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Psychiatric Disorders in Adolescents and Older Adults

Mental Health Nursing

Adolescent mental health problems, eating disorders, self-harm, dementia, delirium, depression in older adults and age-specific nursing interventions.

For educational purposes only.

CHAPTER 13 / MENTAL HEALTH NURSING 13. Psychiatric Disorders in Adolescents and Older Adults

1. Adolescent mental health

Adolescence includes identity development, autonomy, peer relationships, puberty and academic demands. Risk factors may include bullying, gender-based discrimination, trauma, sleep loss, substance use and chronic illness. Assess mood, anxiety, eating, school, relationships, online pressures, safety and family support while preserving age-appropriate privacy and safeguarding.

Depression, anxiety and self-harm in adolescents

Definition and pathophysiology: Distress may present with irritability, withdrawal, risk-taking or functional decline; self-harm occurs with or without suicidal intention.

Clinical features and investigations: Assess duration, impairment, bullying/abuse, substance use, intent/plan and protective factors; urgent review for imminent risk or injury.

Management and nursing care: Provide supportive, nonjudgmental communication, safety assessment, appropriate family involvement, specialist psychological/medication care and school supports. Do not dismiss distress as attention-seeking.

Eating disorders

Definition and pathophysiology: Anorexia, bulimia, binge eating and avoidant/restrictive food intake can affect growth and physical health.

Clinical features and investigations: Food restriction, bingeing, compensatory behaviours, body concerns or sensory/avoidance patterns; vital signs, growth, electrolytes and ECG when indicated.

Management and nursing care: Specialist multidisciplinary care, medical stabilization when indicated, family-based support for selected youth and monitoring of refeeding risk. Avoid weight-only assumptions.

2. Mental health of older adults

Later-life illness, sensory loss, bereavement, isolation, medication burden and cognitive change may increase vulnerability. Preserve autonomy, assess function and accessibility, avoid attributing depression or confusion to normal ageing.

Dementia

Definition and pathophysiology: Progressive cognitive/functional decline from several diseases.

Clinical features and investigations: Memory, executive or language difficulties and loss of independence; usually

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gradual course.

Management and nursing care: Routine, orientation cues, adapted communication, caregiver support, falls/safety and individualized treatment; assess delirium when abrupt decline occurs.

Delirium

Definition and pathophysiology: Acute fluctuating disturbance of attention/awareness due to medical/substance causes.

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Clinical features and investigations: Inattention, altered arousal, disorientation, fluctuating course; hypoactive forms may be missed.

Management and nursing care: Urgent medical assessment, treat cause, hydration, pain, sleep and sensory aids, avoid unnecessary restraints/sedation.

Depression in older people

Definition and pathophysiology: Clinically significant mood/anhedonia syndrome, may present with somatic complaints or apparent cognitive difficulty.

Clinical features and investigations: Low interest, sleep/appetite change, guilt, slowed activity, suicidal thoughts; screen and assess medical contributors.

Management and nursing care: Support psychotherapy, social connection and prescribed medicines with monitoring for falls, interactions and hyponatraemia; suicide assessment and follow-up.

3. Nursing role

Adolescents: developmentally appropriate communication, confidentiality limits, consent/safeguarding and continuity. Older adults: comprehensive geriatric assessment, cognition, medication reconciliation, functional goals, caregiver strain and elder abuse identification. Acute changes need medical assessment in both populations.

4. Important Examination Questions

Long Answer Questions

1. 1. Discuss age-specific psychiatric assessment and nursing management for adolescents and older adults.

Short Answer Questions

1. 1. Compare delirium and dementia
2. 2. explain adolescent self-harm assessment
3. 3. describe late-life depression.

Very Short Answer Questions (with answers)

1. 1. Is dementia inevitable with age? - No.
2. 2. Can self-harm occur without suicidal intent? - Yes.

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5. Quick Revision

- Treat sudden confusion as potentially medical.
- Respect privacy and safeguarding.
- Assess eating disorders across body sizes.

6. Conclusion

Treat sudden confusion as potentially medical. Respect privacy and safeguarding. Assess eating disorders across body sizes.

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Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which statement about adolescent self-harm is accurate?

A. It always proves suicidal intention.
B. It may occur with or without suicidal intention.
C. It never requires assessment if suicidal intent is denied.
D. It can be assessed solely from the adolescent's age.

2. An older adult with dementia develops an abrupt decline. What additional condition should be assessed?

A. Normal ageing alone
B. A stable lifelong personality trait
C. Delirium
D. An expected developmental milestone

3. Which presentation may occur in depression in older people?

A. Only verbal reports of sadness without physical complaints
B. A guaranteed absence of suicidal thoughts
C. Normal ageing that requires no assessment
D. Somatic complaints or apparent cognitive difficulty

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Answer key and explanations

1. B - It may occur with or without suicidal intention.

Self-harm and suicidal intention must be assessed separately rather than assumed equivalent.

2. C - Delirium

An abrupt change should prompt assessment for delirium rather than attribution to gradual dementia.

3. D - Somatic complaints or apparent cognitive difficulty

Late-life depression may present through physical complaints or apparent cognitive difficulty.

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