

NURSING SERVICE GUIDELINES INPATIENT BEHAVIORAL HEALTH

Guideline: Care of the patient who is depressed



Policy Number Superseded:

Responsibility: All trained inpatient behavioral health staff

Effective Date:
June 2024

Purpose of Guideline:

1. To begin to develop a realistic, positive perception of self.
2. To enhance feelings of self-esteem, acceptance by others, and belonging.
3. Establish therapeutic relationship with support therapist and use what is learned to begin to establish functional relationships with significant family members and friends.

Initial Effective Date:
July 2005

Equipment: Group materials: picture boards, written assignments, multi-media

PROCEDURE	POINTS OF EMPHASIS
(1) Identify situations, stressors, events, or changes that lead to depression: <ol style="list-style-type: none"> (a) Recent losses. (b) Changes in relations. (c) Behavior changes. (d) Review changes in family structure. (e) Explore changes in concentration. (f) Increased lack of energy or fatigue. Complete assessment of symptoms: <ol style="list-style-type: none"> (a) Irritability (b) Lack of sleep/increase in amount of sleeping (c) Changes in appetite (d) Feelings of worthlessness. 	To identify events precipitating the depressive episode. To identify symptoms that can assist with diagnosis and treatment.

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<p>(e) Lack of interest and decreased activities. (f) Decreased concentration. (g) Increased lack of energy or heightened fatigue.</p>	
<p>(2) Assess self-care in relationship to the maintenance of personal hygiene, activities of daily living (ADL's), nutritional status, medication compliance, bowel and bladder function and sleeping pattern. Address any problem areas and develop a plan of care to maintain the highest level of functioning.</p>	<p>To maintain physical health.</p>
<p>(3) Assess suicidal risk and risk of harm to others.</p>	
<p>(4) Assist to identify, accept, verbalize and deal with feelings in a healthy way.</p>	<p>To recognize and express feelings that accompany the depressive episode. To acknowledge pain or guilt may be associated with particular feelings.</p>
<p>(5) Differentiate feelings: (a) Identify thoughts that contribute to feelings. (b) Identify past behaviors or events (real or imagined) that contribute to these feelings. (c) Identify meaning of past behaviors and their consequences. (d) Patient develops a crisis plan for post discharge/reviews with parent(s)/guardian(s).</p>	<p>Need to explore feelings to gain sense of control.</p>
<p>(6) Explore feelings of hopelessness and helplessness: (a) Identify statements, thoughts, feelings, expectations, actions that reflect a sense of hopelessness and helplessness and perpetuates a helpless, hopeless position. (b) Identify personal needs. (c) Help to problem-solve to find appropriate ways to get needs met.</p>	<p>Need to decrease feelings of hopelessness and helplessness. Installation of hope is a key tool for recovery.</p>

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<ul style="list-style-type: none"> (d) Help identify relationship between helplessness and manipulation. (e) Assist in practicing assuming control of own behaviors. 	
<ul style="list-style-type: none"> (7) Explore ways to increase feelings of esteem and value: <ul style="list-style-type: none"> (a) Attend groups regarding self-esteem, values, assertiveness. (b) Assist in making decisions related to themselves (such as their treatment, future, goals, rules, and routines). (c) Provide activity that the patient can successfully complete. (d) Help patient identify positives about self and others. (e) Be able to accept compliments without qualifications. 	<p>Need to decrease unhealthy preoccupation with self and increase self-esteem and self-worth.</p>
<ul style="list-style-type: none"> (8) Explore ways to increase and strengthen social relationships: <ul style="list-style-type: none"> (a) Identify problem areas in social relationships. (b) Identify situations that push people away and that pull people together. (c) Encourage to initiate an activity with another person, or a small group of persons, listen to another person's problem sharing. (d) Encourage to identify activities or interactions that bring enjoyment or pleasure. (e) Attend relationship and/or social skills group. (f) Demonstrate appropriate social skills in the milieu (i.e., table manners, sportsmanship). (g) Allow more time for completion of ADL's. (h) Encourage patient to participate in family treatment meetings. 	<p>Patients may require more time to think and/or process so slowing down may be necessary.</p>
<ul style="list-style-type: none"> (9) Assessments, nursing care, patient responses, and patient teaching to be 	<p>"Each phase of treatment should include psychoeducation." (American</p>

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documented in the patient electronic medical record.	Academy of Child and Adolescent Psychiatry)
(10) Educate patient and family regarding indications, dosages and side effects of medications and document education given.	
(11) Educate patient and family regarding diagnosis, treatment and follow-up treatment required for post-hospitalization.	

(A) References:

Horner, M. S., Siegle, G. J., Schwartz, R. M., Price, R. B., Haggerty, A. E., Collier, A., & Friedman, E. S. (1024). C'Mon get happy: Reduced magnitude and duration of response during a positive-affect induction in depression. *Depression and Anxiety*, 31(11), 952-960.

Lewis, G., Collishaw, S., Thapar, A., & Harold, G. T. (2014). Parent-child hostility and child and adolescent depression symptoms: The direction of effects, role of genetic factors and gender. *European Child & Adolescent Psychiatry*, 23 (5), 317-327.

Kallapiran, K., Koo, S., Kirubakaran, R., & Hancock, K. (2015). Effectiveness of mindfulness in improving mental health symptoms of children and adolescents: A meta-analysis. *Child and Adolescent Mental Health*, 20(4), 182-194.

Approved by:
Kurt Kless, MSN, MBA, RN, NE-BC
Chief Nursing Officer

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Review/Revision Completed by:
Tammy Cerrone, BSN, RN,
Inpatient Nursing Director &
Stephanie Calmes, Ph.D., LPCC-S,
LICDC-CS, Administrative Director

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April 2008
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