

Depression Analysis And Recovery

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Introduction

Aged 58, Mrs Roberta Brown lost her husband to a tragic accident. Three months after the accident, she was diagnosed with depression and recommended to a psychiatric hospital. The signs for which she was diagnosed with depression include insomnia, anhedonia, suicidal thoughts, and loss of weight. She continuously told her two sons, with whom she was close, that she wanted to join her husband. The process of psychiatric treatment of depression involves the evaluation of the mental state of the patient to determine the extent of depression. The treatment process for depression patients requires nursing, medication of antidepressants and psychological counselling.

Depression Diagnosis

The diagnosis of depression involves biological analysis to rule out other probable illnesses. The patient is asked questions regarding their lives to get a better understanding of the employees. The answers form the basis of the analysis of the mental state of the patient. Questions asked involve sleeping habits, eating habits, work life and attendance to hobbies. Answers to these questions, mixed with other significant symptoms, range the patient's depression state as either mild, moderate or severe (Gelenberg, 2010, p. 1). Symptoms that led to the diagnosis of Mrs Brown's depression include;

Personal Hygiene

Neurological studies reveal changes in mood as a result of alterations in the physical environment of human beings. The brain changes in relation to external stimulants, such as changes in situations resulting in changes in normal brain function (Walsh & Colin, 2013, p. 32). Analysing the simple questions asked of Mrs Brown reveals the changes in hobbies and routines. The changes are manifested in simple activities such as attendance and personal hygiene. The forgotten character and hygiene trends are biologically associated with the brain dwelling on the causative memories of the depression (Pankess & Watt, 2011, p. 5). For Mrs Brown, the changes in expression from otherwise fun activities to dull and changes in personal hygiene are associated with her level of depression. Depending on the level of forgotten routines, the level of depression is stipulated. Extreme cases of depression have the patient's brain completely dwell on the incidences, such as is the case with Post Traumatic Stress Disorder (PTSD) patients. Analysis of this state is only derived from the patient. Depending on notable changes and alterations on a normal routine for Mrs Brown's daily routine, the extent of the level at which she is affected by depression will be determined.

Anhedonia

In consideration of Mrs Brown's case, her depression was a result of prolonged grief (Nowinski, 2012, p. 1). She exuded symptoms of detachment from family and the realities of life as characterized by the anhedonia condition. Anhedonia is a condition of physical detachment "between consummator and motivational aspects of reward behaviour" (Treadway & Zald, 2011, p. 37). The prevalence of anhedonia is higher in individuals with advanced depression states. Mrs Brown wants to die because she feels detached from her sons; she sees no value in being alive, and hence she wants to die. Besides, the loss of weight is due to loss of appetite, which is another symptom of anhedonia; Mrs Brown does not put a value on eating. The sudden death of her husband does not allow Mrs Brown enough time to prepare for his death. She isolated herself and sought to resolve the grief by herself. This allowed the grief to turn into depression because she disconnected herself from all emotional and physical help from her sons.

Insomnia

Insomnia is defined as the "difficulty initiating and maintaining normal sleep" (Goldberg, 2016, p. 1). Psychology notes that depression alters sleep because it alters normal brain functions; the mind is hyperactive and makes the patient unable to comprehend normal body functions. The patient might be delusional and, hence, detached from the cognitive parts of the brain. These severe cases of insomnia lead to the diagnosis of severe depression. Insomnia is treatable on its own when medication is used because the medicine alters the cells responsible for sleep. Lack of sleep contributes to the hallucinations experienced by the patients (Goldberg, 2016, p. 1 para 7). Thus, insomnia should be treated separately but at the same time as depression is treated. The reason is that while depression leads to the development of insomnia, the biological effects of insomnia, fatigue, lead to the further development of depression (Goldberg, 2016, p. 1 para 10).

Self-harm

Self-harm is interpreted as an expression of pain due to feelings of loss, loneliness and cases of depression. Mrs Brown expresses these feelings when she constantly tells her sons that she wants to join her husband. She expresses suicidal thoughts in a bid to join her husband. Contrary to her reasons for joining her husband, she is expressing her feelings of loneliness and grief (Cavazos-Rehg et al., 2017, p. 44). She wants to end the pain by committing suicide. With no professional to guide her, the condition could advance to her committing suicide. There are different levels of self-harm that range from non-suicidal self-injury to suicidal self-injuries (Serani, 2012, p. 1). The non-suicidal thoughts are expressed by causing bodily pain and torture to represent the pain. Mrs Brown could be starving herself to express her pain physically, "physical harm on one's body to relieve emotional distress" (Serani, 2012, p. 1 para 1). The pain from such torture relieves the patient of emotional pain. For non-suicidal self-torture, the patients do not express feelings of suicide. In Mrs Brown's case, she

wants to end her life. With time, the condition will worsen, and finally, she could commit suicide unless she talks to a professional.

Dealing with Grief

Grief is a normal experience that is unique to all individuals. Grief is related to pain, both physically and psychologically. Science claims that grief is represented in the brain by “unpleasant sensory and emotional experience associated with actual or potential tissue damage” (Furnes & Dysvik, 2010, p. 135). In turn, grief manifests itself differently in different people in “emotional, cognitive, behavioural and bodily manifestations and expressions” (Furnes & Dysvik, 2010, p. 135 paar 1). Thus, the analysis of the body and emotional representation by Mrs Brown will reveal her state of grief. Normally, people will try to hide grief, but it shows in the way they talk or walk; it is a psychological sickness that must be expressed (Furnes & Dysvik, 2010, p. 141). Emotional expressions of grief include feelings of guilt, despair, loneliness, emptiness, and anger. Cognitive expression of grief includes a lack of understanding of discontinuity and loss. These expressions are a result of the denial of the loss (Furnes & Dysvik, 2010, p. 136). The patients express this denial in a bid to protect themselves from dealing with the realities of loss. Mrs Brown ought to be evaluated for these symptoms. She could be in denial of her husband’s death and believes in meeting her husband in heaven. This means that there exists a disconnect with the understanding of the operations of the world, such as death ultimately means the end. Her high level of disconnect from the earth and its rules of operation shows an advanced case of depression.

Treatment

From Mrs Brown’s mental health assessment, she was diagnosed with moderate to severe depression and therefore, she would be admitted to the psychiatric hospital. Her treatment procedure would include psychotherapies and medication.

Psychotherapy

Psychotherapies are psychological treatments that involve talking between the patient and the psychologist. The patient expresses their emotions while the psychologist identifies the unhelpful and negative thoughts. Then, the psychologist provides the patient with patterns and solutions to help the patient recover from the current psychological ailment, such as depression. These solutions are also what the patient is expected to rely upon in similar cases. There are three major psychological treatments to be used in treating Mrs. Brown are;

Cognitive Behaviour Therapy (CBT)

This evaluation process provides the patient with an understanding of their thoughts and the effect. It reflects on past experiences and how they have shaped the patient but focuses more on how to change by overcoming negative thoughts (Beyod Blue, 2015, p. 1).

Psychodynamic Therapy

This form of psychological treatment requires that the patient say whatever is in their mind. Their revelations are private; hence, the patient is encouraged to be sincere and open to expressing these thoughts. From these thoughts, the patients reveal their hidden emotions and thoughts. The causes of the conditions are determined from the evaluation of these processes (National Health Service, 2018, p. 1). Psychodynamic evaluation will reveal Mrs Brown's thoughts about the reason she chose to disconnect herself from her children and too attached to her deceased husband.

Counselling

This form of psychological aid works by imploring the patient to talk about problems and issues going on in their lives. The psychologist does not interfere with the patient's talking, and neither do they provide solutions. Counselling is ideal for people who have recovered. Hence, it will be the final psychological treatment for Mrs Brown.

Medication

Pharmacotherapy is highly recommended for patients diagnosed with severe depression. These medications serve to reduce stress levels in patients. However, just like any other form of medication, the different types are due to responsiveness differences. Some work more for some patients, while others do not. Hence, the patient's state is monitored after the initial prescription. Also, the medication has side effects. Hence, the individuals should be observed for these side effects (Gelenberg et al., 2010, p. 17). Due to the advanced depression stage observed in Mrs Brown, she will commence taking strong antidepressants, but this will gradually change as her condition gets better.

Discharge Planning

The health of the patient must be evaluated before discharge. The discharge process requires a discharge plan that documents the process of psychological assessments and treatments given to the patient. The discharge plan is worked on in correlation with the patient. The psychologists and nurses attending to the patient engage the patient along the process of treatment.

Discharge planning contributes to after-discharge recovery because it documents the changes in medication for the patient. It analyses the different forms of medication prescribed, reasons and outcomes (Alghzawi, 2012, p. 1 para 16). Because Mrs Brown will depend on medication, the discharge plan will document her medication trends from strong antidepressants to less strong medication. The discharge plan is also important in highlighting the importance of follow-up group meetings and psychiatric check-ups.

Recovery

Mrs Brown's journey of recovery was documented in the discharge plan. Nurses and psychologists were responsible for filling out the discharge plans. During admission, Mrs Brown had been diagnosed with severe depression. Her condition demanded antidepressants, especially because she constantly expressed suicidal thoughts. Also, the patient required psychological attendance. Her advanced stage required more classes, which forced the psychological team to award her three weekly sessions with a psychologist (Slade, Amering, Farkas, Hamilton, & O'Hagan, 2014, p. 13). With time, she started relaxing, opening up during the sessions and could sleep without interruptions. The medication was changed throughout the time she was in rehabilitation. During her discharge, she had made quite some progress towards normalcy. She would, however, attend social gatherings; these would allow her to share her intimate thoughts, and she avoided such situations.

Nursing Care

The nurses were responsible for filling in the data on Mrs Brown. The nurses are tasked with determining the efficiency of the processes and filling records (Schirmer, 2015, p. 14). During Mrs Brown's psychotherapy process, nurses worked on giving her medication and ensuring her personal hygiene.

Conclusion

Mental health has evolved over the years, as evidenced by the availability of mental pharmacologists and nurses in the rehabilitation and prescription of medicine by psychologists. Depression is a serious mental illness that should be referred to a professional. A depressed person is dangerous to both themselves and the public or people around them. Depression is considered to have both long-term and short-term effects, although most are treatable. Medication and psychotherapy are the most prevalent treatment methods for depression patients. Medication is, however, not recommended for patients whose diagnosis is mild. The recovery process in the rehabilitation centres requires the input of the health practitioners and the will of the patients.

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