CLINICAL CASES

FUNDAMENTALS OF NURSING CASE STUDIES

Natashia Scully
& Damian Wilson

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About the authors

Natashia Scully completed a Bachelor of Arts at Monash University before undertaking a Bachelor of Nursing at the Australian Catholic University (ACU) in Melbourne. She worked at the Alfred Hospital in Melbourne, completing her Graduate Nurse Program and Postgraduate Diploma of Nursing Science in Emergency Care in the Alfred's Emergency and Trauma Centre. Concurrently, Natashia taught nursing science and practice at ACU. She completed a Master of Public Health through the University of Sydney, focusing on injury prevention and chronic disease management. Natashia is currently a Lecturer in Nursing at the University of New England in Armidale and also works in the Emergency Department and Intensive Care Unit at the Armidale Rural Referral Hospital.

Damian Wilson has completed a Graduate Certificate in Emergency Nursing at RMIT University and a Master of Emergency Nursing at La Trobe University. He is currently completing a Graduate Certificate in Higher Education at La Trobe University and will commence his PhD in 2013. Damian is a Lecturer of Nursing at La Trobe University as well as Subject Coordinator of the third-year subject, Complex Care Nursing. For this resource, Damian's clinical experience in critical care allowed for the development of scenarios aimed at exposing readers to real-world examples of patient care in a variety of different and potentially confronting scenarios, with the aim to engage readers and encourage self-directed learning. Damian has also edited and contributed to the development of *Fundamentals Clinical Skills Workbook*, 2nd edition.

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Case study
Mental health 1

Introduction: Presenting condition and symptoms

You are a mental health nurse working in the community clinic when several members of Mark's community family approach you. They request that Mark needs to be taken to town because he has complained of hearing voices and seeing things for a few weeks telling him that he is 'no good' and the community would be better off without him there. Mark is a 24-year-old Indigenous man who lives a traditional lifestyle in a rural town and has been initiated in certain ceremonies. The family states that his behaviour worsened after he was accepted into a music program but was unable to go because his guitar was recently stolen during a burglary 3 weeks ago. Yesterday, he was found trying to hang himself with a rope on the family property. The family bring Mark in to speak with you for an assessment.

1. Mark's presentation can best be described as a ...?
   a. Stressful event
   b. Behaviour issues
   c. Crisis situation
   d. Over-protected family

2. What should be the first intervention during a crisis situation?
   a. Call the police
   b. Care plan development
   c. Medication
   d. Assessment

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Phase 1

Your assessment of Mark does not identify an organic cause for the changes in his behaviour or the auditory hallucinations that Mark's family state he is experiencing. You need to interview Mark further but he is no longer answering your questions and the family are unable to provide any additional information that could help you. You have contacted Mark's community Indigenous health care worker, who is unable to visit the community to speak with Mark until Monday morning but would be able to see him tomorrow morning at the inpatient unit in the city. You ring the on-call psychiatric registrar and hand over Mark's presentation. Mark is accepted for admission tonight under an involuntary treatment order until there is time to investigate Mark's situation further. Transport is organised for Mark, and his family has chosen a cousin–brother, Roy, to accompany Mark on his journey and to stay until the morning.

1. What could be the cause of Mark's silence?
   a. Unable to develop rapport
   b. Unable to modify his behaviour
   c. Unable to understand the question
   d. Unable to speak English

2. Under what Act of Parliament are patients made involuntary?
   a. Mental Health and Community Health Act 1986
   b. Mental Health Act 1986
   c. Mental Health and Assessment Act 1986
   d. Mental Health and Community Health Act 1986

Phase 2

The journey to the hospital by plane was uneventful and you arrive safely at the hospital. The decision is made to admit Mark to the unlocked unit because Roy had agreed to stay with him during his admission to the hospital. You hand over to the admitting nurse and she pages the on-call Indigenous health care worker and the psychiatric registrar to come to admit the patient. The on-call Indigenous health care worker agrees to meet with Mark. The Indigenous health care worker arrives; she is a young girl that Mark and Roy do not recognise. The two of them do not respond well to the Indigenous mental health care worker and do not engage well when

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she interviews Mark alone. When the psychiatric registrar arrives, Mark identifies that he knows this doctor and that he has worked with the community for many years and generally seems happy to see the registrar. During the assessment Mark discloses that he occasionally has alcohol and sometimes will smoke marijuana, which can make him aggressive towards others, but he has not harmed himself or anyone else during these episodes. He also discloses that the 'voices' are usually heard when he is stressed or when he has smoked marijuana.

1. Why do you think that Mark is unresponsive to the Indigenous health care worker?
   a. Gender
   b. Time
   c. Attitude
   d. Community status

2. What new information discovered during the interview would be the most relevant to Mark's admission?
   a. Age
   b. Anti-social behaviour
   c. Substance use
   d. Alcohol use

Phase 3

During the evening Mark received a phone call from his family. When he got off the phone he was visible distressed and started to pace up and down the hallway while Roy tried to calm him down. You notice Mark talking to himself under his breath; you approach Mark, but he does not respond to you. Roy reassures you that Mark is all right; there has just been some trouble at home with his family. You page the on-call Indigenous health care worker to come and speak with Mark and see if she can offer some assistance during this acute episode of agitation. The same Indigenous health care worker arrives and tries to speak with Mark but her arrival exacerbates the situation, causing Mark to become restless and start to pace in the day room.

1. What could be the source of Mark's agitation?
   a. Family issues
   b. Auditory hallucination

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c. Being an involuntary patient
d. The Indigenous health care worker

2. What would be a traditional intervention that could be applied to the current crisis?
   a. Medical therapy
   b. Pharmacological therapy
   c. Narrative therapy
   d. Physical therapy

Conclusion: Patient outcome

You organise for another Indigenous health care worker to attend that night, who is well received and speaks with Mark. They are able to use cultural knowledge to assess the family issue at home. Mark appears to settle down after being able to tell his story to the Indigenous health care worker in an informal interview setting allowing Roy to be in attendance. The demonstration of cultural sensitivity in this crisis allowed for appropriate interventions such as narrative therapy and allowing a family member to stay with Mark during his admission, as an intervention to support Mark through his agitated state. These interventions recognise Mark's cultural heritage and provide interventions that are appropriate for an Indigenous Australian. They represent the foundation of the development of rapport between yourself and Mark, his family and community, and will enable successful interaction with Mark in the future. The next day Mark has his appointment with Neil in the inpatient unit. They discuss Mark's suicide attempt, which Mark attributes to increasing stress, the theft of his guitar and use of marijuana. Neil feels that Mark is not suicidal but arranges for Mark to stay for a week as a voluntary patient on the condition that Roy or a suitable member of the community stays with Mark. Mark meets with Neil and members of the psychiatric staff over the week and feels better and denies further auditory hallucinations. They work to implement strategies for Mark for when he feels stress, and to stop his marijuana use. They organise for another guitar to be sourced for Mark, and have managed to find a similar music program that Mark can complete, while he waits until next year to be able to commence the original music program.

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Discussion

In Indigenous cultures the term 'health' has a different meaning from other mainstream views. Health as defined by the Indigenous community is 'not just the physical wellbeing of the individual but the social, emotional and cultural wellbeing of the community' (Eckermann et al., 2006, p. 149). Community wellbeing has a significant role to play in the mental health of Indigenous people. Cultural safe nursing practice is the practice of enabling service to be defined by those receiving the service (West et al., 2009), which is appropriate when working in Indigenous communities because it takes in the understanding that the health of the community is perceived to be more important than the health of the individual (Wood et al., 2009). The mortality rates associated with mental health and behavioural disorders due to psychoactive substances were ~12 time higher than in non-Indigenous males and ~20 times higher than in non-Indigenous females (Parker, 2010). Indigenous males are three times more likely to attempt suicide than non-Indigenous males (Parker, 2010). The leading cause of mental health admissions was drug-related with 15% of those admissions secondary to cannabis use (Thomson et al., 2012). The author is a non-Indigenous registered nurse who chose this topic due to the high prevalence of mental health issues in the Aboriginal and Torres Strait Islander communities (almost twice the rate of non-Indigenous people in 2008). The terminology used in the case study is derived from the literature used and the author acknowledges that some terminology may not agree with all members of the overall Indigenous communities.

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