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.

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.

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


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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.