

Mental health report

Psychology



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Mental Health Report The client is a 26 years old Marine after going through two deployments in both Iraq and Afghanistan. He is undergoing PTSD with other mental health disorders, especially long standing depression. During his last deployment the client was involved in a roadside bomb explosion, and consequently suffered severe burns, massive TBI, as well as injuries in his feet. In addition, he suffers from STM loss along with balance issue and forgetful absence of social interactions.

Based on mental health diagnosis studies of Iraq and Afghanistan war veterans, nearly 106, 726 of them had mental health diagnosis with around 21. 8% of them being diagnosed with mental health disorder referred to as PTSD, while 17. 4% of them having depression (Seal and et tal, 1651). Such prevalence rates have increased from 4- 7 times with most having difficulty in readjusting coupled with drug and alcohol abuse (Seal and et tal, 1652). The client has high levels of stress, anxiety and depression. His rate of posttraumatic stress plus suicidal ideation is significantly higher particularly on his family and finances. The client deployment to combat operations especially the witnessing of atrocities, has increased his psychiatric disorders, mainly anxiety disorder, panic disorder, adjustment disorder, alcohol abuse, and family conflict.

The main trend in mental health OT which affects him is depression, coupled with guilt and aggression. The client experiences emotional shutdown and isolation, and he frequently experiences hitches re-integrating with his family, such as running errands or attending to his children social life. This isolation from family makes him to undergo marital problems and anxiety when in public. Furthermore, he constantly re-experiences avoidance hyper-arousal, which impacts his sensory processing, cognition, as well as his

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emotional regulation capabilities.

The aspects that makes him to be a consumer of OT mental services includes his lack of an independent living based on community resources, role development under family management, stress management, a vocational interest with pursuits, as well as time management . This is due to his weakness in occupation, involvement and partnership. Hence, occupational therapists will facilitate his wellness and rehabilitation. The services entail functional evaluation, plus continuing monitoring of placement in jobs or housing (Creek and Lougher, 275).

The Psychiatric Rehabilitation Process Model is a psych model, which is based on guiding the interaction between the client and the practitioner, through manual driven but client-centered initiative will help to build his positive social relationships (Tyrer and Steinberg, 39). At the same time, this will build his self-determination in terms of his goals, while connecting him to necessary human service supports, along with direct skills training, so as to maximize independence. This can be implemented in various mental health settings, such as drop-in centers, intensive day programs and residential program. Cognitive enhancement model as a cognitive rehabilitation program, will offer him cognitive training, which will enhance his impairments linked to neurocognition, such as poor memory, lack of problem-solving capabilities. Moreover, this model deal with his social cognition shortcomings like lack of standpoint taking, forethought, and social adjustment especially vocational and family functioning which typify his mental state (Tyrer and Steinberg, 67).

One of the OT model that go with the above psych models include Client-Centered Frame of Reference, as this will help in the provision of the client

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access to activities like self-care, employment activities, life-style activities, and social activities. Secondly, Person Environment Occupation Performance will facilitate his environmental adaptation like influencing his physical and institutional environments, so as to help him in occupational performance (Creek and Lougher, 240).

Group therapy involving his family in form of psycho-educational program will be the most helpful, since it entails dealing conclusively with anxiety management, rage management, and assertion skills, with referrals from a vocational counselor, psychiatrist and a psychologist.

Works Cited

Creek, Jennifer and Lesley Lougher. Occupational Therapy and Mental Health. Elsevier Health Sciences, 2008.

Seal, Karen H and et al. " Trends and risk factors for mental health diagnoses among Iraq and Afghanistan veterans using Department of Veterans Affairs health care, 2002-2008." Am J Public Health 99. 9 (2009): 1651-1658.

Tyrer, Peter and Derek Steinberg. Models for Mental Disorder. New York: John Wiley & Sons, 2005.