

## Mental Health Case Study Assignment

For this project, you will choose a patient who has been diagnosed with a mental disorder that will require lifelong care and conduct an assessment based on the patient's current symptoms and the psychosocial interventions he receives. Patients' coping strategies, stress, medication compliance, and family interventions will all be taken into account as part of the assessment process. Authors are expected to discover interventions that are designed to aid the patient's recovery as well. The patient's care will be assessed using the Gibbs (1988) Model of Reflection referenced in Burns and Bulman (2000).

The patient will be assigned a pseudonym of John in order to maintain confidentiality and ensure anonymity in accordance with the Nursing and Midwifery Council (NMC) Code of Professional Conduct (2008). John, a 40-year-old African-Caribbean guy living on his own in the neighbourhood, is an example of this. In John's case, the audio hallucinations that he has describe his actions and thoughts in a hostile and upsetting manner. He is more likely to experience this in public settings and at shops. While he's alone and inactive at home in the evening and at night, he claims to hear these voices. As a result of these encounters, he is afraid and enraged.

In addition, John has the impression that others can read his thoughts, and this is especially true of a group of local youths that he believes are trying to get him. A support worker comes to him every week for six hours to assist him maintain his mental health and independence, as it is the organization's concept to help patients work toward a "average" existence. Due to his persistent delusions, John is diagnosed with paranoid schizophrenia, which is often accompanied by hearing voices and distorted perceptions (The Diagnostic and Statistical Manual IV, 1994). Two or more of the following must be present over a significant amount of time over a month in order to be diagnosed with schizophrenia, according to the DSM IV, of Mental Health. For eight months, John was confined to a psychiatric facility. Many people suffer from Schizophrenia, a debilitating mental illness that causes sufferers to hear voices in their thoughts and believe in irrational ideas. After John was discharged from the hospital, he was given the opportunity to live on his own in the community with the support he desires.

To my surprise, it became clear that John suffered from anxiety and depression. These symptoms are typically neglected or seen as less essential than the positive and negative symptoms, according to Davis et al. (2007), yet anxiety plays a significant role in developing and maintaining dysfunction in schizophrenia. John does not appear to be suffering any signs of schizophrenia at this time, but he does communicate his poor mood and worry as daily challenges he must overcome. Although the medications he takes to treat his anxiety and low mood are being examined to establish the right therapeutic dose he requires, the symptoms he has do not appear to be alleviated. He suffers from low self-esteem and lack of ambition, which makes it difficult for him to enjoy the local community's advantages.

Complete evaluation to determine John's mental health requirements, including examinations for his anxiety and low mood, where he can be assisted to develop coping skills that may help him in his everyday activities and participation in activities. To ensure that all data and interventions are current and up-to-date, a continuing assessment procedure is necessary. After a thorough and accurate assessment, the rest of the nursing process can be implemented, including planning, implementation, and evaluation. Krawiecka, Goldberg and

Vanghu (KGV) assessments and one-on-one sessions with John and his primary carer were used to implement John's care plan.

Moderate levels of anxiety and depression have been detected by the screening techniques. I believe that John's urgent requirements in relation to these concerns have been taken care of by personnel and his mother's involvement in his care (carer). A lack of knowledge, skill, or judgement on the part of John's caregiver may explain his pessimistic outlook toward his diagnosis (Duffin, 2003). As long as his caregivers were doing their jobs well, this wasn't a problem for John's life-long health care. They empowered him and gave him choices that were well-informed (Department of Health, 2006). The initial episode of psychosis has a profound effect on the sufferer's family and caregivers (Reed, 2008). It is common for families to be concerned about their loved one's behaviour and what the future holds for them and their loved ones.

In the author's view, the family, its members, and others' perceptions of John and the family as a whole were a source of misery and stigmatisation for him and his family. The family bears the brunt of the caregiving responsibilities, which can lead to increased levels of anxiety and stress as they grapple with their own experiences of mental illness). There are times when a family may struggle to deal with the guilt of not recognising their loved one's anguish earlier, as well as the financial constraints of the sickness itself. Patterson (2005) hypothesises that families often perceive the patient as displaying odd behaviours deliberately, and thus become less empathetic, and feel that they have less control over the situation, due to the stigma of mental illness.

An important aspect of service effectiveness in my chosen patient was that of author-patient-caregiver interaction (DoH, 2001a) and that active family collaboration is required rather than an optional additional when caring for people with long-term mental health issues (DoH, 2001b). Because of the author's kind of support, support, and service that they received, John and his carer were satisfied.

## References

- Burns, S. and Bulman, C. (2000) Reflective Practice in Nursing: The growth of the Professional Practitioner. 2nd ed., Oxford: Blackwell Science
- Davis, L.W., Strasburger, A.M. and Brown, L.F. (2007) 'Mindfulness: An Intervention for Anxiety in Schizophrenia', Journal of Psychological Nursing & Mental Health Services, 45(11), pp. 23-30
- Department of Health (2006) Essence of Care: Benchmarks for Promoting Health. London: The Office of Public Sector Information. London: DoH
- Duffin, C. (2003) 'Fair game?' Nursing Standard, 17(39), pp.12-13
- Nursing and Midwifery Council (2008) The NMC Code of Professional Conduct: Standards for Conduct, Performance and Ethic. London: Nursing and Midwifery Council
- Reed, S.I. (2008) First episode psychosis: A Literature review. International Journal of Mental Health Nursing. 17. pp. 85-91

