2.6 Assessment details

Assessment 1: Guided Essay

Weighting: 50%

Word count: There is a word limit of 2000 words. Use your computer to total the number of words used in your assignment. However, do not include the reference list at the end of your assignment in the word count. In-text citations will be included in the additional 10% word count. If you exceed the word limit by more than 10% the marker will stop marking at 2000 words plus 10%.

Due Date: Week 8, Monday 4th September 2017 at 1700 hours

Submission details: Refer to Submission Requirements (p.21)

Marking Criteria and Standards: See page 15-18

Aim of assessment

The purpose of this guided essay is to enable students to consolidate nursing/midwifery issues covered in class materials, tutorials and other vuws site information. The assessment will determine students' understanding of the topics and applications, in preparation for transition into the professional nursing and midwifery workforce. This is a guided essay based on one particular scenario where the students respond by answering a series of questions.

Details

Please answer questions 1 to 5:

1. Depression and suicide are significant areas of concern in Australia.
   a) Investigate and outline the incidence of BOTH depression AND suicide in Australia. **Ensure you address depression and suicide separately.**
   b) Using relevant literature, identify and critically discuss **one community group which is at risk of depression AND one different community group which is considered at risk of suicide**. (for example: a particular age; social; employment or cultural group) Ensure your answer demonstrates why these groups are thought to be at risk.

Using current literature and one of the scenarios A or B which you have been provided, answer the following questions:

2. Critically discuss **2 factors** that may have contributed to the development of the client's mental health concerns and risks.
3. Ethical and legal considerations in health care can generate in-depth discussions from different perspectives within a professional health care team. The case study presents areas of risk regarding harm to self and others. Use literature and the case study to **define and discuss the ethical principles of beneficence and non-maleficence** and **aspects of the Mental Health Act 2007,** which are relevant to the areas of risk in the case study.
4. Identify a **high priority and urgent mental health risk** from the case study, and **provide two relevant interventions**. Explain the **rationale and possible impact** on the client for both interventions drawing on relevant literature. (Note: the interventions should be something that you as a nurse / midwife would undertake directly with your client. A referral to another service or health provider is **not** considered a suitable intervention for your work).
5. Identify a **mental health problem/ need or concern** from the case study, and **provide two relevant interventions.** Explain the **rationale and possible impact** on the client for both interventions drawing on relevant literature. (Note: the interventions should be something that you as a nurse / midwife would undertake directly with your client. A referral to another service or health provider is **not** considered a suitable intervention for your work).

Scenario A

You are working as a nurse in an Accident and Emergency department. Jonathon was brought in by ambulance after his father found him semi-conscious at home. Medical examination revealed Jonathon consumed an overdose of over the counter medications. He is now alert and engaging with you. During your discussions with Jonathon, you obtain the following information.

Jonathon is a 19 year old man. He lives with his father Dennis, and younger sister, Maria, who is 16 years old. During your discussions with Jonathon, he reported he had a very positive relationship with his father. However, Jonathon has felt more distance from his father since his mum died eleven months ago. His mum was diagnosed with breast cancer 12 months before she died. Since her death, Jonathon reported his dad has been working extra hours to fund family bills. His dad leaves the house at 6-30am and doesn't return until 7-30pm most week days. His dad also works at least one weekend day. Jonathon is undertaking an electrical training course at the Technical and Further Education (TAFE) institution. He is expected to be at work four days a week and at TAFE one day a week. He reports he hasn't submitted his last two assessments for TAFE, as he has been feeling very tired, with noticeably lower energy for three to four months. Jonathon has called in sick to his work place at least one day a week during the past month. He is becoming increasingly anxious that he may be asked to leave his training course due to non-submission of his assessments and reduced attendance at work. Jonathon has been in a relationship with Leah, a 20 year old female, for one year. They met while both studying at TAFE. Jonathan states that Leah has been distressed during the last month, she feels Jonathon has become increasingly emotionally distant. He admitted that has cancelled their pre-arranged dates and has not been answering her phone calls.

On the night of the overdose, Jonathon and Leah met in the local pub. They had an argument about the status of the relationship. Jonathon had walked home, calling into the bottle shop for some additional beers. He consumed at least six bottles of extra strength beer while at home alone. He reports he became increasingly distressed and agitated at home. He took an impulsive overdose of medications which were in the kitchen cupboard with the aim to kill himself. He is unsure of both the actual medications and the quantity of tablets which he consumed. He states he has been experiencing ruminating thoughts of suicide since his mum died. He thought about going to work early in the morning, to use the electrical equipment to kill himself. The first anniversary of his mum's death is approaching and he was thinking about suicide on the same date. He misses her terribly. He hasn't felt able to chat to his dad about his mum as his dad has been busy working. He feels he has let his mum down because he hasn't been able to cope with her death. He feels like a failure because of reduced attendance at work and non-submission of his assessments. He's felt over whelmed for the past month, since his girlfriend has been talking about finishing their relationship. At the current time, he states he wants to die.

Scenario B

You are a midwife / nurse undertaking a home visit to meet with Elizabeth, Craig and Zoe. This is their first home visit from your services. During your discussions with the family, you obtain the following information.

Elizabeth is a 21 year old female. She is living with her partner, Craig, 22 years old. They have been in a relationship for 18 months, living together for the past four months. They are currently renting accommodation. The rental company made contact with Elizabeth several days ago, stating that the house owners may terminate their rental agreement in two months as they want to return to live there themselves. Elizabeth and Craig have a two week old baby, Zoe. This is their first baby. Elizabeth and baby Zoe arrived home one week ago. They were both in hospital for seven days after delivery, as Elizabeth had high blood pressure and baby Zoe was having some breathing difficulties.

Elizabeth is currently on maternity leave from her full time administrator job. She was off work for one month prior to the baby's birth due to her increasing blood pressure. She reports she is finding the isolation difficult while off on maternity leave from work. Craig got a new truck driving job during the last month of her pregnancy which has contributed to Elizabeth's feelings of isolation. While his income is much improved, it does mean Craig is away from home overnight at least two nights every week. Prior to her pregnancy, Craig and Elizabeth had a very active social life. They would visit the pub with friends most weekends and had travelled internationally for two holidays. Elizabeth was very anxious during her pregnancy. She has been acutely aware that her own mother experienced anxiety and depression during her first pregnancy, which required anti-depressant medications and mental health in-patient care after suicidal behaviours. Her mum continued to experience depression for 12 months after the birth of her first baby. Elizabeth is worried that this may happen to her. Elizabeth has felt low in mood and increasingly anxious since she was 7 months pregnant. She feels she has not been able to bond with the Zoe since she was born. She was breast feeding in hospital, but since coming home Elizabeth reports "it hasn't been a success". Elizabeth didn't like feeling the baby was so attached to her. Since returning home from hospital, Elizabeth has started to bottle feed the baby. Craig is helping to feed the baby during the day when he is not at work while Elizabeth does most of the night feeds.

Since arriving home from the hospital, Elizabeth has become increasingly low in mood; lacking in energy and expressing feelings of hopelessness for the future. She feels like a failure as she was initially very keen to breast feed Zoe. Feeding times reinforce her feelings of failure. During the past 48 hours, she has expressed a wish to die and to leave Zoe in the care of others who can look after her better. Elizabeth informed you that she walked to the chemist yesterday to buy more baby milk formula. She also brought a packet of painkillers, with the intention to overdose.

Important details about your assessment

- Refer to marking criteria and standards for mark allocation for each question.
- This guided essay does not require a standard essay introduction or conclusion.
- There is a word limit of 2000 words. Use your computer to total the number of words used in your assignment. However, do not include the reference list at the end of your assignment in the word count. In-text citations will be included in the additional 10% word count. If you exceed the word limit by more than 10% the marker will stop marking at 2000 words plus 10%.
- This assessment will be marked on-line and therefore no hard copy is required.
- You are required to organise your answers in order of questions; by referring to the question number in your answer.
- Marks will be allocated for academic writing and referencing (see marking guide)
- A guided essay discussion board site has been set up on vUWS for voluntary use to clarify questions; share resources; share relevant links and to provide an opportunity for timely feedback from the unit staff related to the assessment task. This link will be available until the due date.
- Submission instructions and link is accessible under the 'assessments' tab.
- Student is to submit according to the submission instructions in this guide.
- All technical difficulties must be notified to the Unit Coordinator, Dr. Gill Murphy by email at the time of the technical difficulty, so the problem can be resolved as soon as possible. No claim of technical difficulties will be considered after the assessment period had closed.
- If misadventure prevents you from attempting the assessment within the allocated period, please follow the UWS procedures for Special Consideration
- If you do not attempt the assessment, you will receive zero (0) and will fail the unit for non-submission of an assessment task

ⓘ **Note**: Resubmission of assessment items will not normally be considered

Resources

i. There are a number of textbooks and resources available through the Western Sydney University Library that may assist you. Please refer to the unit's vUWS site for specific unit resources

Marking criteria and standards: Assessment 1 – Guided Essay

Criteria	Mark	High Distinction	Distinction	Credit	Pass	Fail
Criterion 1 – Investigate and outline the incidence of depression **AND** suicide in Australia. Ensure you address depression and suicide separately. Using relevant literature, identify and critically discuss **two** specific risks groups / community groups, for depression and suicide.		Incidence of depression and suicide for different risk groups / community groups is **critically discussed** with integration of details from **high-quality** literature.	Incidence of depression and suicide for different risk groups / community groups is **discussed** with integration of details from **relevant** literature.	Incidence of depression and suicide are clearly **differentiated**, and **explained** for different risk groups / community groups. Evidence from literature and statistics supports the details included.	Relevant details for incidence details are **listed** for depression and suicide. Relevant literature supports **some** details included.	Incidence of depression and suicide are **inaccurate** or **incomplete**. Sources are **not relevant and/or sufficient** to support the details.
	/10	8.5-10	7.5-8	6.5-7.0	5-6	≤4.5
Criterion 2- Critically discuss factors that may have contributed to the development of the client's presentation, mental health concerns and risks. Ensure you highlight at least 2 factors.		Integrates multiple **high-quality** literature sources to **critically discuss** each factor from the case study.	Integrates **multiple literature sources** to **explore** each factor from the case study. Includes some critical discussion.	**Explains links** between factors from the case study and the relevant literature chosen. Relevant and appropriate literature used to support explanation.	**States** at least two factors that may have contributed to the client's presentation and mental health concerns. **Generally** relevant and appropriate literature used.	Fails to explain literature findings with reference to the case study. Sources are **not relevant and/or sufficient** to support the factors listed.
	/10	8.5-10	7.5-8	6.5-7.0	5-6	≤4.5

Criteria	Mark	High Distinction	Distinction	Credit	Pass	Fail
Criterion 3 – Use literature and the case study to define and discuss the ethical principles of beneficence and non-maleficence, and aspects of the Mental Health Act 2007 which are relevant to the areas of risk in the case study.		**Critically discusses** the **balance** between the ethical principles of beneficence and non-maleficence. **Critically discusses** the possible impacts of implementing the Act in this case study, integrating multiple **high-quality** sources.	**Evaluates** the **balance** between the ethical principles of beneficence and non- maleficence **Discusses** the possible impacts of implementing the Act in this case study, integrating **multiple** sources.	**Explains** the principles of maleficence and beneficence, identifies most safety issues from the case study using these to **illustrate** beneficence and non-maleficence. **Links** relevant parts of the Act to the case study. Relevant and appropriate literature used to support explanation.	**Defines** beneficence and non-maleficence. **Identifies** some safety issues from case study. Some attempt to link ethical principles to the case study. **Identifies** relevant parts of the Act. **Generally** relevant and appropriate literature used.	Beneficence and maleficence and not defined. Safety issues from case study **not correctly identified**. Relevant aspect of the Act not identified. Sources are **not relevant and/or sufficient** to support the discussion.
	/5	4.5-5	4	3.5	2.5-3	≤2
Criterion 4 – Identify a high-priority and urgent mental health **risk** from the case study, and provide two relevant interventions. Explain the rationale and possible impact on the client for both interventions drawing on relevant literature.		Critically discusses **multiple aspects** of a high-priority and urgent mental health risk from the case study. Provides two interventions that are **strongly supported** by rationales in **high-quality and relevant literature.** Impact on the client **discussed** through reference to **multiple high-quality literature sources**.	Discusses **multiple aspects** of a high-priority and urgent mental health risk from the case study. Provides two interventions that are **strongly supported** by rationales in **relevant literature.** Impact on the client **discussed** through reference to **multiple literature sources.**	Explains a **high-priority and urgent** mental health risk from the case study. Provides two interventions that are **relevant** to the risk. Rationale and impact on the client **draws on relevant literature.** Relevant and appropriate literature used to support rationale and discussion of impact.	Identifies a mental health risk **relevant** to the case study. Provides two interventions that have **some relevance** to the risk. **Some** rationale and impact on the client described. **Generally** relevant and appropriate literature used.	Identified risk is not high-priority or urgent, or does not relate to the case study. Interventions are not listed, not accurately described, or not appropriate. Rationale and impact are not listed, or are not accurately described. Sources are **not relevant and/or sufficient** to support the discussion.
	/10	8.5-10	7.5-8	6.5-7.0	5-6	≤4.5

Criteria	Mark	High Distinction	Distinction	Credit	Pass	Fail
Criterion 5 – Identify a mental health **need/concern** from the case study, and provide two relevant interventions. Explain the rationale and possible impact on the client for both interventions drawing on relevant literature.		Critically discusses **multiple aspects** of a mental health need/concern from the case study. Provides two interventions that are **strongly supported** by rationales in **high-quality and relevant literature.** Impact on the client **discussed** through reference to **multiple high-quality literature sources**.	Discusses **multiple aspects** of a mental health need/concern from the case study. Provides two interventions that are **strongly supported** by rationales in **relevant literature.** Impact on the client **discussed** through reference to **multiple literature sources**.	Explains a **high-priority and urgent** mental health need/concern from the case study. Provides two interventions that are **relevant** to the need/concern. Rationale and impact on the client **draws on relevant literature**. Relevant and appropriate literature used to support rationale and discussion of impact.	Identifies a mental health need/concern **relevant** to the case study. Provides two interventions that have **some relevance** to the need/concern. **Some** rationale and impact on the client described. **Generally** relevant and appropriate literature used.	Identified need/concern is not high-priority or urgent, or does not relate to the case study. Interventions are not listed, not accurately described, or not appropriate. Rationale and impact are not listed, or are not accurately described. Sources are **not relevant and/or sufficient** to support the discussion.
	/10	8.5-10	7.5-8	6.5-7.0	5-6	≤4.5

Criteria	Mark	High Distinction	Distinction	Credit	Pass	Fail
Criterion 6 – Academic writing & referencing skills.		Sentences **free of errors** in vocabulary, spelling, grammar, punctuation, and style. Meaning **consistently** communicated through a **complex** range of language, incorporating contemporary mental health language. The reference list and in-text citations are correctly formatted and punctuated throughout.	**No major errors that impede meaning, and most** sentences free of minor errors in vocabulary, spelling, grammar, punctuation and style. Meaning communicated through an **appropriate** range of language, incorporating contemporary mental health language. Referencing as for credit, with only isolated minor mistakes.	**Most** sentences free of errors of vocabulary, spelling, grammar, punctuation, and style. Meaning is communicated through **a simple but appropriate** range of language, incorporating contemporary mental health language. Referencing as for pass, and **most** of the reference list and in-text citations are correct in format and punctuation, including complex citations or unusual source materials.	**More than half** of the sentences are free of errors in vocabulary, spelling, grammar, punctuation, and style. Meaning is usually communicated through **simple, sometimes appropriate** language, incorporating contemporary mental health language. **More than half** of the in-text citations and reference list are appropriate, and formatting and punctuation (including page numbers for direct quotes) is **mostly correct**.	**More than half** of sentences contain errors in vocabulary, spelling, grammar, punctuation, and style. Communication of meaning is **often impeded** because of **inappropriate** use of language. **More than half** of the reference list entries are incorrect in format (eg. alphabetical order, hanging indent, italics) and punctuation (eg. caps, spacing, commas, full stops). In-text citations omitted or used incorrectly. Some cited sources are not included in the reference list, or some references are not referred to in the text.
	/5	4.5-5	4	3.5	2.5-3	≤2

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Introduction

Depression is a distinctive mental health problem which represents a dejected state of mind, loss of conspiracy or happiness, reduced energy, feelings of blames or low self-esteem, bothering rest or hunger, and poor obsession. Along with that, depression often comes with an indication of anxiety. These issues may result in noticeable un-ending or repetitive and prompt substantial disabilities in a person's capacity for fare thee healthy of his/ her regular responsibilities. Depression and anxiety are the most prevalent mental disorders experienced by Australians. Depression alone is predicted to be one of the world's largest health problems by 2020 (Australian Bureau of Statistics, 2007). Around one million Australian adults and 100,000 youth individuals live with depression every year. Overall, one in five individuals will face depression in their lives; one in four females and one of every six males (Beyondblue National Initiative, 2006) Around one of every 35 young Australians matured 4-17 encounter a depressive issue (Australia Government, 2015). Approximately one of every four individuals with type 2 diabetes encounter depression and one out of six with type 2 diabetes encounter anxiety in Australia (Diabetes Miles, 2011). Depression comes with lots of risks like Heart disease, high/low blood pressure problem; it affects mental health as well as physical health too, a depressed individual can attempt suicide also without thinking anything.

Depression may also lead a person to suicide. Approximately 1 million people commit suicide and die every year, which translating to 3000 suicide constantly. For every person who commits suicide, there are at least 20 more people who may endeavor for ending their life (WHO, 2012).

Suicide is the demonstration of purposefully causing one's own death. Hazard factors incorporate mental issue, for example, wretchedness, bipolar disorder, schizophrenia, identity issue, and substance abuse, including liquor abuse and utilization of benzodiazepines (WHO, 2017).

Incidence of Depression and Suicide in Australia

Depression is a distinctive ailment in the world, with the volume of around 300 million people influenced. It can influence individuals to endure incredibly and work with inefficiency at work, at school, and in the family. Even from a pessimistic standpoint, depression may initiate suicidal tendencies. Near 800,000 individuals pass on due to suicide consistently (WHO, 2017).

Suicide is the second leading cause of death in 15-29-year-olds. Suicide is a worldwide marvel; actually, 78% of suicides happen in low-end center salary nations in 2015. Suicide represented 1.4% of all deaths around the world, making it the seventeenth driving reason for death in 2015(WHO, 2016).

Community Group at Risk of Suicide

Suicide is a noticeable general well-being concern. Over a five-year time frame from 2011 to 2015, the normal number of suicide deaths every year was 2,687. In 2015, preparatory information demonstrated a sum of 3,027 deaths by suicide (12.7 for every 100,000), 2,292 males (19.4 for every 100,000) and 735 females (6.2 for each 100,000). By and large, the age-particular suicide rate in 2015 was most astounding in men matured 85 or over (39.3 for each 100,000), which has been the most noteworthy since 2011(ABS, 2016). According to these data, mature men over the age of 85 were at risk of suicide and mostly suicide committed by mature men, or we can say men who are in old age which is 85 or more.

Community Group at Risk of Depression

Depression is also a reason for suicide. In Australia, it's assessed that 45 percent of individuals will encounter a mental health condition in their lifetime. In any one year, around 1 million Australian grown-ups have depression, and more than 2 million have anxiety (ABS, 2017). There are many reasons of Depression in individuals who are jobless or not in the paid workforce had the most astounding rates of mental issue, a commonness rate of 26% for jobless men and 34% for jobless ladies. It shows that most unemployed people who are not getting any paid work are depressed and other reasons are relationships, financial condition, poverty, illness, etc. (ABS, 2017).

Factors causing Mental Health concerns and Risks

In this case, Jonathan is 19 years old, and he is depressed and tried harm himself. He took an overdose of medicine and admitted into the hospital for treatment. Here Jonathan only 19 years old and in this age, this behavior can occur. There are many reasons for taking an overdose, but according to me there are two following reasons:

1. Death of his Mother: Jonathan was feeling depression since his mom died because of cancer. After the death of his mother, he also separated from his father too and made a distance with him. He was feeling suicidal thought since his mum died. It states that Jonathan was too much attached to her mother and death of his mother was a great loss for Jonathan, and he could not bear it.
2. Moral Support: Here we can see this there was no moral support with the Jonathan; there was no one who can support, cooperate and motivate Jonathan. As his mother died very soon, father had to work late hours to fulfill all the requirements of the family, Jonathan's sister younger to understand Jonathan's feeling, Jonathan had to work and complete his

study that is why he was overburden, and in the last his relationship with Leah was also not working, and he had argued with him. Here we can assume that there was no one who supported Jonathan. His father, friend, and sister no one motivated him, and there was lack of moral support which leads Jonathan to commit suicide.

Ethical Principles of Beneficence and Non-Maleficence

The word beneficence is considered to signify "the doing of good, the dynamic advancement of good, thoughtfulness and charity." It's all about doing good with others and in nursing its aim to doing good with the patient. This is a principle ethics of nursing. Here everyone who is caring a patient should follow this ethic. According to the case study, Jonathan brings in the hospital by his father because he has taken an overdose of medication and harmed himself. A nurse was taking care of Jonathan, and according to an ethic of beneficence, the nurse has to motivate Jonathan, try to make him understand that suicide is not a way to get rid of problems. In this case role of a nurse is very important and she is dealing with Jonathan and if she follows the ethic of beneficence than Jonathan will recover very soon.

The rule of non-maleficence states that we should act in ways that do not inflict malice or make hurt others. Specifically, we ought not to cause avoidable or, on the other hand, purposeful harm. This incorporates maintaining a strategic distance from even the danger of mischief. It is essential to call attention to that this rule can be damaged with or without aim (Munson, 2014). Here beneficence means do good, and non-maleficence stated about do not harm. Since numerous treatment strategies include some level of harm, the idea non-maleficence would suggest that the harm shouldn't be lopsided to the advantage of the treatment. According to the case, it is required that Jonathan will not be the harm in any way, and everything will be good

with him, but if there is any surgical process, stitches than Jonathan will be treated as per the procedure. Here he should bear some degree of pain because it is for his betterment.

Mental Health Act 2007

The Mental Health Act 2007 has experienced review and has been corrected by the Mental Health Amendment (Statutory Review) Act 2014. These progressions happened 31 August 2015.

Objectives of Act

1. to accommodate the care and treatment of people who are rationally sick or rationally disarranged, and to advance the recuperation of people who are rationally sick or rationally cluttered, and
2. to encourage the care and treatment of those people through community care facilities, and
3. to encourage the arrangement of hospital care to those people on an intentional premise where suitable and, in a predetermined number of circumstances, on an automatic premise, and
4. while ensuring the social liberties of those people, to give an open door for those people to approach suitable care, and
5. to encourage the contribution of those people, and people administering to them, in choices including suitable care and treatment (MHCC, 2017).

These are the main five objectives of the Mental health Act 2007. To achieve these objectives, there are some clauses follows

a. The Meaning of word control; "Control" has been expelled from the Act, and the idea of recovery has been acquainted with the Objects of the Act, which refers just to care and treatment. This means if it is decided that a person is mentally ill taken, treated and placed on a Community treatment order without the permission of the patient.
b. Rights Under the Act: Patient will be given the statement of right, information about treatment and told about legal rights, also involved to develop a treatment plan.
c. Least Restrictive Care: There is a guideline under the Mental Health Act 2007, that mentally ill and mentally disordered individuals ought to get the care and treatment they require 'at least restrictive care, reliable with their protected and compelling consideration (MHCC, 2017).

High Priority and Urgent Mental Health Risk, Intervention and Impact

This case is about Jonathan, who tried to commit suicide or harm himself. This case is proof that a person without any motivation, confidence, and support can easily go for the suicide or harm himself. In this case, there is a risk that Jonathan can repeat this action once again and he can face depression for the life time. Being a nurse now it is my responsibilities to take care of Jonathan, and for this, I will use following two interventions:

1. Cognitive behavior therapy (CBT) - CBT is an organized psychological treatment which perceives that the way we think (cognition) and act (behavior) influences the way we feel. CBT is a standout amongst the best treatment for depression, and has been observed to be helpful for an extensive variety of ages, including kids, young people, grown-ups and more established individuals (Beyondblue, 2017). CBT works by changing

individuals' states of mind and their conduct by concentrating on the thoughts, pictures, convictions, and dispositions that are held (a man's cognitive procedures) and how these procedures identify with the way a man carries on, as a method for managing emotional issues. In this intervention, there will be one-on-one communication used, and in this communication, Jonathan will be open up and express his all feelings and emotions. By doing this reoccurrence, risks will be reduced, and it is possible that Jonathan will face any depression in future.

2. Raising Awareness: This will be the second intervention for me. In this intervention, I will try to aware Jonathan about the risks, possible harm whether it is physical or mental. Awareness about depression, suicide, and its possible harm is very essential for Jonathan to know as he is in still teen age and without awareness, he can repeat this act once again.

Mental Health Problem, Intervention and Impact

In this case, Jonathan is facing major depression. Major Depressive Disorder (MDD), known as depression only but it is a mental disorder which is defined as the low mood for at least two week which is almost same in most situation. It is joined by low confidence, loss of enthusiasm for ordinarily pleasant exercises, low vitality, and torment without a reasonable reason (NIMH, 2016). To deal with these conditions two following intervention I will follow:

1. Therapeutic Relationship: The most important obligation of a nurse or midwife is to maintain a positive therapeutic association with patients in a clinical setting. There is nine aspect of this intervention. Understanding and empathy, Individuality, Providing support, being there and being available, Promotion equality, Demonstrating clear boundaries, Demonstrating self-awareness, Demonstrating respect, and Being genuine

(Dziopa, F., 2008). These aspects reinforce a positive psychological balance for patient, it will help nurse to see a patient as individual not as a patient, support a patient to open up with the nurse about his problems and depression, nurse will be more likely approachable for the patient and it will develop a personal connection between both of them, if a nurse is genuine than patient trust on them and recovery of a patient will be ensure. Respect, self-awareness, and demonstration of equity will be helpful for the patient to know that there are boundaries and it's all about his health and recovery. This intervention helps Jonathan very much, and recovery from this trauma will ensure by the nurse and health care provider.

2. Physical Health: Jonathan still in trauma that is why his health will also be a concern for me. I will try to make him comfortable, I will give all his medication on time, include him in some physical activity to divert his mind from the stress and anxiety, I will try to make him sleep to reduce some stress, try to make him smile and laugh by using some humor in my talking and motivate him to do some meditation and yoga. Meditation and yoga are very powerful tools to reduce depression.

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