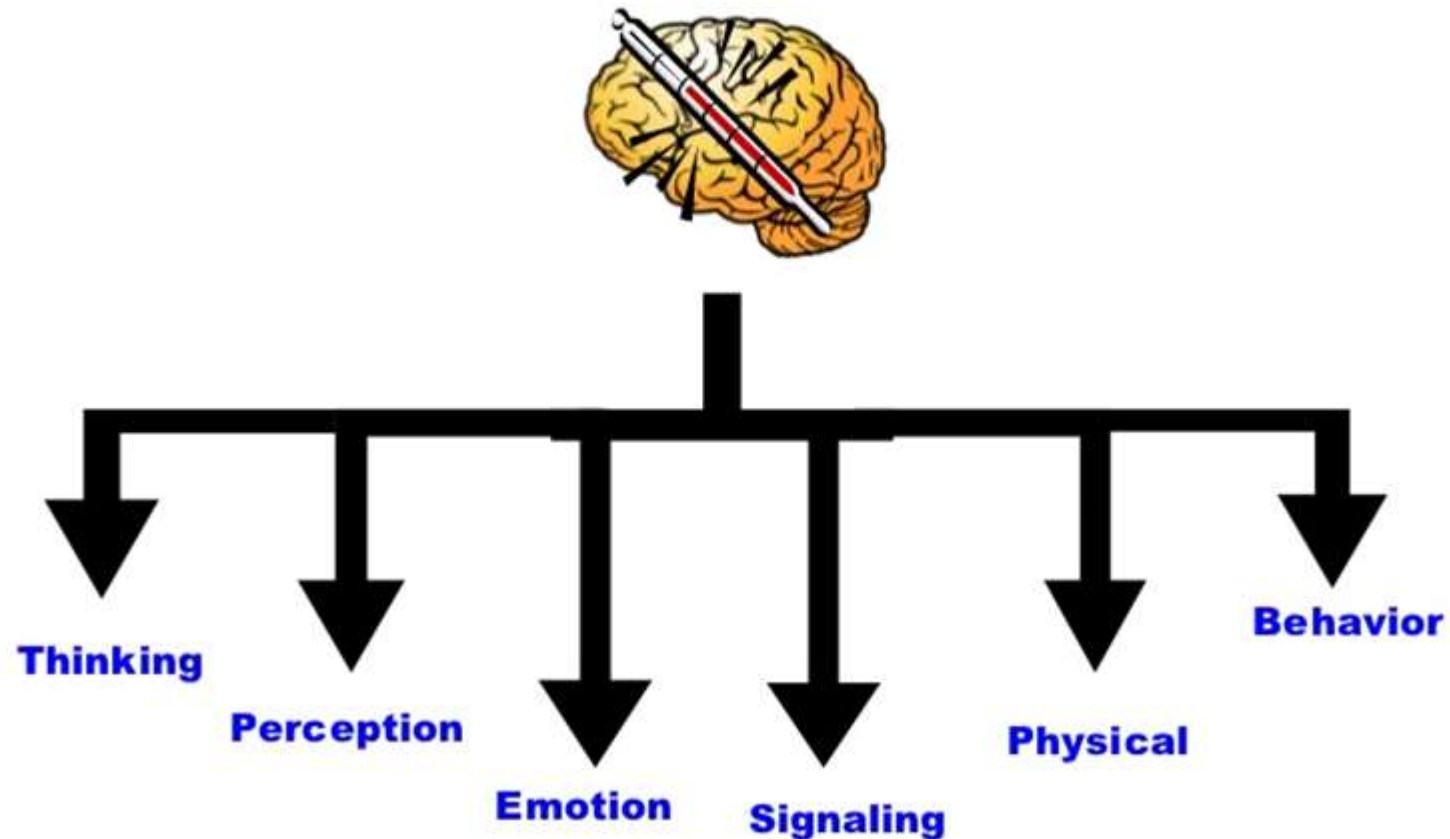
➤ ***Developmental History:*** Infancy, childhood, and adolescent stages.

Biopsychosocial History Cont.

- ***Social History:*** Ability to make appropriate social relationships and accomplish social responsibilities
- ***Educational and Professional/Occupational History:*** Past and present levels of accomplishment and function in both work and school.

Mental Status Exam

When the brain is **not working properly**,
one or more of its **6 functions** will be disrupted



Content of the Psychiatric Nursing Assessment

Mental Status Exam

➤ *General Appearance and Behavior:* Posture, dress, hygiene, grooming, eye contact, facial expression, abnormal tics, and tremors.

➤ *Mood and Affect*



Mood: Internal emotional state(emotional expression). Happy, sad, fearful, depressed, angry, anxious, or frightened.

Affect: Visible emotions (display emotions). Blunted affect, broad affect, flat affect, or inappropriate affect.

Mental Status Exam Cont.

➤ *Thought Process and Content :*



Thought Process refers to how the client thinks.

Thought content refers to what the client actually says



Mental Status Exam Cont.

➤ ***Thought Abnormalities :***

- ❖ ***Circumstantial thinking:*** Answering a question after giving excessive unnecessary details.
- ❖ ***Delusion:*** A fixed false belief not based in reality
- ❖ ***Flight of ideas:*** excessive amount of speech with unrelated ideas
- ❖ ***Ideas of reference:*** Inaccurate interpretation general events (directs events to him/herself).
- ❖ ***Loose associations:*** Jumping from one idea to another

Mental Status Exam Cont.

➤ ***Thought Abnormalities :***

- ❖ ***Tangential thinking:*** Wandering off the topic and never answering a question or providing the requested information.
- ❖ ***Thought blocking:*** Stopping in the middle of the sentence and unable to continue the idea.
- ❖ ***Thought broadcasting:*** A false belief that others can hear or know what he/she is thinking.
- ❖ ***Thought insertion:*** A false belief that others are putting ideas into his/her head.

Mental Status Exam Cont.

➤ ***Thought Abnormalities :***

- ❖ ***Thought withdrawal:*** a false belief that others are taking his/her thoughts away and the client is powerless to stop it.
- ❖ ***Word salad:*** Flow of unconnected words that have no meaning to the listener.

Mental Status Exam Cont.

➤ *Assessing suicidal thought and harm toward others:*

❖ *Questions to assess self harm.*

“Do you have thoughts of suicide?” or

“What thoughts of suicide have you had?”

❖ *Questions to assess harm toward others.*

What thoughts have you had about hurting (person’s name)?

What is your plan?

What do you want to do to (person’s name)?



Mental Status Exam Cont.

➤ *Suicide Assessment Questions*

Ideation: “Are you thinking about killing yourself?”

Plan: “Do you have a plan to kill yourself?”

Method: “How do you plan to kill yourself?”

Access: “How would you carry out this plan? Do you have access to the means to carry out the plan?”

Where: “Where would you kill yourself?”

When: “When do you plan to kill yourself?”

Timing: “What day or time of day do you plan to kill yourself?”

Mental Status Exam Cont.

➤ ***Speech*** : Rate, tone, mount, and volume



Speech Abnormalities :

- ***Echolalia*** (repetition of the interviewer words)
- ***Perseveration*** (repetition of the same words)
- ***Aphasia*** (difficulty of producing speech)
- ***Poverty of Speech/Alogia*** (hesitant speech using brief answer or words)



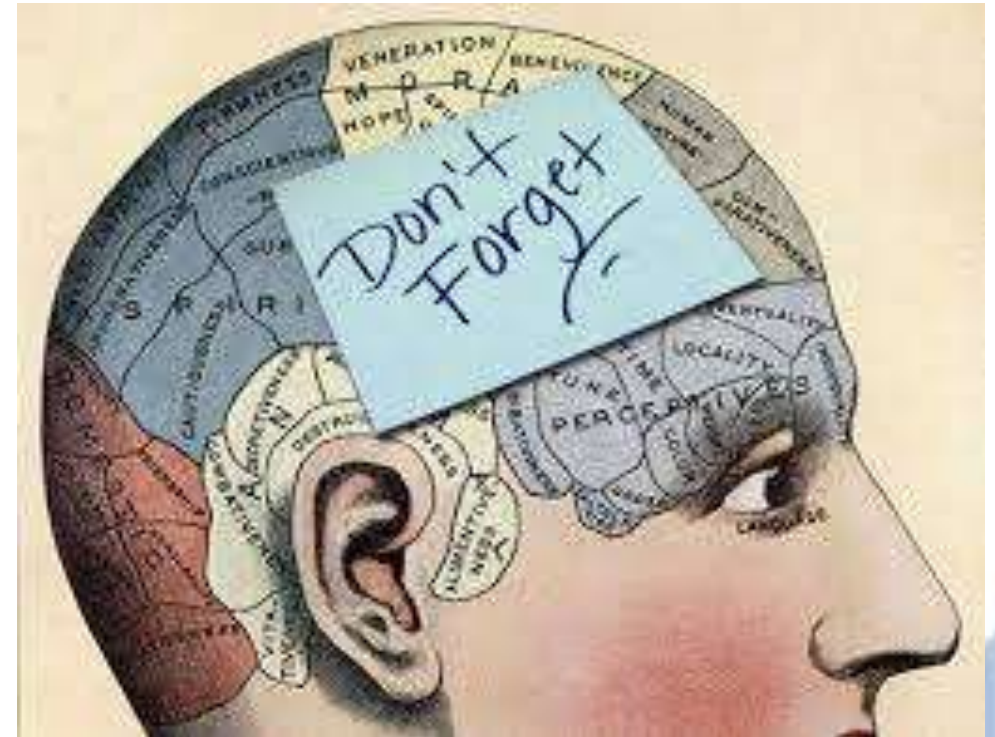
Mental Status Exam Cont.

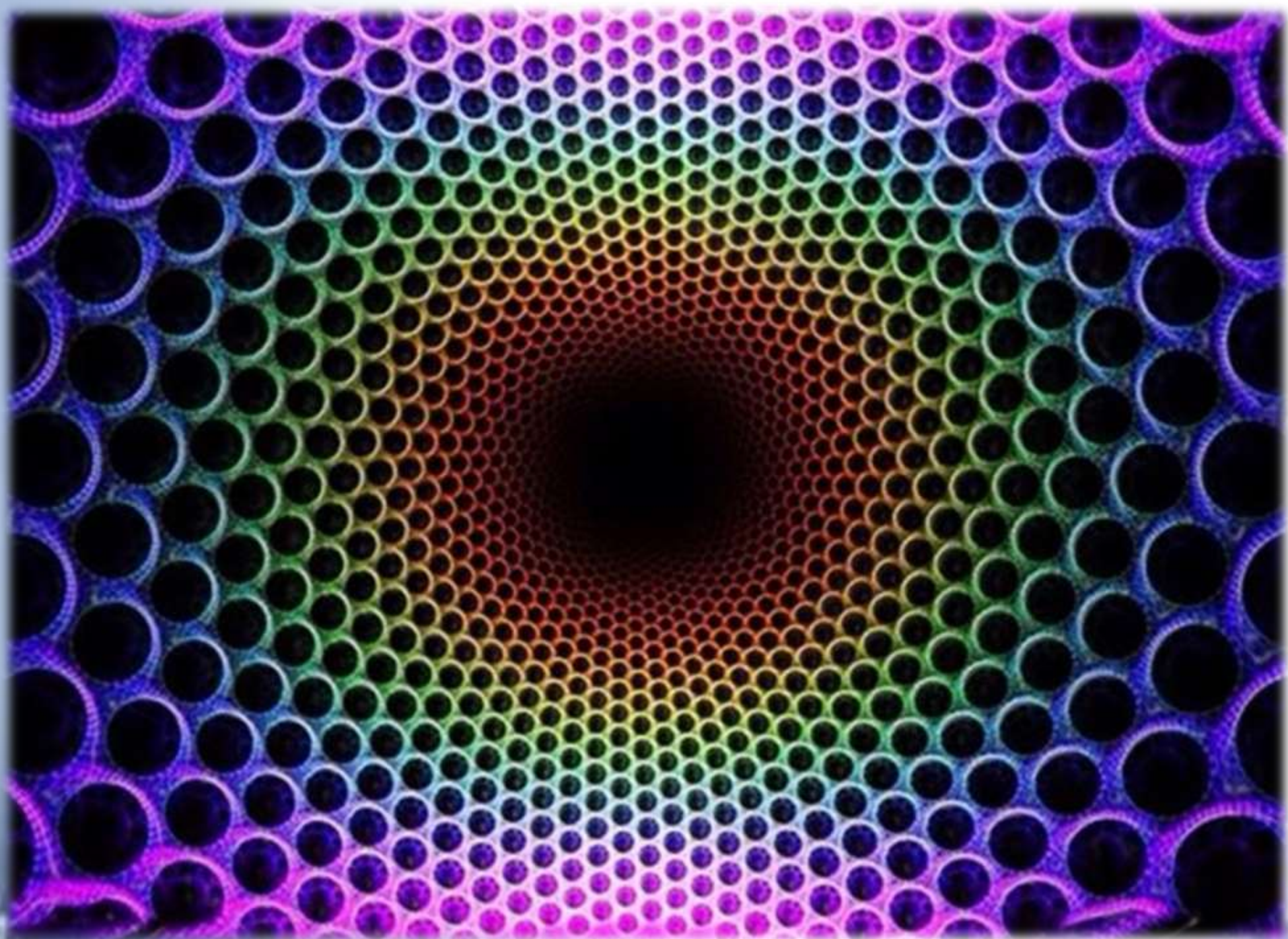
➤ *Memory* : Recent and remote memory



Questions to assess a client's memory:

- What is the name of the current president?
- Who was the president before that?
- In what county do you live?
- What is the capital of your country?
- What is your phone number?





Mental Status Exam Cont.

➤ ***Concentration & Orientation:*** Oriented to person, place, and time

➤ ***Perception :***

♠ **Illusions:** Misinterpretation of a true stimuli.

♠ **Hallucinations:** Sensations experienced without true stimuli. It involves the five senses; however (Auditory and visual) hallucination are the most common.

