University of Huddersfield Repository

Lovell, Karina and Kendal, Sarah

Working with the client with a mood disorder

Original Citation


This version is available at http://eprints.hud.ac.uk/id/eprint/26849/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/
The term ‘mood disorder’ usually means depression or bipolar disorder. Biological, psychological, and social stressors increase a person’s risk of developing a mood disorder. Stressors are not always identified, but include:

- physical problems, such as chronic pain or illness
- mood-altering drugs and alcohol
- loss (e.g. of role, health, or youth)
- adverse life experiences leading to low self-esteem and poor coping mechanisms
- acute personal crisis
- ongoing difficulties (e.g. with relationships, school, work, or money).

Extreme or very rapid changes in mood that are causing a deteriorating quality of life, or presenting a risk to self or others, may require intervention.

**Key points for intervention**

The same range of treatments should be offered to adults of all ages. Ongoing monitoring is always required.

**Mild depression**
- This is often self-limiting.
- Consider psychological treatments.

**Moderate and severe depression, psychotic depression, and bipolar disorder**
- Consider medication.
- Consider psychological treatments.

**Nursing role**

**General aspects**
- Be knowledgeable and competent in your role.
- Continually assess mood and risk.
- Establish a therapeutic alliance, with the service user as an equal partner.
- Whenever possible, involve the service user’s family and friends.
- Maintain professional boundaries.
- Provide accurate information in a clear and sensitive way.

**Psychological factors**

There is a risk of reduction in motivation, self-esteem, and confidence.
- Encourage self-management—through a better understanding of the impact of triggers, their prevention, and treatment.
- Encourage anxiety management.
- Give positive reinforcement.

**Social factors**

There is a risk of social isolation.
- Collaborate with the service user on structured goal setting to encourage social activity