nursing – SYDNEY REGION

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| **Student Number** |  | **Student Name** |  |
| **Unit code** | HLTENN009 | **Unit name and release number** | Implement and monitor care for a person with mental health conditions |

**Please note that TAFE NSW is required to retain copies of all completed assessments, where practical, for a minimum period of three (3) years (or in accordance with regulatory/licencing requirements) after the completion of a learner’s studies. Refer to procedure to determine the retention period required.**

| **Assessment Instructions** | **This is assessment event number 1 of 2 assessment events for this unit** |
| --- | --- |
| **Type of Assessment** | **Assessment 1** – Simulated clinical placement with short answer questions |
| **Instructions for Written Assessment and stress management plan** | 1. Students are required to answer questions related to caring for clients with mental health conditions. It is suggested that you visit the websites referenced in the student assessment guide to assist you to answer the questions  2. References – Use the APA style for referencing  3. Write your name on each page of this assessment task  4. **ALWAYS** keep a copy of your work  5. Assignments are to be submitted by the due date |
| **Submission instructions** | Fill in the assessment cover sheet with signed declaration and submit with your completed assessment task  Submit assessment with the following file naming convention **Surname.Firstname\_Group\_HLTENN009\_dd/mm/yyyy** |
| **What do I need to do to achieve a satisfactory result?** | All questions and reflections must be completed correctly to be deemed competent for this unit |
| **Due date/time allowed** | As per Assessment Timetable |
| **Assessment feedback, review or appeals** | Feedback must be provided to you no later than 10 days after all assessment activities have been conducted.  If you want a review of your results or if you have any concerns about your results, you can contact the teacher/assessor or your Head Teacher.  You have three weeks from the date you receive your results in which to make an appeal and/or request a review.  You should receive a response within 10 days of the receipt of the request.  Teachers and their Head Teacher will address any appeal in accordance. |

**ASSESSMENT COVER SHEET**

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| **Qualification:** | Diploma Nursing | |
| **Assessment Date/Submission date:** |  |  |

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| **STUDENT DECLARATION:**  This assignment is my original work and no part of it has been copied from any other source except where due acknowledgement is made.  No part of this assignment has been written for me by any other person except where such collaboration has been authorised by the assessor concerned.  I understand that plagiarism in the presentation of the work, idea or creation of another person as though it is your own. Plagiarism occurs when the origin of the material used is not appropriately cited. No part of this assignment is plagiarised. | |
| **Student Name:** |  |
| **Student ID:** |  |
| **Student Signature:** |  |
| **Date:** |  |

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| **Assessment Outcome:** | For UOC being assessed by multiple assessment activities, each activity will be reported as Satisfactory or Not Satisfactory  **🞏 [Satisfactory] 🞏 [Not Satisfactory] 🞏 [Resubmission]** | |
| For UOC being assessed for the final result it will be reported as AC (Competent) or NC (Not yet competent)  **🞏 [Competent] 🞏 [Not Yet Competent] 🞏 [Resubmission]** | |
| **Assessor Name/ Signature:** |  |  |
| **Date:** |  | |

**ASSIGNMENT EXTENSION REQUEST:**

A request must be made in writing to the head teacher prior to the assignment due date of submission with reasonable explanations concerning delay. If granted the late submission is limited to a maximum of one (1) week from the original submission date. No assignment will be accepted after the seven (7) day period. Non-submission of the assignment on the due date will result in failure of that unit.

**FEEDBACK:**

**ASSESSMENT TASK 1 – Simulated Mental Health client care setting**

Identify a client that meets the criteria for a Mental Health Related Illness from either your Simulated Mental Health client care setting or the workplace and answer the questions as applicable to your selected Case-Scenario or your client.

Satisfactory  Not Satisfactory

1. Identify Psychological aspects relevant to Mental health:

**Ans.** The Psychological aspects noticed in client are low self-esteem, irregular life, anxiety, depression, rage and loneliness. No control on life. She is also facing negative emotions and feelings. Also, she fears rejection and cares about the approval of other people.

Satisfactory  Not Satisfactory

2. Identify Cognitive aspects relevant to Mental Health

**Ans.** Thinking negative things about their body, food, weight. Overthinking about the body image. The patient wants to look perfect and she is not happy with her body. Catastrophizes that her weight is uncontrollable. She also labels that some of the foods make her gain more weight. She also hates herself for having no self-control. She thinks that everything she faces, is her fault and somehow, her mother is also involved. The cognitive aspects of the patient are labelling, Accusing, personalizing and unfavourable comparisons.

Satisfactory  Not Satisfactory

3. Identify how the staff will manage challenging behaviours including recognising triggers   
 and deflecting them, using active listening and observation skills, ensuring effective communication and seeking expert assistance

**Ans.** The eating patterns of the patient are observed. Moreover, also examine the number of time patient eliminates and also watched the sleeping pattern of the client. In addition, dietary restraint practices and exercise habits were also found out by asking the patient. Kept the behaviour calm and maintained quality relationship with the patient. Used different strategies to gain the trust and confidence of the patient. Moreover, the mood and feelings of the client were also assessed. Tried to clarify the misconception of the patient about herself. Emphasise on the importance of food and maintained the behavioural bond. Educated the patient about the disease and encouraged the client to learn more about the disorder. Tried to assess if there are any chances of suicidal thoughts or self-harm thoughts.

Satisfactory  Not Satisfactory

1. Describe common behaviours associated with the relevant mental health conditions, and the effect of behaviours on the person and others:

**Ans**. There are adverse physical and mental risks that are linked to eating disorder that is observed in the patient. It causes feelings of guiltiness, dishonour, lack of self-control and inaccurate body image. It further causes depression and anxiety in the patient. These behaviour cause mood swings and gloomy thoughts in a person. Also decreases the self-esteem of the person and he or she gets isolated. As a result, a person can cause harm to him or herself or other person. It can cause miscarriage or premature birth of pregnant patients. It can also cause other birth abnormalities in pregnant clients. In case of major problem, the behaviour of the patient can be as severe as death, suicidal thoughts and self-harm. There are chances of life threatening behaviour in patient.

Satisfactory  Not Satisfactory

1. Discuss the principles of recovery in the mental health context:

* national framework for recovery-orientated mental health services (Australian Government):
* principles of recovery-oriented practice
* evidence-based practice in the context of recovery

**Ans:** The Australian Government has designed a national framework for the recovery of the mental health patients from mental illnesses. This framework contains several approaches to deal several mental health issues faced by the people. The document contains recovery-oriented mental health practices based on a thorough research. Different rehabilitation and other services are defined under the framework to deal with the people who are experiencing the mental health problems. It has a wide range of consultation processes throughout Australia. It includes online surveys, written assignments and consultative platforms.

The recovery-oriented practice ensures that mental health care identifies and holds the opportunities for recovery and wellbeing of people who are facing mental health problems. Moreover, it increases the process of self-determination and management of the problem. Also, assists families in understanding the problems and chances take place from family history.

Using the less-expensive practices in therapy that help individuals in recovering from an illness by get special training or using the tools that were experienced before.

Satisfactory  Not Satisfactory

1. Describe the consumer and carer perspectives relevant and specific to Mental Health care:

**Ans:** According to the standard, the practitioners and service givers engage the consumers, carers and other responsible community members in preparation, provision, development, assessing and evaluation of services. The responsible professional should provide support and training wherever required. The active participation of interest groups and the patients would improve the efficiency of the health services. The involvement of clients and cares in treatment and care, evaluation, education and policy formulation can help to control the rate of mental illnesses in the country.

Satisfactory  Not Satisfactory

1. Highlight the effects of stigma attached to the Mental Health condition:

**Ans:** Some of the effects of stigma related to eating disorder can be hesitant to seek help or get the treatment. Moreover, the family members even unable to understand the patient. The work or social related opportunities decrease for the person. In addition, the patient can face harassment or physical violence. Social pressures can make the person feel bad him or herself.

Satisfactory  Not Satisfactory

1. Elaborate on the associated discrimination the client may be subjected to due to the Mental Health condition:

**Ans:** There are many examples from the society that people show negative attitude towards people who are having eating disorders. Body shamming is very common among the patients of Bulimia Nervosa. People underestimate the severity of mental health diseases. There are myths and incorrect information about the eating disorders or any other mental illness.

Satisfactory  Not Satisfactory

1. Identify the key features of the mental health legislation pertaining to your selected client with Mental Health condition:

|  |  |
| --- | --- |
|  | Key features of legislation |
| Objectives | To recognize and support the people with Mental disorders and help them deal with illness. |
| Involuntary Admission | There is a strict criterion under the legislation against the admission of the patient without his or her will. However, the client in the case study herself wants to get rid of the illness. |
| Consumer Rights | The consumer rights of the patient are ensured as per the law and her information is kept confidential. |
| Involuntary Review Processes | The patient will be reviewed for involuntary admission or involuntary treatment and the facility will be extended or ended according to the patient’s will. |
| Seclusion And Restraint | It is the last option in order to deal with the patient. However, it is not required in this case. |
| Admission Procedures | It is ensured that the patient is admitted to the hospital with using any restrictive measures. |
| Community Treatment Orders | The CTO will be suggested to the patient after she leaves the facility. It will ensure that she receives appropriate treatment through CTO. |
| Role Of The Mental Health Practitioner | Implement the rules and laws, standards, codes and policies that are related to their role in a way that help people who are facing mental issues. |
| Consent | Consent is obtained from the patient for all the treatment she receives as per the legislation |
| Confidentiality | It also ensures the confidentiality of the patient and strictly follows the confidentiality policies mentioned under mental health legislation. |

Satisfactory  Not Satisfactory

10. Elaborate on the appropriate response to a person in distress or crisis including:

* applying appropriate communication skills with the person
* identifying possible causal factors and addressing where possible
* enlisting support and assistance

Ans: When a person with disorder is communicating, he or she is giving a message and also conveying emotions. Therefore, it is very important to listen to the patient more carefully to understand his or her feelings in order to build a trusting relationship. Open questions are asked to help the patient to feel comfortable. Repeat her words to show her that she is valued.

There are different factors of Bulimia Nervosa that vary from biological, behavioural to social factors. However, some of the factors that can be controlled are the external influence or social pressure. Another factor is related to Adolescent onset. When kids hit adolescent due to some internal changes, they face eating disorders.

An effective therapy will help the patient to recover in this case. Moreover, the client is given full support. Family therapy is also helpful for her. Moreover, holistic weight management treatment facility will also work for the patient.

Satisfactory  Not Satisfactory

11. Identify strategies for managing oral health issues and possible causes such as the side effects of medication, poor nutrition and reduced motivation for self-care.

**Ans**: Eating disorders sometimes cause dental erosion due to vomiting. In this case, the client needs to know about the worth of good oral health. An individual should maintain the good dental habits. Encourage the client to brush her teeth at night before going to bed. Recommend her to visit a dentist. Also, educate about a healthier lifestyle. Making the client more comfortable with the available dental care.

**End of Questions**

A national framework for recovery-oriented mental health services. (2019). A national framework for recovery-oriented mental health services. Health.gov.au. Retrieved 1 April 2019, from http://www.health.gov.au/internet/main/publishing.nsf/content/67d17065514cf8e8ca257c1d00017a90/$file/recovgde.pdf

Standard 3. Consumer and carer participation. (2019). Department of Health.Health.gov.au. Retrieved 1 April 2019, from http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-i-nongov-toc~mental-pubs-i-nongov-st3

**ASSESSMENT TASK 2 – Short answer questions**

Complete table below to include behaviours of mental health condition, treatment and nursing management.

Satisfactory  Not Satisfactory

|  |  |  |  |
| --- | --- | --- | --- |
| **Mental Health Condition** | **Behaviours** | **Treatment** | **Nursing Management** |
| Mood disorders | Feeling Helplessness, Depressed mood  Trouble in sleeping  Daytime sleepiness, poor appetite and low energy, Low self-esteem | Antidepressants and anti-anxiety Medications  Psychotherapy,  Educating patients | Identify the possibility of risks caused by client to self or other  Ensure the safety and protection of the patient  Obtain history from the patient  Encourage the client to share his or her feelings and emotions |
| Personality disorders | Mood Swings, Anger, Anxiety, Suicidal thoughts, Self-harm, unable to control their emotions, spontaneous behaviour | Talking Therapy with a therapist, Medication by anti-depressants like selective serotonin | Interactions with the patient  Providing a safe and secure environment  Create a written contract with the patient  Maintain a Therapeutic Relationship with the client |
| Anxiety disorders | Feeling anxious, restless  Sweating, Trembling, Feeling weak or tired, Disturbed sleeps, Gastrointestinal problems | Cognitive Therapy  Behaviour Therapy | Develop a relationship with the client based on empathy and trust  Promote an understanding about the features of the disorder  Stimulate effective strategies and positive health behaviours |
| Psychosis | Hallucinations, Unreal Beliefs, Disorganization of speech and behaviour, Chaotic thinking and Catatonia | Antipsychotic Medication, | Cognitive Therapies and Behavioural Therapies  Listen to their stories, Build Trust, Respect and alliance  Administer the medication |
| Organic disorders | Confusion, nervousness, behavioural changes, weakened brain function, difficulty in concentrating for longer time period | Rehabilitation Therapy, Medication | Focusing the underlying causes  Sustaining behavioural Control  Avoiding complications  Supporting functional needs  Patient History |
| Panic disorder | Trembling, Chest Pain, Feeling Dizzy, Traumatic feelings, Fear of Dying, | Psychotherapy and medication like Selective Serotonin Reuptake Inhibitors, Benzodiazepines | Assess the patient’s anxiety level  Maintain a calm environment  Remain with the patient all the time |
| Social phobia and specific phobias | Feeling overwhelming anxiety or fear, Fear of losing control, Feeling an extreme need to escape, Difficulty in breathing, Fear of social situations, Negative thoughts | Cognitive Behavioural Therapy, Treatment of specific phobia, Anti-anxiety medications | Complete the patient profile  Asses the patient if he or she is using forecast, movement, repression and redirection  Acknowledge the patient needs |
| Obsessive-compulsive disorder | Fear of uncleanness or dirt, Aggressive thoughts, Unwanted Thoughts like sexual or religious subjects, Intense stress caused by mess | Therapy and Medication | Control the environmental stimuli for the patient  Manage the patients’ daily and weekly schedule functions  Show compassion for the patient |
| Post-traumatic stress disorder | Upsetting memories or dreams, emotional distress, Negative thoughts about yourself, hopelessness, Memory problems, detached feelings, Lack of interest | Cognitive Behavioural Therapy, Exposure Therapy,  Acceptance and Commitment Therapy  Eye movement desensitization and reprocessing | Help the patient to ease his or her mind  Explain patients about the trauma and its effects on the brain  Assist the clients to relax and manage anger through different techniques |
| Depression | Agitation, Restlessness, Insomnia, Tiredness, feeling worthless, low-self-esteem, suicidal thoughts, anti-social behaviour | Psychotherapy, Medications that include anti-depressants and help in changing mood | Assess the patient  Monitor the clinical progress  Enhance treatment conformity  Encourage social change for the patient  Educate the patient and his or her family |
| Bipolar disorder | Lack of judgement , Feeling underwired, boredom, missing work or school, extreme sadness, insomnia, lack of interest in pleasure activities, fatigue | Drug Treatment , therapies like Interpersonal and social rhythm therapy, Electroconvulsive therapy sometimes | Psycho-education. Revert prevention, physical care, evidence-based care  Monitor the patients |
| Eating disorder | Chronic dieting regardless of under-weight, weight Fluctuations, Food and Calories Obsession, Depression , switching between eating too much and starving | Medical Care and monitoring  Proper Nutrition for the Patient  Therapies like psychotherapy  Medications to control mood or anxiety symptoms | An Assessment of the patient  A detailed examination of the patient  A proper nutritional rehabilitation for the patient |
| Schizophrenia | Delusions and Hallucinations, Lack of motivation, dull emotions, social extraction | Psychological Counselling, Medications like Olanzapine and Quetiapine | Assessment of the patient with the disease,  Therapeutic Relationship with the client  Promoting growth and prevention of the disease  Involvement of family of the client |
| Dementia | Memory Loss, Facing difficulty with common tasks, Communication Problems, Confusion , Problems with thinking and misplacing things, mood changes | Medication | Keep the environment pleasing and calm  Maintain physical safety for the patient  Monitor medication for the patient  Give more freedom to the patient |
| Delirium | Seeing different thing that do not exist, Restlessness, feeling withdrawn especially the old age adults, apathy | Supportive care to the patient and medications | Ensure the safety of the patient  Assess the mental status of the patient  Physical assessment  Evaluate the emotional changes |

Question 2. Complete the table below to include definitions of key mental health terms.  Satisfactory  Not Satisfactory

|  |  |
| --- | --- |
| **Key Mental Health Terms** | **Definition** |
| Involuntary admission | When a person is admitted to a mental health unit without his or her will is involuntarily admission. |
| Consumer rights | All the consumer rights are the rights of the involuntary patients that include information about legal services, advocacy, privacy, safety and protection. |
| Involuntary review processes | It is the legal reviewing process of involuntary patients who are given restricted involuntary treatment. Under the Mental Health Review, these patients are reviewed if they want to get discharged from the involuntary process. |
| Seclusion and restraint | It is the last option of intervention that is used in mental health when all other options are failed to maintain the safety of a person who is experiencing mental health issues. |
| Admission procedures | It is the proper procedure of admitting in hospital when a person wants to receive treatment in hospital and agrees to admit. |
| Community treatment orders | Community treatment orders are the supervised treatments that are provided to the mental health patients out of the hospital and clinicians arrange it for their patients. |
| Role of the mental health practitioner | It includes all the actions performed by a healthcare professional in order to treat all the patients with mental health problems. |
| Consent | The Mental Health Law requires a legal agreement provided by the patient or patient’s family on behalf of the patient for the treatment. |
| Confidentiality | It is the right of a mental health patients that their personal information should be safeguarded and protected. It is under the law that their personal information must not be disclosed without the consent of the patient. |

**End of questions**