Assessment of sleep and auditory hallucination problems

Introduction

This essay will assess Mr Paul, a patient whose pseudonym as per NMC's (2018) confidentiality and privacy requirement, is experiencing mental and physical health challenges. The essay will evaluate the challenges of poor sleep and auditory hallucination as identified by Mr Paul. This assessment will include applying evidence-based tools including Hallucination Change Scale (HCS) using the revised Beliefs About Voices Questionnaire (BAVQ-R) and Sleep Disorders Screening Checklist-25 (SDS-CL-25) to evaluate the extent of Mr Paul's issues (Klingman, Jungquist & Perlis, 2017).

The nursing process is a fundamental approach to offering high-quality care. This process includes assessment, diagnosis, planning, implementation and evaluation to offer patient-centred care. This process mandates the use of evidence-based tools for accurate diagnosis. The BAVQ-R assesses patients' beliefs about their voices, offering insight into how they may be able to better manage their hallucinations. Utilizing a Likert-style scale, the questionnaire primarily looks at patient feelings such as fear, goodness, insight concerning their voices, and the ability to control one's thoughts (Strauss et al., 2018). Additionally, the BAVQ-R can be used to measure outcomes and perceptions of the treatment process as it relates to managing these auditory hallucinations.

Hahn and Truman (2015) define public health is defined as the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society. Poor sleep and auditory hallucinations lead to many health consequences, such as decreased physical and mental health, increased risk of accidents, and decreased quality of life (Hjorth & Juel, 2022). Poor sleep has been identified as an indicator of poor mental health in the general adult population (Arafat, Ahmed & Hamid, 2016). In addition,

psychoactive substance use, such as cannabis and alcohol, can have a detrimental impact on sleep, (Hennig, Schlier & Lincoln, 2020). Significant effects of auditory hallucination on an individual include impairment in the processing of social and environmental cues, (Chang et al., 2021). In this essay, I will focus on the assessment aspect of the nursing process as it is a fundamental process in evidence-based care (Carrere et al., 2015). Nunan et al. (2018) contend that accurate assessment is fundamental for appropriate diagnosis and care planning. Thus, using validated assessment tools is warranted.

Tidal Model of Care

The Nursing and Midwifery Council (NMC) requires nurses to demonstrate personal and professional competency in care delivery (NMC, 2018). This requires adopting assessment tools for holistic assessment. In this respect, this assessment will use the Tidal Model of Care framework to evaluate the impact of sleep problems and auditory hallucinations on Paul's quality of life. The Tidal model of care is an evidence-based approach to nursing care, which is based on the principles of attentiveness, care and mutual understanding (Haigh et al., 2020). This model has been used to create a therapeutic and supportive environment for carers, recipients of care, and other health professionals. Using the water analogy, the model's underlying principle is that a compassionate, engaged and positive approach to care brings about the best outcomes for vulnerable and in-need individuals (Simonis et al, 2018).

The Tidal model of care has emerged as one of the most widely applied approaches in nursing care, being utilised for a range of health and social care needs (Gabrielsson, Sävenstedt & Zingmark, 2015). This model requires a range of processes that can be tailored to the individual, including a continuous process of assessment, evaluation, and review.

As such, the Tidal model of care is critical in providing a tailored approach to health assessment and care. This approach also considers the individual's values and beliefs, offering a sensitive yet comprehensive approach to healthcare (Simonis et al., 2018). For Paul's case study, this is highly beneficial as it takes into consideration his tumultuous past, along with his current vulnerabilities, and puts him at the centre of the care process. Moreover, the model takes into account the considerable presence of both physical and mental health issues, and by actively listening and respecting the individual's values and beliefs. This process allows for a holistic approach towards healing and healing of the mind and body.

In assessing Paul's physical health issue related to his sleep deprivation, a systematic, holistic approach utilising the Tidal model of care would be taken. Firstly, a comprehensive assessment and review of the patient's sleep over the past month would be conducted utilising clinical history, a physical examination, and any relevant objective sleep data obtained via general questionnaires (Wallis, Andrews & Henderson, 2017). Following this, behavioural interventions would be discussed and tailored to the individual to promote better sleep hygiene. Working with the patient's values and beliefs, the nursing assessment would also consider lifestyle changes that can be implemented, such as a balanced diet, and the avoidance of stimulants, like alcohol, caffeine, and drugs.

Depending on the severity of the lack of sleep, potential pharmacological/medical interventions may be discussed.

In assessing Paul's mental health issue related to his auditory hallucinations, a comprehensive assessment is warranted within the Tidal model of care. The patient's trip would need to be discussed and any criminal records assessed. Moreover, a psychiatric assessment would be conducted, including any evident psychological traumas or mental health diagnoses, with inputs from the patient's social and family circles (Haigh et al., 2020). Taking into account the Tidal model of care's respect-for-values focus, the nurse would also ask the patient what his beliefs and values regarding the auditory hallucinations were to ensure that these were respected and fully incorporated into the care plan. Finally, following a psychiatric assessment, a tailored plan would be agreed upon which would involve either continuing care at home or alternative medications or therapies that would be more effective. Thus it is evident that the Tidal model of care is an effective tool in caring for Paul due to its attention to the individual's values in providing a holistic and compassionate approach to care. Through this model, both physical and mental health assessments can be assessed to provide Paul with the best understanding and care to support his well-being.

Sleep problem

Sleep is a vital part of health and well-being, as it plays a vital role in the recovery and regeneration of the body and mind (Milojevich & Lukowski, 2015). In a review of the role of sleep in health outcomes, Afonso, Fonseca & Pires (2017) note that 'poor sleep can

degrade the quality of our waking life. Poor sleep can also have numerous impacts on physical health, such as the increased risk of obesity, cardiovascular disease, diabetes, stroke, and even cognitive impairment (Merikanto et al., 2022). Poor sleep is also linked to mental health concerns, such as depression, anxiety, and mental fatigue (Koppehele-Gossel et al., 2022). Therefore, it is clear that assessing sleep is a critical component of a comprehensive nursing assessment. When assessing a patient's sleep, nurses must understand their sleep needs. Baglioni et al. (2016) report that adults aged 18-64 require an average of 7-9 hours of sleep each night.

When conducting an assessment, it is imperative to explore the patient's perspective concerning their specific sleep needs. Any discrepancies or excessive sleep requirements can be identified and discussed (Xia et al., 2020). The SDS-CL-25 checklist will be used to assess the extent of sleep problems in the patient. During the assessment, it is also important to explore any lifestyle factors or physical impairments that could lead to a disruption in sleep, as they can also hurt physical and mental health (Milojevich & Lukowski, 2016). Common lifestyle factors that can disrupt sleep include the use of caffeine, alcohol use, smoking, and a lack of exercise or an unhealthy diet. It is also important to explore the patient's working hours, social obligations, and leisure time, as all of these can affect sleep quality and quantity. As part of the assessment, it is also important to explore any physical impairments that may be disrupting the patient's sleep.

Common physical impairments that can cause poor sleep include sleep apnea, restless legs syndrome, several pain, arthritis, and musculoskeletal disorders (Gulia & Kumar, 2018). In these cases, it is important to have the patient record their sleep patterns and physical impairments so that any correlation can be identified and discussed with the

patient and their doctor. It is also vital to explore the patient's psychological and emotional needs, as conditions such as depression and anxiety can lead to difficulty in getting to sleep or sleeping through the night (Angriman et al., 2015).

When exploring the patient's psychological and emotional needs, it is critical to assess for any signs and symptoms of depression, psychosis, post-traumatic stress disorder, psychosis, or any other mental illnesses (Hashim, 2017). During the assessment, it is also important to explore any environmental factors that may be affecting the patient's sleep. These include factors such as noise pollution and light pollution, as well as any external issues such as financial stressors or relationship issues. It is important to talk to the patient about any potential triggers or stressors in their environment that might be affecting their sleep.

The NMC mandates nurses to give patients autonomy of choice and include them in all steps of assessment (NMC, 2018). Thus, it is important to discuss any potential treatments or interventions that might help to improve the patient's sleep. This could include discussing lifestyle modifications, such as reducing caffeine or alcohol consumption, improving exercise habits, or improving dietary habits. It could also include discussing any necessary medical treatments such as medication, cognitive behavioural therapy, or other therapies. Thus, sleep is a vital part of health and well-being, and it is therefore important that a comprehensive assessment of sleep is performed to identify any concerns and help the patient find the best ways to improve the quality and quantity of their sleep. By exploring lifestyle factors, physical impairments, psychological and emotional needs, environmental factors, and potential treatments and interventions, a comprehensive assessment of sleep can be carried out.

Auditory hallucinations

Auditory hallucinations, defined as hearing sounds, words, or music without an actual external source, can impact a person's life in many different ways (Blom, 2015). Auditory hallucinations are a symptom of various mental health conditions including schizophrenia, bipolar disorder and borderline personality disorder (Maijer et al., 2018). They can disrupt functioning and cause distress, hence their assessment is important to enabling suitable and appropriate intervention and subsequent care.

Given the wide range of mental health conditions that can be associated with hallucinations, a planned assessment of underlying health issues is warranted. This approach evaluates the presence of hallucinations and their content, frequency, duration, and impact of the symptoms (Hayward, et al., 2017). This can be best achieved through the use of a semi-structured interview to gain an accurate description and understanding of the symptom. This type of interview will also allow the exploration of associated emotions, any experiences that could influence the symptom such as mental health stressors, or any cultural aspects that may influence the presentation, experience, and meaning of the symptom (Waters et al., 2018).

In the assessment of hallucinations in Paul's case, the Structured Clinical Interview can be used to examine and diagnose the psychotic experience that Paul has reported. Hallucinations assessment begins with a broad screening question about psychotic experiences (Montagnese et al., 2021). This then incorporates the content and associated features of the hallucinations, such as whether the voices were heard inside or outside the body, their affective quality, and who the voices appeared to be. Following this, potential psychiatric risk factors should be identified to understand the influence of any

associated mental health conditions. The assessment should then take a medical-psychiatric approach by exploring potential physical factors such as drug or alcohol use or medical conditions that could have likely led to the experience and its impact on Paul's functioning (Rohrbach et al., 2018).

The Psychosis Screening Questionnaire (PSQ) in Paul's case may also be complemented by the use of other assessment tools that can help to identify the level of distress and degree of functional impairment associated with the hallucination. According to the Tidal Model of Mental Health (Bitta et al., 2022), these psycho-social assessment tools are important when considering the holistic assessment of the patient's mental health. A few such tools that can be used in the assessment of auditory hallucinations include the Hallucination Change Scale (HCS) as recommended by National Institute for Health and Care Excellence (NICE) (Otani et al., 2015). These tools measure the current

severity of the symptoms and can help to provide clear, reliable, and valid accounts of the presence, severity, type, and frequency of the hallucinations (Dollfus, et al., 2016).

In addition to the assessment tools, the assessment should also include reference to information obtained from other sources such as family, carers, mental health service providers, and school or employment records (Montagnese et al., 2021). This will contextualise the assessment and enable the identification of any underlying causes or contributing factors to the hallucination (Eversfield & Orton, 2019). It is also critical to discuss and understand factors such as culturally-specific beliefs, spiritual practices, and social and familial dynamics (Cui et al., 2018). All of this information should be gathered and documented to develop an accurate diagnosis and care plan for Paul, in line with the Tidal Model.

Conclusion

Evidence-based practice is a critical requirement by NMC to offer high-quality care at all times. This practice is especially imperative in assessing physical and mental health issues as they are intricately linked and, thus, need to be assessed concurrently. In the case of Paul, his physical health issue of poor sleep and his mental health issue of auditory hallucinations should be assessed holistically using the Tidal Model of Care as a framework. Evidence-based practice is essential to understand and define Paul's situation. Assessing Paul's physical and mental health issues involves obtaining sufficient information from various sources, such as himself, family, and healthcare professionals, as well as utilising tools such as Hallucination Change Scale (HCS). Furthermore, knowledge gleaned from research in the field and in-depth knowledge of contemporary practices should be applied to accurately assess Paul's issues. Paul's situation offers an important reminder that physical and mental health-related issues should not be addressed in isolation, and a holistic approach is necessary to obtain a holistic picture of the patient.

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