Sample Mental Health Nursing Care Plan

Patient: John Doe (Fictional)
Age: 28
Admission Date: 20 September 2025
Ward: Psychiatric Unit, Sydney General Hospital

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1. Patient Assessment & Data Collection

Presenting Problem:
John presents with symptoms of depression, including low mood, social withdrawal, and insomnia for the past 3 months.

Mental State Examination (MSE):

- Appearance: Disheveled, unkempt clothing
- Behavior: Minimal eye contact, slow movements
- Mood: Sad, hopeless
- Affect: Blunted
- Speech: Soft, monotone
- Thought Process: Logical but slow
- Thought Content: Preoccupied with guilt
- Cognition: Alert, oriented ×3
- Insight & Judgment: Limited insight into illness

Physical Assessment:

- Vital signs stable
- Reports poor appetite and weight loss

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2. Nursing Diagnosis (NANDA-I)

Diagnosis 1: Risk for Self-Harm related to persistent depressive thoughts and feelings of hopelessness.
Diagnosis 2: Disturbed Sleep Pattern related to anxiety and low mood.
Diagnosis 3: Social Isolation related to withdrawal behaviors and low self-esteem.

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3. Planning & Goal Setting (SMART Goals)

Nursing Diagnosis	Goal
Risk for Self-Harm	Patient will report decreased suicidal thoughts and demonstrate coping strategies within 2 weeks.
Disturbed Sleep Pattern	Patients will achieve 6–8 hours of uninterrupted sleep within 1 week.
Social Isolation	Patients will engage in at least one group activity per day within 1 week.

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4. Nursing Interventions & Rationale

1. **Risk for Self-Harm**
    - **Intervention:** Conduct suicide risk assessment every shift.
    - **Rationale:** Early identification reduces risk of self-injury.
2. **Disturbed Sleep Pattern**
    - **Intervention:** Implement a sleep hygiene routine (limit caffeine, establish bedtime routine).
    - **Rationale:** Promotes restorative sleep and reduces fatigue.
3. **Social Isolation**
    - **Intervention:** Encourage participation in therapeutic group activities.
    - **Rationale:** Social interaction improves mood and self-esteem.
4. **Depression Management**

- **Intervention:** Provide cognitive-behavioral therapy (CBT) support sessions twice weekly.
- **Rationale:** CBT helps patients reframe negative thought patterns.

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5. Evaluation of Outcomes

- Patient reports improved mood and reduced feelings of hopelessness.
- Sleep duration improved to 6–7 hours nightly.
- Actively participated in group therapy sessions and social activities.
- Nursing interventions revised and updated based on patient progress.

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6. References

- Australian Nursing & Midwifery Board (2023). *Registered Nurse Standards for Practice.*
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5).*
- Cherry, B., & Jacob, S. R. (2019). *Contemporary Nursing: Issues, Trends, & Management.*