

## Psychiatric nursing assessment

### Introduction

Typically coupled with a mental status examination, a psychiatric nursing assessment is the scientific process of identifying a patient's psychosocial problems, strengths, and concerns regarding psychological stability. In addition to serving as the basis for treating psychiatric patients, the psychiatric nursing assessment has broad clinical applications because a patient's psychological problems can have an impact on his overall health.

Information obtained during a psychiatric nursing assessment helps to formulate a patient-specific care plan and assists with evaluating treatment and establishing effective care. Assessment parameters include:

1. patient's history, including a history of physical and psychological illness, medication history, socioeconomic status, and family history
2. level of consciousness
3. posture and motor behavior
4. appearance
5. behavior, including self-destructive behavior
6. speech
7. mood and affect
8. intellectual performance
9. judgment and competence
10. insight and perception
11. coping mechanisms
12. thought content
13. sexual drive.

When conducting a psychiatric assessment, have clearly set goals in mind. The assessment interview isn't a random discussion. Your purpose is to obtain information from a patient, screen for abnormalities, or further investigate psychiatric conditions, such as depression, paranoia, or suicidal thoughts.

### Equipment

- Assessment form

### Implementation

1. Confirm the patient's identity using two patient identifiers according to your facility's policy.<sup>2</sup>
2. Choose a quiet, private setting. *Interruptions and distractions may threaten confidentiality and interfere with effective listening.* However, also choose a location

- with easy access to an exit *in case the patient's behavior becomes inappropriate or threatening.*
3. Sit a comfortable distance from the patient at an angle, and give him your undivided attention. *Sitting at an angle allows eye contact while appearing less threatening. The patient must feel comfortable enough to discuss his problems.*
  4. Introduce yourself, address the patient by his surname, and explain the purpose of the interview.
  5. Use statements that encourage verbalization by the patient. (See [Guidelines for an effective mental health interview.](#))
  6. Listen carefully to the patient and respond with sensitivity. Adopt a professional but friendly attitude, and maintain eye contact. *The patient needs to feel that you respect his privacy.*
  7. Use a calm, nonthreatening tone of voice. *Doing so encourages the patient to talk more openly.* Employ therapeutic communication techniques to assist with forming a trusting relationship. (See [Therapeutic communication techniques.](#))
  8. Don't rush through the interview. *Building a trusting, therapeutic relationship takes time.*
  9. Allow the patient to carry the conversation; redirect him as necessary.
  10. Pay attention to unspoken signals. Throughout the interview, listen carefully for indications of anxiety or distress. Note coping mechanisms that the patient may be using. You may find important clues about his mental status in the patient's method of self-expression and in the subjects he avoids.
  11. Document your findings on the appropriate form.<sup>3</sup>

#### GUIDELINES FOR AN EFFECTIVE MENTAL HEALTH INTERVIEW

Following these guidelines during your interview can help promote verbalization by the patient.

1. Begin the interview with a broad, empathetic statement: "You look distressed; tell me what's bothering you today."
2. Explore normal behaviors before discussing abnormal behaviors: "What do you think has enabled you to cope with the pressures of your job?"
3. Phrase inquiries sensitively to lessen the patient's anxiety: "Things were going well at home and then you became depressed. Tell me about that."
4. Ask the patient to clarify vague statements: "Explain to me what you mean when you say, 'They're all after me.'"
5. Help the patient who rambles to focus on his most pressing problem: "You've talked about several problems. Which one bothers you the most?"
6. Interrupt nonstop talkers as tactfully as possible. Use such a statement as, "Thank you for your comments. Now let's move on."
7. Express empathy toward tearful, silent, or confused patients who have trouble describing their problem: "I realize that it's difficult for you to talk about this."

THERAPEUTIC COMMUNICATION TECHNIQUES	
Technique	Definition
1. <b>Offering self</b>	Making self available to listen to the patient
2. <b>Open-ended questions</b>	Asking neutral questions that encourage the patient to express concerns
3. <b>Opening remarks</b>	Using general statements based on observations and assessments about the patient
4. <b>Restatement</b>	Repeating to the patient the main content of his or her communication
5. <b>Reflection</b>	Identifying the main emotional themes contained in a communication and directing these back to the patient
6. <b>Focusing</b>	Asking goal-directed questions to help the patient focus on key concerns
7. <b>Encouraging elaboration</b>	Helping the patient to describe more fully the concerns or problems under discussion
8. <b>Seeking clarification</b>	Helping the patient put into words unclear thoughts or ideas
9. <b>Giving information</b>	Sharing with the patient relevant information for his or her health care and well being
10. <b>Looking at alternatives</b>	Helping the patient see options and participate in the decision-making process related to his or her health care and well-being
11. <b>Silence</b>	Allowing for a pause in communication that permits the nurse and the patient time to think about what has taken place
12. <b>Summarizing</b>	Highlighting the important points of a conversation by condensing what was said
13. <b>Mirroring</b>	Repeating what the patient said word for word

### Special Considerations

- Keep in mind that a patient's background and values can affect how he responds to illness and adapts to care. Certain questions and behaviors considered acceptable in one culture may be inappropriate in another. When dealing with a patient from another culture, consult with an outside resource before drawing conclusions about his mental state.
- Communication barriers, such as language, speech impairment, and unwillingness to talk, need to be dealt with using tolerance and skill. An interpreter or visual and audio tools may be needed to conduct the interview successfully.

**Elder alert:** Age-related losses (such as the deaths of family members and friends, retirement, impaired vision and hearing, and decreased income, physical capabilities, and social contact) may take a toll on the mental functioning of elderly patients.

## Complications

A psychiatric patient may provoke an emotional response strong enough to interfere with your professional judgment and may pose a threat to establishing a therapeutic relationship, disrupt your objectivity, or cause you to avoid or reject the patient. In such situations, attempt to redirect the conversation. If necessary, remove yourself from the situation and seek assistance from another professional.

If the patient doesn't feel comfortable in the interview, angry or withdrawn behavior may occur, impairing an effective assessment.

## Documentation

Document assessment information on the facility assessment form, if available. Provide additional information as necessary in a nursing note. Formulate and then document an interdisciplinary care plan that identifies goals and interventions specific to the patient's needs.

## References

1. American Psychiatric Nurses Association and American Nurses Association. *Scope and Standards of Psychiatric Mental Health Nursing Practice*. Silver Spring, Md.: American Psychiatric Nurses Association and American Nurses Association, 2007.
2. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard NPSG.01.01.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
3. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, Ill.: The Joint Commission, 2010.
4. Mohr, W.K. *Psychiatric-Mental Health Nursing: Evidence-Based Concepts, Skills, and Practices*, 7th ed. Philadelphia: Lippincott Williams & Wilkins, 2008.
5. Rice, M. "Evidence-Based Practice in Psychiatric and Mental Health Nursing: Qualitative Meta-Synthesis," *Journal of the American Psychiatric Nurses Association* 14(5):382-85, October, 2008.
6. Townsend, M. *Psychiatric Mental Health Nursing Concepts of Care in Evidence-Based Practice*, 6th ed. Philadelphia: F.A. Davis, 2008.

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4. Introduce yourself, address the patient by his surname, and explain the purpose of the interview.
5. Use statements that encourage verbalization by the patient.
6. Listen carefully to the patient and respond with sensitivity.
7. Use a calm, nonthreatening tone of voice and employ therapeutic communication techniques.
8. Allow the patient to carry the conversation; redirect him as necessary.
9. Watch and listen for unspoken signals, indications of anxiety or distress, and coping mechanisms.
10. Document your findings.