

MULTIPLE CHOICE

1. A new staff nurse completes orientation to a psychiatric unit. This nurse may expect an advanced practice nurse to perform which additional interventions?
 - a. Conduct mental health assessments
 - b. Establish therapeutic relationships
 - c. Individualize nursing care plans
 - d. Prescribe psychotropic medication

ANS: D

Prescriptive privileges are granted to masters-prepared nurse practitioners who have taken special courses on prescribing medication. The nurse prepared at the basic level is permitted to perform mental health assessments, establish relationships, and provide individualized care planning.

DIF: Cognitive Level: Comprehension REF: Text Page: 18

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

2. Two nursing students discuss their career plans after graduation. One student wants to enter psychiatric nursing. The other asks, "Why would you want to be a psychiatric nurse? The only thing they do is talk. You'll lose all your skills." Select the best response.
 - a. "Psychiatric nurses practice in safer environments than other specialties. Nurse-to-patient ratios must be better because of the nature of the patients' problems."
 - b. "Psychiatric nurses use complex communication skills as well as critical thinking to solve multidimensional problems. I am challenged by those situations."
 - c. "I think I will be good in the mental health field. I did not like clinical rotations in school, so I do not want to continue them after I graduate."
 - d. "Psychiatric nurses do not have to deal with as much pain and suffering as medical-surgical nurses do. That appeals to me."

ANS: B

The practice of psychiatric nursing requires a different set of skills than medical-surgical nursing, though there is substantial overlap. Psychiatric nurses must be able to help patients with medical as well as mental health problems, reflecting the holistic perspective these nurses must have. Nurse-patient ratios and workloads in psychiatric settings have increased, just like other specialties. Psychiatric nursing involves clinical practice, not just documentation. Psychosocial pain and suffering is as real as physical.

DIF: Cognitive Level: Application REF: Text Pages: 7-8

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

3. A new bill introduced in Congress would reduce funding for care of persons with mental illness. Groups of nurses write letters to their elected representatives in opposition to the legislation. Which role have the nurses fulfilled?
 - a. Advocacy

- b. Attending
- c. Recovery
- d. Evidence-based practice

ANS: A

An advocate defends or asserts another's cause, particularly when the other person lacks the ability to do that for self. Examples of individual advocacy include helping patients understand their rights or make decisions. On a community scale, advocacy includes political activity, public speaking, and publication in the interest of improving the human condition. Since funding is necessary to deliver quality programming for persons with mental illness, the letter-writing campaign advocates for that cause on behalf of patients who are unable to articulate their own needs.

DIF: Cognitive Level: Application REF: Text Pages: 20-21

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

4. An informal group of patients discusses their perceptions of nursing care. Which comment best indicates a patient perceived the nurse was caring? "My nurse:
- a. always asks me which type of juice I want to help me swallow my medication."
 - b. explained my treatment plan to me and asked for my ideas about how to make it better."
 - c. told me that if I take all the medicines the doctor prescribes, then I will get discharged soon."
 - d. spends time listening to me talk about my problems. That helps me feel like I'm not alone."

ANS: D

Caring evidences empathetic understanding as well as competency. It helps change pain and suffering into a shared experience, creating a human connection that alleviates feelings of isolation. The distracters give examples of statements that demonstrate advocacy or giving advice.

DIF: Cognitive Level: Application REF: Text Pages: 15-17

TOP: Nursing Process: Evaluation

MSC: Client Needs: Psychosocial Integrity

5. Which finding best indicates that a patient has a mental illness? The patient:
- a. responds to rules, routines, and customs of a group.
 - b. reports mood is consistently sad, discouraged, and hopeless.
 - c. performs tasks attempted within the limits set by own abilities.
 - d. is able to see the difference between the "as if" and the "for real."

ANS: B

The correct response describes a mood alteration, which further reflects mental illness. The distracters describe mentally healthy behaviors.

DIF: Cognitive Level: Application REF: Text Pages: 4-7

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

6. Which finding best indicates that the goal “*Demonstrate mentally healthy behavior*” was achieved? A patient:
- sees self as approaching ideals and capable of meeting demands.
 - seeks others to assume responsibility for major areas of own life.
 - behaves without considering the consequences of personal actions.
 - aggressively meets own needs without considering the rights of others.

ANS: A

The correct response describes an adaptive, healthy behavior. The distracters describe maladaptive behaviors.

DIF: Cognitive Level: Application

REF: Text Page: 3

TOP: Nursing Process: Evaluation

MSC: Client Needs: Psychosocial Integrity

7. A nurse encounters an unfamiliar psychiatric disorder on a new patient’s admission form. To determine criteria used to establish this diagnosis, the nurse should consult which resource?
- Diagnostic and Statistical Manual of Mental Disorders*
 - A nursing diagnosis handbook
 - A psychiatric nursing textbook
 - A behavioral health reference manual

ANS: A

The *DSM-IV-TR* gives the criteria used to diagnose each mental disorder. The distracters may not contain diagnostic criteria for a psychiatric illness.

DIF: Cognitive Level: Application

REF: Text Pages: 12-14

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment

8. Which documentation of diagnosis would a nurse expect in a psychiatric treatment setting?
- I Acute renal failure
II 75
III Bipolar disorder I, mixed
IV Loss of disability benefits 2 months ago
V None
 - I Schizophrenia, paranoid type
II Death of spouse last year
III 60
IV None
V Diabetes, type 2
 - I Polysubstance dependence
II Narcissistic Personality Disorder
III 90
IV Hyperlipidemia
V Charges pending for assault
 - I Major Depression
II Avoidant Personality Disorder
III Hypertension
IV Home destroyed by hurricane last year
V 80

ANS: D

The *DSM-IV-TR* profiles psychiatric diagnoses on five axes. Each axis defines a specific aspect of the diagnosis. Axis I identifies major clinical disorders. Axis II details personality and developmental disorders. Axis III identifies general medical conditions. Axis IV details psychosocial and environmental problems. Axis V rates the Global Assessment of Functioning.

DIF: Cognitive Level: Analysis

REF: Text Pages: 14-18

TOP: Nursing Process: Analysis

MSC: Client Needs: Safe and Effective Care Environment

9. A nurse explains the multiaxial *DSM-IV-TR* to a psychiatric technician and includes information that it:
- focuses on plans for treatment.
 - includes nursing and medical diagnoses.
 - classifies problems in multiple areas of functioning.
 - uses the framework of a specific biopsychosocial theory.

ANS: C

The use of five axes requires assessment beyond diagnosis of a mental disorder and includes relevant medical conditions, psychosocial and environmental problems, and global assessment of functioning. The *DSM-IV-TR* does not include treatment plans or nursing diagnoses. It does not use specific biopsychosocial theories.

DIF: Cognitive Level: Comprehension

REF: Text Pages: 13-16

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

10. A nurse wants to find a description of diagnostic criteria for anxiety disorders. Which resource would have the most complete information?
- The *ICD-10*
 - Nursing Outcomes Classification*
 - Diagnostic and Statistical Manual of Mental Disorders*
 - The ANA *Psychiatric-Mental Health Nursing Scope and Standards of Practice*

ANS: C

The *DSM-IV-TR* details the diagnostic criteria for psychiatric clinical conditions. The other references are good resources but do not define the diagnostic criteria.

DIF: Cognitive Level: Application

REF: Text Pages: 13-16

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

11. Which comment most clearly shows a speaker views mental illness with stigma?
- "Some mental illnesses are inherited."
 - "Most people with mental illness are unmotivated."
 - "Severe environmental stress sometimes causes mental illness."
 - "Some mental illnesses are brain disorders resulting from changes in how impulses are transmitted."

ANS: B

Stigma refers to stereotypical, negative beliefs. With respect to mental health and mental illness, stigma often leads to discrimination and uncaring attitudes. Mental illness has multiple causes, including stress, changes in brain structure or function, and genetic transmission.

DIF: Cognitive Level: Analysis

REF: Text Pages: 7, 20

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

12. Complete this analogy. NANDA : clinical judgment :: NIC : _____

- a. patient outcomes
- b. nursing actions
- c. diagnosis
- d. symptoms

ANS: B

Analogies show parallel relationships. NANDA, the North American Nursing Diagnosis Association, identifies diagnostic statements regarding human responses to actual or potential health problems. These statements represent clinical judgments. *NIC (Nursing Interventions Classification)* identifies actions provided by nurses that enhance patient outcomes. Nursing care activities may be direct or indirect.

DIF: Cognitive Level: Analysis

REF: Text Pages: 17-18

TOP: Nursing Process: Evaluation

MSC: Client Needs: Psychosocial Integrity

13. A college student said, "Most of the time I'm happy and feel good about myself. I have learned that what I get out of something is proportional to the effort I put into it." Which number on this mental health continuum should the nurse select?

Mental Illness Mental Health

1 2 3 4 5

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5

ANS: E

The student is happy and has an adequate self-concept. The student is reality oriented, works effectively, and has control over own behavior. Mental health does not mean that a person is happy all the time.

DIF: Cognitive Level: Application

REF: Text Page: 4

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

14. A newly admitted patient is uncommunicative about recent life events. The nurse suspects marital and economic problems, but the social worker's assessment is not yet available. Select the nurse's best action.

- a. Focus assessment questions on these two topics.
- b. Ask another patient who shares a room with this patient.
- c. Avoid seeking information on these topics at this time.

d. Refer to axis IV of the *DSM-IV-TR* in the medical record.

ANS: D

The admitting physician would use axis IV to record psychosocial and environmental problems pertinent to the patient's situation, providing another source of information for the nurse. Persistent questioning may cause the patient to withdraw. The other distracters demonstrate violation of the patient's privacy rights and are not an effective solution.

DIF: Cognitive Level: Application

REF: Text Pages: 12-14

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment

15. The *Diagnostic and Statistical Manual of Mental Disorders* classifies:

- a. deviant behaviors.
- b. people with mental disorders.
- c. present disability or distress.
- d. mental disorders people have.

ANS: D

The *DSM-IV-TR* classifies disorders people have rather than people themselves. The terminology of the tool reflects this distinction by referring to individuals with a disorder rather than as a "schizophrenic" or "alcoholic," for example. Deviant behavior is not generally considered a mental disorder. Present disability or distress is only one aspect of the diagnosis.

DIF: Cognitive Level: Comprehension

REF: Text Page: 12

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

16. A nurse participating in a community health fair is asked, "What is the most prevalent mental disorder in the United States?" Select the nurse's best response.

- a. Schizophrenia
- b. "Why do you ask?"
- c. Bipolar disorder
- d. Alzheimer's disease

ANS: D

The prevalence for Alzheimer's disease is 10% for persons older than 65 and 50% for persons older than 85. The prevalence of schizophrenia is 1.1% per year. The prevalence of bipolar disorder is 2.6%. It is important for the nurse to provide information rather than probe the reason for the person's question.

DIF: Cognitive Level: Comprehension

REF: Text Page: 11

TOP: Nursing Process: Implementation

MSC: Client Needs: Health Promotion and Maintenance

17. In the majority culture of the United States, which individual has the greatest risk to be labeled mentally ill? One who:

- a. describes hearing God's voice speaking.
- b. is usually pessimistic but strives to meet personal goals.

- c. is wealthy and gives away \$20 bills to needy individuals.
- d. always has an optimistic viewpoint about life and having own needs met.

ANS: A

The question asks about risk. Hearing voices is generally associated with mental illness, but in charismatic religious groups, hearing the voice of God or a prophet is a desirable event. Cultural norms vary, which makes it more difficult to make an accurate diagnosis. The individuals described in the other options are less likely to be labeled mentally ill.

DIF: Cognitive Level: Analysis
TOP: Nursing Process: Assessment

REF: Text Pages: 6-7
MSC: Client Needs: Psychosocial Integrity

18. A patient's relationships are intense and unstable. The patient initially idealizes the significant other and then devalues them, resulting in frequent feelings of emptiness. This patient will benefit from interventions to develop which aspect of mental health?
- a. Effectiveness in work
 - b. Communication skills
 - c. Productive activities
 - d. Fulfilling relationships

ANS: D

The information given centers on relationships with others, which are described as intense and unstable. The relationships of mentally healthy individuals are stable, satisfying, and socially integrated. Data are not present to describe work effectiveness, communication skills, or activities.

DIF: Cognitive Level: Comprehension
TOP: Nursing Process: Assessment

REF: Text Page: 3
MSC: Client Needs: Psychosocial Integrity

19. A patient is depressed, mute, and motionless. According to family members, the patient has refused to bathe or eat for a week. The patient's global assessment of functioning score is:
- a. 100
 - b. 50
 - c. 25
 - d. 10

ANS: D

The patient is unable to maintain personal hygiene, oral intake, or verbal communication. The patient is a danger to self because of not eating. The distracters represent higher levels of functioning.

DIF: Cognitive Level: Analysis
TOP: Nursing Process: Assessment

REF: Text Page: 15

MSC: Client Needs: Safe and Effective Care Environment

20. Which belief will best support a nurse's efforts to provide patient advocacy during a multidisciplinary patient care planning session?
- a. All mental illnesses are culturally determined.
 - b. Schizophrenia and bipolar disorder are cross-cultural disorders.
 - c. Symptoms of mental disorders are unchanged from culture to culture.

d. Assessment findings in mental disorders reflect a person's cultural patterns.

ANS: D

A nurse who understands that a patient's symptoms are influenced by culture will be able to advocate for the patient to a greater degree than a nurse who believes that culture is of little relevance. The distracters are untrue statements.

DIF: Cognitive Level: Application

REF: Text Pages: 12-13, 17

TOP: Nursing Process: Implementation

MSC: Client Needs: Psychosocial Integrity

21. A nurse is part of a multidisciplinary team working with groups of depressed patients. Half the patients receive supportive interventions and antidepressant medication. The other half receives only medication. The team measures outcomes for each group. Which type of study is evident?
- a. Prevalence
 - b. Clinical epidemiology
 - c. Descriptive epidemiology
 - d. Experimental epidemiology

ANS: B

Clinical epidemiology is a broad field that addresses what happens to people with illnesses seen by providers of clinical care. This study is concerned with the effectiveness of various interventions. *Prevalence* refers to numbers of new cases. *Descriptive epidemiology* provides estimates of the rates of disorders in a general population and its subgroups. *Experimental epidemiology* tests presumed assumptions between a risk factor and a disorder.

DIF: Cognitive Level: Comprehension

REF: Text Pages: 11-12

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment

22. The spouse of a patient with schizophrenia says, "I don't understand how nurturing or toilet training in childhood has anything to do with this incredibly disabling illness." Which response by the nurse will best help the spouse understand this disorder?
- a. "This illness is the result of genetic factors."
 - b. "Psychological stress is at the root of most mental disorders."
 - c. "It must be frustrating for you that your spouse is sick so much of the time."
 - d. "New findings show that this condition more likely has biological rather than psychological origins."

ANS: D

Many of the most prevalent and disabling mental disorders have strong biological influences. Genetics are only one part of biological factors. Empathy does not address increasing the spouse's level of knowledge about the cause of the disorder. The other distracters are not established facts.

DIF: Cognitive Level: Application

REF: Text Page: 9

TOP: Nursing Process: Implementation

MSC: Client Needs: Psychosocial Integrity

23. A 40-year-old who lives with parents and works at an unchallenging job says, "I'm as happy as anyone else, even though I don't socialize much outside of work. My work is routine, but when new things come up, my boss explains things a few times to make sure I catch on. At home, my parents make decisions for me, and I go along with their ideas." The nurse should identify interventions to improve this patient's:
- self-concept.
 - overall happiness.
 - appraisal of reality.
 - control over behavior.

ANS: A

The patient sees self as needing multiple explanations of new tasks at work and allows the parents to make decisions, even though she is 40 years old. These behaviors indicate a poorly developed self-concept.

DIF: Cognitive Level: Application

REF: Text Page: 3

TOP: Nursing Process: Planning

MSC: Client Needs: Psychosocial Integrity

24. The psychiatric nurse addresses axis I of the *DSM* as the focus of treatment but must also consider physical health problems that may affect treatment. Which axis contains the desired information?
- II
 - III
 - IV
 - V

ANS: B

Axis III indicates any relevant general medical conditions. Axis II refers to personality disorders and mental retardation. Together they constitute the classification of abnormal behavior diagnosed in the individual. Axis IV reports psychosocial and environmental problems that may affect the diagnosis, treatment, and prognosis. Axis V is the global assessment of functioning.

DIF: Cognitive Level: Comprehension

REF: Text Page: 13

TOP: Nursing Process: Assessment

MSC: Client Needs: Physiological Integrity

25. Select the best response for the nurse who receives a query from another mental health professional seeking to understand the difference between a *DSM-IV-TR* diagnosis and a nursing diagnosis.
- "There is no functional difference between the two. Both identify human disorders."
 - "The *DSM-IV-TR* diagnosis disregards culture, whereas the nursing diagnosis takes culture into account."
 - "The *DSM-IV-TR* diagnosis is associated with present distress or disability, whereas a nursing diagnosis considers past and present responses to actual mental health problems."
 - "The *DSM-IV-TR* diagnosis affects the choice of medical treatment, whereas the nursing diagnosis offers a framework for identifying interventions for phenomena a patient is experiencing."

ANS: D

The medical diagnosis is concerned with the patient's disease state, causes, and cures, whereas the nursing diagnosis focuses on the patient's response to stress and possible caring interventions. Both tools consider culture. The *DSM-IV-TR* is multiaxial. Nursing diagnoses also consider potential problems.

DIF: Cognitive Level: Application

REF: Text Page: 17

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

MULTIPLE RESPONSE

1. An experienced nurse says to a new graduate, "When you've practiced as long as I have, you'll instantly know how to take care of psychotic patients." Which information should the new graduate consider when analyzing this comment? *You may select more than one answer.*
 - a. The experienced nurse may have lost sight of patients' individuality, which may compromise the integrity of practice.
 - b. New research findings should be integrated continuously into a nurse's practice to provide the most effective care.
 - c. Experience provides mental health nurses with the essential tools and skills needed for effective professional practice.
 - d. Experienced psychiatric nurses have learned the best ways to care for mentally ill patients through trial and error.
 - e. An intuitive sense of patients' needs guides effective psychiatric nurses.

ANS: A, B

Evidence-based practice involves using research findings and standards of care to provide the most effective nursing care. Evidence is continuously emerging, so nurses cannot rely solely on experience. The effective nurse also maintains respect for each patient as an individual. Overgeneralization compromises that perspective. Intuition and trial and error are unsystematic approaches to care.

DIF: Cognitive Level: Application

REF: Text Pages: 14-18

TOP: Nursing Process: Analysis

MSC: Client Needs: Safe and Effective Care Environment

2. A patient asks the nurse, "I read an article online about psychosocial factors that influence depression. What are psychosocial factors?" Examples a nurse could cite to support the premise that a patient's depression may be influenced by psychosocial factors include: *(Select all that apply)*
 - a. having a hostile and overinvolved family.
 - b. having two first-degree relatives with bipolar disorder.
 - c. feeling strong guilt over having an abortion when one's religion forbids it.
 - d. experiencing the death of a parent a month before the onset of depression.
 - e. experiencing symptom remission when treated with antidepressant medication.

ANS: A, C, D

Family influence is a psychosocial factor affecting a patient's mental health. A hostile, overinvolved family is critical of the patient and contributes to low self-esteem. Genetic factors influence an individual's risk for mental disorder but are not psychosocial factors. Religious influences are psychosocial in nature. Life experiences, especially crises and losses, are psychosocial influences on mental health. Treatment with a biological agent, such as antidepressant medication, is an example of a biological influence.

DIF: Cognitive Level: Analysis

REF: Text Page: 8

TOP: Nursing Process: Implementation

MSC: Client Needs: Psychosocial Integrity

3. A patient in the emergency department says, "The voices say someone is stalking me. They want to kill me because I developed a cure for cancer. I have a knife and will stab anyone who is a threat." Which aspect(s) of mental health should be of greatest immediate concern to the nurse? *Select all that apply.*
- a. Happiness
 - b. Appraisal of reality
 - c. Control over behavior
 - d. Effectiveness in work
 - e. Healthy self-concept

ANS: B, C, E

The aspects of mental health of greatest concern are the patient's appraisal of and control over behavior. The appraisal of reality is inaccurate. There are auditory hallucinations, delusions of persecution, and delusions of grandeur. In addition, the patient's control over behavior is tenuous, as evidenced by the plan to stab anyone who seems threatening. A healthy self-concept is lacking, as evidenced by the delusion of grandeur. Data are not present to suggest that the other aspects of mental health (happiness and effectiveness in work) are of immediate concern.

DIF: Cognitive Level: Analysis

REF: Text Pages: 3, 5

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity