

Care plan and interventions for suicidal patient



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This essay will explore the effectiveness of the care delivered to one of the author's service users whilst on clinical placement. This essay will demonstrate how the author developed therapeutic relationships through the use of appropriate communication and interpersonal skills in order to achieve this. Furthermore this essay will look at the formulation and documentation of the service user's care plan involving the service user's family and carers within a framework of informed consent. This essay will also evaluate and document the outcomes of nursing and other interventions. This essay will finally discuss the opportunities utilised and created to promote the health and well-being patients.

In line with the codes of conduct for the Nursing and Midwifery Council (NMC, 2010), the author has sought and received voluntary and informed consent from the client whom the author will, for the purpose of confidentiality, be referred to under the pseudonym Alice Azonto. Further to this, all names and locations will be referred to under pseudonyms for the same purpose. The author will refer to Alice Azonto by her first name 'Alice' as is her preference.

Alice is a 47 year old woman who attempted to commit suicide having taken an overdose of paracetamol following the death of her husband. She was rushed to a local hospital for medical attention when found by her neighbour and a good friend Dona in a semi-conscious state. Alice collapsed in her kitchen floor with empty sachets of tablets beside her and a suicide note addressed to her only son John who lives in a nearby city.

It appeared that Alice has not been eating and drinking well. This resulted in weight lost and a chronic lung condition because of excessive smoking. It also appeared that Alice has been neglecting herself and there were signs she had made superficial cuts to her wrists.

Alice was diagnosed of depression and was detained under section 2 of the Mental Health Act (MHA, 2007) when she refused to be admitted voluntarily following an assessment. Hospital environment can be very stressful for clients when they first arrive on the ward. Nurses need to engage positively with clients to develop therapeutic relationship. Barker (2009, p. 36) argues that, therapeutic relationship empower clients to learn or cope more effectively with their environment.

The nurse commenced a therapeutic relationship with Alice by initially introducing himself and addressed her by her preferred name. Alice was listened to and reassured by the nurse without any immediate advice or diminishing his feelings. NMC (2010) recommends that patients must be treated as individuals and respect their dignity. Alice was offered a daily 1: 1 sessions with the nursing team which enabled staff identified his goals and wishes which were incorporated into his plan of care. Department of Health (DOH, 2006) asserts that 1: 1 sessions are therapeutic; they enable the service user to engage well with staff as it empowers them to express their feelings and thoughts.

A person-centred plan of care was devised in other to deliver effective care to promote Alice recovery. NICE (2009) recommends that treatment and care should take into account patients' needs and preferences. It further suggests

that people with depression should be given the opportunity to make informed decisions about their treatment and care together with their healthcare professional involved in their care. Different allied health professionals such as the psychiatrists, psychologists, GP, nurses, social workers, OT and other community care providers were involved Alice care because of the severity his complex mental and physical health needs.

DOH (2004) the ten essential shared capabilities recommend that professionals, patients, families and carers should work in partnership to provide quality care. Consent was sought from Alice whether she wanted his son John to be involved in her care. Gaining consent is a legal aspect of mental health nursing and it shows that patients are treated with respect (Diamond, 2008 p. 234). Alice and her son were fully involved in every aspect of the plan of care. CPA (2008) recommends that patients, families and carers should be involved in decision making in regard to their care plans. The author and the nursing team provided Alice with vital information to promote her choice and to enable Alice to make informed decisions. To make sure Alice's needs were still being met, the MTD reviewed her mental and physical health regularly and amended her plan of care accordingly with any significant changes. No Health without Mental Health (2011) affirmed that meeting service users other needs improves their quality of life and provides good well-being.

Alice was initially nursed within eyesight observation which was later reviewed to general observation due to the nature of her illness and presentation per (NICE, 2005) recommendation. Alice had prompts, reassurance and full support from the nursing team in maintaining her

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personal hygiene needs. Alice had regular appointments with her GP to monitor her chronic lung condition and was also provided with bereavement support and counselling. NHS (2012) recommends that bereavement support should be offered to patients, carers, and families if they lose a dear one as it has impact on their mental health and well-being. Alice was made aware of options of treatment available to her as guided by (NICE, 2009). Food and fluid intake chart was also put in place to monitor her dietary. Alice was provided with the available social support networks and with the support of an OT Alice engaged in purposeful activities to help lift her mood up and promote her independence.

New Horizons (2011, p. 136) suggests that occupational activities are therapeutic and they help patients to engage with staff and other patients on the ward and builds self-worth and confidence towards discharge. In addition to the antidepressant treatment, Alice also had the team psychologist inputs to help promote her prompt recovery. NICE (2009) recommends that, people with moderate or severe depression should be provided with a high-intensity psychological intervention i. e. Cognitive Behavioural Therapy (CBT) or Individual Personal Therapy (IPT) with a combination of antidepressant medication. Papageorgiou, C. et al. (2011) affirms that, one of the most widely known types of psychological therapy for depression is CBT, which combines both cognitive and behavioural techniques into an integrated whole. The nurse and the MDT have educated Alice on how to promote healthier lifestyles choices and provided Alice with information in the form of leaflets about her condition and range of information on smoking cessation so that she can make her own informed choice. Wrycraft (2009) argues that,

mental health promotion is an activity healthcare professionals carry out as part of their everyday practice in their roles and do not realise they are engaging in such activity. However at other times they actively seek information about health promotion activities

Staff facilitated these health promotions by strengthening the patients on the ward, they increased emotional resilience through 1:1 sessions and negotiating with the patients to promote her self-esteem and coping skills.

The MDT should review her plan of care depending on her progress.