

**Chapter 01: Mental Health and Mental Illness****Halter: Varc Carolis' Foundations of Psychiatric Mental Health Nursing: A Clinical Approach, 8th Edition****MULTIPLE CHOICE**

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

ANS: B

In most states, prescriptive privileges are granted to master's-prepared nurse practitioners and clinical nurse specialists 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.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Page 1-23            TOP: Nursing Process: Implementation  
 MSC: Client Needs: Safe, Effective Care Environment

2. A nursing student expresses concerns that mental health nurses "lose all their clinical nursing skills." Select the best response by the mental health nurse.
  - a. "Psychiatric nurses practice interventions that are more complex 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. "That's a misconception. Psychiatric nurses frequently use high technology monitoring equipment and manage complex intravenous therapies."
  - 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 are as real as physical pain and suffering.

PTS: 1                      DIF: Cognitive Level: Apply (Application)  
 REF: Pages 1-2, 21                      TOP: Nursing Process: Implementation  
 MSC: Client Needs: Safe, Effective Care Environment

3. When a new bill introduced in Congress reduces funding for care of persons diagnosed with mental illness, a group of nurses write letters to their elected representatives in opposition to the legislation. Which role have the nurses fulfilled?

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

ANS: C

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.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Page 1-26          TOP: Nursing Process: Evaluation  
 MSC: Client Needs: Safe, Effective Care Environment

4. A family has a long history of conflicted relationships among the members. Which family member's comment best reflects a mentally healthy perspective?
- a. "I've made mistakes but everyone else in this family has also."
  - b. "I remember joy and mutual respect from our early years together."
  - c. "I will make some changes in my behavior for the good of the family."
  - d. "It's best for me to move away from my family. Things will never change."

ANS: C

The correct response demonstrates the best evidence of a healthy recognition of the importance of relationships. Men btestbanks.com des rational thinking, communication skills, learning, emotional growth, resilience, and self-esteem. Recalling joy from earlier in life may be healthy, but the correct response shows a higher level of mental health. The other incorrect responses show blaming and avoidance.

PTS: 1                      DIF: Cognitive Level: Analyze (Analysis)  
 REF: Pages 1-2, 3, 32 (Figure 1-1)          TOP: Nursing Process: Assessment  
 MSC: Client Needs: Psychosocial Integrity

5. Which assessment finding most clearly indicates that a patient may be experiencing a mental illness? The patient
- a. reports occasional sleeplessness and anxiety.
  - b. reports a consistently sad, discouraged, and hopeless mood.
  - c. is able to describe the difference between "as if" and "for real."
  - d. perceives difficulty making a decision about whether to change jobs.

ANS: B

The correct response describes a mood alteration, which reflects mental illness. The distracters describe behaviors that are mentally healthy or within the usual scope of human experience.

PTS: 1                      DIF: Cognitive Level: Apply (Application)  
 REF: Pages 1-2 to 4                      TOP: Nursing Process: Assessment  
 MSC: Client Needs: Psychosocial Integrity

6. Which finding best indicates that the goal “*Demonstrate mentally healthy behavior*” was achieved for an adult patient? The patient
- sees self as capable of achieving ideals and meeting demands.
  - behaves without considering the consequences of personal actions.
  - aggressively meets own needs without considering the rights of others.
  - seeks help from others when assuming responsibility for major areas of own life.

ANS: A

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

PTS: 1                      DIF: Cognitive Level: Apply (Application)  
 REF: Pages 1-2 to 4                      TOP: Nursing Process: Evaluation  
 MSC: Client Needs: Psychosocial Integrity

7. A nurse encounters an unfamiliar psychiatric disorder on a new patient’s admission form. Which resource should the nurse consult to determine criteria used to establish this diagnosis?
- International Statistical Classification of Diseases and Related Health Problems (ICD-10)*
  - The ANA’s Psychiatric-Mental Health Nursing Scope and Standards of Practice*
  - Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*
  - A behavioral health reference manual

ANS: C

The *DSM-V* gives the criteria used to diagnose each mental disorder. It is the official guideline for diagnosing psychiatric disorders. The distracters may not contain diagnostic criteria for a psychiatric illness.

PTS: 1                      DIF: Cognitive Level: Apply (Application)  
 REF: Pages 1-18, 19                      TOP: Nursing Process: Assessment  
 MSC: Client Needs: Safe, Effective Care Environment

8. A nurse wants to find a description of diagnostic criteria for anxiety disorders. Which resource would have the most complete information?
- Nursing Outcomes Classification (NOC)*
  - DSM-V*
  - The ANA’s Psychiatric-Mental Health Nursing Scope and Standards of Practice*
  - ICD-10*

ANS: B

The *DSM-V* details the diagnostic criteria for psychiatric clinical conditions. It is the official guideline for diagnosing psychiatric disorders. The other references are good resources but do not define the diagnostic criteria.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Pages 1-18, 19                      TOP: Nursing Process: Implementation  
 MSC: Client Needs: Safe, Effective Care Environment

9. Which individual is demonstrating the highest level of resilience? One who
- is able to repress stressors.
  - becomes depressed after the death of a spouse.
  - lives in a shelter for 2 years after the home is destroyed by fire.

d. takes a temporary job to maintain financial stability after loss of a permanent job.

ANS: D

Resilience is closely associated with the process of adapting and helps people facing tragedies, loss, trauma, and severe stress. It is the ability and capacity for people to secure the resources they need to support their well-being. Repression and depression are unhealthy. Living in a shelter for 2 years shows a failure to move forward after a tragedy. See related audience response question.

PTS: 1 DIF: Cognitive Level: Apply (Application)  
 REF: Pages 1-5, 6 TOP: Nursing Process: Assessment  
 MSC: Client Needs: Psychosocial Integrity

10. 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.

PTS: 1 DIF: Cognitive Level: Analyze (Analysis)  
 REF: Pages 1-21, 22 btestbanks.com Nursing Process: Evaluation  
 MSC: Client Needs: Safe, Effective Care Environment

11. An adult says, “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 adult is generally happy and has an adequate self-concept. The statement indicates the adult is reality-oriented, works effectively, and has control over own behavior. Mental health does not mean that a person is always happy.

PTS: 1 DIF: Cognitive Level: Apply (Application)  
 REF: Pages 1-2, 3, 32 (Figure 1-1) TOP: Nursing Process: Assessment  
 MSC: Client Needs: Psychosocial Integrity

12. Which disorder is an example of a culture-bound syndrome?
- Epilepsy
  - Schizophrenia
  - Running amok
  - Major depressive disorder

ANS: C

Culture-bound syndromes occur in specific sociocultural contexts and are easily recognized by people in those cultures. A syndrome recognized in parts of Southeast Asia is running amok, in which a person (usually a male) runs around engaging in furious, almost indiscriminate violent behavior.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Page 1-7            TOP: Nursing Process: Assessment  
 MSC: Client Needs: Psychosocial Integrity

13. The *DSM-V* classifies:
- deviant behaviors.
  - present disability or distress.
  - people with mental disorders.
  - mental disorders people have.

ANS: D

The *DSM-V* 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.

[Btestbanks.com](http://Btestbanks.com)

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Pages 1-18, 19                      TOP: Nursing Process: Implementation  
 MSC: Client Needs: Safe, Effective Care Environment

14. A citizen at a community health fair asks the nurse, “What is the most prevalent mental disorder in the United States?” Select the nurse’s correct response.
- Schizophrenia
  - Bipolar disorder
  - Dissociative fugue
  - Alzheimer’s disease

ANS: D

The 12-month 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%. Dissociative fugue is a rare disorder.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Page 1-33 (Table 1-1)                      TOP: Nursing Process: Implementation  
 MSC: Client Needs: Health Promotion and Maintenance

15. In the majority culture of the United States, which individual has the greatest risk to be labeled mentally ill? One who
- describes hearing God’s voice speaking.
  - 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.

PTS: 1                      DIF: Cognitive Level: Analyze (Analysis)  
 REF: Pages 1-3, 4      TOP: Nursing Process: Assessment  
 MSC: Client Needs: Psychosocial Integrity

16. A patient's relationships are intense and unstable. The patient initially idealizes the significant other and then devalues him or her, 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 that 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.

PTS: 1                      DIF: Cognit Btestbanks.comand (Comprehension)  
 REF: Page 1-32 (Figure 1-1)                      TOP: Nursing Process: Planning  
 MSC: Client Needs: Psychosocial Integrity

17. 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 illness reflect a person's cultural patterns.

ANS: D

Symptoms must be understood in terms of a person's cultural background. 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.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Page 1-27                      TOP: Nursing Process: Implementation  
 MSC: Client Needs: Psychosocial Integrity

18. A nurse is part of a multidisciplinary team working with groups of depressed patients. One group of patients receives supportive interventions and antidepressant medication. The other group receives only medication. The team measures outcomes for each group. Which type of study is evident?

- a. Incidence
- b. Prevalence
- c. Comorbidity
- d. Clinical epidemiology

ANS: D

*Clinical epidemiology* is a broad field that addresses studies of the natural history (or what happens if there is no treatment and the problem is left to run its course) of an illness, studies of diagnostic screening tests, and observational and experimental studies of interventions used to treat people with the illness or symptoms. *Prevalence* refers to numbers of new cases. *Comorbidity* refers to having more than one mental disorder at a time. *Incidence* refers to the number of new cases of mental disorders in a healthy population within a given period. See related audience response question.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Page 1-17        TOP: Nursing Process: Evaluation  
 MSC: Client Needs: Safe, Effective Care Environment

19. The spouse of a patient diagnosed with schizophrenia says, “I don’t understand how events from childhood have anything to do with this disabling illness.” Which response by the nurse will best help the spouse understand the cause of this disorder?
- a. “Psychological stress is the basis of most mental disorders.”
  - b. “This illness results from developmental factors rather than stress.”
  - c. “Research shows that this condition more likely has a biological basis.”
  - d. “It must be frustrating for you that your spouse is sick so much of the time.”

ANS: C

Many of the most prevalent and [btestbanks.com](http://btestbanks.com) 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.

PTS: 1                      DIF: Cognitive Level: Apply (Application)  
 REF: Pages 1-5, 6    TOP: Nursing Process: Implementation  
 MSC: Client Needs: Psychosocial Integrity

20. A category 5 tornado occurred in a community of 400 people. Many homes and businesses were destroyed. In the 2 years following the disaster, 140 individuals were diagnosed with posttraumatic stress disorder (PTSD). Which term best applies to these newly diagnosed cases?
- a. Prevalence
  - b. Comorbidity
  - c. Incidence
  - d. Parity

ANS: C

Incidence refers to the number of new cases of mental disorders in a healthy population within a given period of time. Prevalence describes the total number of cases, new and existing, in a given population during a specific period of time, regardless of when they became ill. Parity refers to equivalence, and legislation required insurers that provide mental health coverage to offer annual and lifetime benefits at the same level provided for medical–surgical coverage. Comorbidity refers to having more than one mental disorder at a time.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Page 1-16        TOP: Nursing Process: Planning/Outcomes Identification  
 MSC: Client Needs: Safe, Effective Care Environment

21. Which component of treatment of mental illness is specifically recognized by Quality and Safety Education for Nurses (QSEN)?
- All genomes are unique.
  - Care is centered on the patient.
  - Healthy development is vital to mental health.
  - Recovery occurs on a continuum from illness to health.

ANS: B  
 The key areas of care promoted by QSEN are patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Page 1-14        TOP: Nursing Process: Implementation  
 MSC: Client Needs: Safe, Effective Care Environment

22. Select the best response for the nurse to a question from another health professional regarding the difference between a medical and a nursing diagnosis.
- “There is no functional difference between the two. Both identify human disorders.”
  - “The *DSM-V* diagnosis disregards culture, whereas the nursing diagnosis takes culture into account.”
  - “The *DSM-V* diagnosis describes causes of disorders whereas a nursing diagnosis does not explore etiology.”
  - “The *DSM-V* diagnosis guides medical treatment, whereas the nursing diagnosis offers a framework for identifying interventions for issues 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-V* is multiaxial. Nursing diagnoses also consider potential problems.

PTS: 1                      DIF: Cognitive Level: Apply (Application)  
 REF: Page 1-21        TOP: Nursing Process: Implementation  
 MSC: Client Needs: Safe, Effective Care Environment

23. Which nursing intervention below is part of the scope of an advanced practice psychiatric/mental health nurse rather than a basic level registered nurse?
- Coordination of care



- b. Health teaching
- c. Milieu therapy
- d. Psychotherapy

ANS: D

Psychotherapy is part of the scope of practice of an advanced practice nurse. The distracters are within a basic level registered nurse's scope of practice.

PTS: 1                      DIF: Cognitive Level: Understand (Comprehension)  
 REF: Pages 1-23, 35 (Table 1-2)                      TOP: Nursing Process: Implementation  
 MSC: Client Needs: Safe, Effective Care Environment

**MULTIPLE RESPONSE**

1. An experienced nurse says to a new graduate, "When you've practiced as long as I have, you automatically know how to take care of patients experiencing psychosis." Which factors should the new graduate consider when analyzing this comment? (*Select all that apply.*)
  - 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.

Btestbanks.com

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.

PTS: 1                      DIF: Cognitive Level: Apply (Application)  
 REF: Page 1-14                      TOP: Nursing Process: Diagnosis/Analysis  
 MSC: Client Needs: Safe, Effective Care Environment

2. Which findings are signs of a person who is mentally healthy? (*Select all that apply.*)
  - a. Says, "I have some weaknesses, but I feel I'm important to my family and friends."
  - b. Adheres strictly to religious beliefs of parents and family of origin.
  - c. Spends all holidays alone watching old movies on television.
  - d. Considers past experiences when deciding about the future.
  - e. Experiences feelings of conflict related to changing jobs.

ANS: A, D, E

Mental health is a state of well-being in which each individual is able to realize his or her own potential, cope with the normal stresses of life, work productively, and make a contribution to the community. Mental health provides people with the capacity for rational thinking, communication skills, learning, emotional growth, resilience, and self-esteem.

PTS: 1 DIF: Cognitive Level: Apply (Application)  
 REF: Pages 1-2, 3, 32 (Figure 1-1) TOP: Nursing Process: Assessment  
 MSC: Client Needs: Psychosocial Integrity

3. A patient in the emergency department says, “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 aspects of the patient’s mental health have the greatest and most 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.

PTS: 1 DIF: Cognitive Level: Apply (Application)  
 REF: Pages 1-3, 4 TOP: Nursing Process: Assessment  
 MSC: Client Needs: Psychosocial Integrity

