Varcarolis: Essentials of Psychiatric Mental Health Nursing

Test Bank

Chapter 2: Mental Health and Mental Illness

MULTIPLE CHOICE

1. A nurse explains multiaxial diagnoses to a psychiatric technician. Which information is accurate?
   a. It is a template for treatment planning.
   b. Nursing and medical diagnoses are included.
   c. Assessments of several aspects of functioning are included.
   d. It incorporates 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* is not a template for treatment planning and does not use a specific biopsychosocial theory. Nursing diagnoses are not included in multiaxial diagnoses.

   DIF: Cognitive Level: Comprehension   REF: Page: 12 | Page: 17
   TOP: Nursing Process: Implementation   MSC: NCLEX: Psychosocial Integrity

2. Which documentation of diagnosis would a nurse expect for a person with mental illness?
   a. I Rheumatoid arthritis
      II 100
      III Posttraumatic stress disorder
      IV Arrested for shoplifting 2 months ago
      V None
   b. I Mental retardation
      II Histrionic personality disorder
      III 75
      IV Hypertension
      V Home destroyed by tornado last year
   c. I Schizophrenia, paranoid
      II Death of spouse last year
      III 40
      IV None
      V Alcohol abuse
   d. I Generalized anxiety disorder
      II Avoidant personality disorder
      III Fibromyalgia
      IV Declared bankruptcy 6 months ago
      V 60

   ANS: D

The option beginning with a diagnosis of generalized anxiety disorder places a clinical disorder on Axis I, a personality disorder on Axis II, a medical problem on Axis III, a psychosocial problem on Axis IV, and GAF on Axis V. The other options misplace and incorrectly order the clinical data.

DIF: Cognitive Level: Application   REF: Page: 18 | Page: 20
TOP: Nursing Process: Assessment   MSC: NCLEX: Safe, Effective Care Environment

3. A patient is admitted to the psychiatric hospital for assessment and evaluation. What behavior might indicate that the patient has a mental disorder? The patient:
    a.   accurately describes the difference between the "as if" and the "for real."
    b.   describes mood as consistently sad, discouraged, and hopeless.
    c.   responds to the rules, routines, and customs of the group.
    d.   can perform tasks attempted within the limits of own abilities.

    ANS: B
    A patient who reports having a consistently negative mood is describing a mood alteration. The other options describe mentally healthy behaviors.

    DIF: Cognitive Level: Application   REF: Pages: 12-13
    TOP: Nursing Process: Assessment   MSC: NCLEX: Psychosocial Integrity

4. The goal for a patient is to increase resiliency. Which outcome should a nurse add to the plan of care? The patient will:
    a.   describe feelings associated with loss and stress.
    b.   identify healthy coping behaviors in response to stressful events.
    c.   allow others to assume responsibility for major areas of own life.
    d.   meet own needs without considering the rights of others.

    ANS: B
    The patient's ability to identify healthy coping behaviors indicates adaptive, healthy behavior and demonstrates an increased ability to recover from severe stress. Describing feelings associated with loss and stress does not move the patient toward adaptation. The remaining options are maladaptive behaviors.

    DIF: Cognitive Level: Analysis   REF: Page: 12
    TOP: Nursing Process: Outcomes Identification
    MSC: NCLEX: Psychosocial Integrity

5. A nurse at a behavioral health clinic sees an unfamiliar psychiatric diagnosis on a patient's insurance form. Which resource should the nurse use to discern the criteria used to establish this diagnosis?
    a.   *DSM-IV-TR*
    b.   *Nursing Diagnosis Manual*
    c.   A psychiatric nursing textbook
    d.   A behavioral health reference manual

    ANS: A

The *DSM-IV-TR* gives the criteria used to diagnose each mental disorder. The *Nursing Diagnosis Manual* focuses on nursing diagnoses. A psychiatric nursing textbook or behavioral health reference manual may not contain diagnostic criteria.

DIF: Cognitive Level: Application   REF: Page: 12   TOP: Nursing Process: Diagnosis
MSC: NCLEX: Safe, Effective Care Environment

6. A nurse must assess several new patients at a mental health clinic. Conclusions about current functioning should be made on the basis of:
    a. the degree of conformity of the individual to society's norms.
    b. the degree to which an individual is logical and rational.
    c. the rate of intellectual and emotional growth.
    d. a continuum from mentally healthy to unhealthy.

    ANS: D
    Because mental health and mental illness are relative concepts, assessment of functioning is made by using a continuum. Mental health is not based on conformity; some mentally healthy individuals do not conform to society's norms. Most individuals occasionally display illogical or irrational thinking. The rate of intellectual and emotional growth is not the most useful criterion to assess mental health or mental illness.

    DIF: Cognitive Level: Application   REF: Pages: 15-16
    TOP: Nursing Process: Assessment   MSC: NCLEX: Psychosocial Integrity

7. A 40-year-old adult who lives with parents states, "I'm happy but I don't socialize much. My work is routine, but when new things come up my boss explains them a few times to make sure I understand. At home, my parents make decisions for me and I go along with them." A nurse should identify interventions to increase this patient's:
    a. self-concept.
    b. overall happiness.
    c. appraisal of reality.
    d. control over behavior.

    ANS: A
    The patient feels the need for multiple explanations of new tasks at work and, despite being 40 years old, allows both parents to make all decisions. These behaviors indicate a poorly developed self-concept.

    DIF: Cognitive Level: Application   REF: Pages: 13-14 TOP: Nursing Process: Planning
    MSC: NCLEX: Psychosocial Integrity

8. A patient tells a nurse, "I have psychiatric problems and am in and out of hospitals all the time. None of my friends or relatives has these problems." Select the nurse's best response.
    a. "Comparing yourself with others has no real advantages."
    b. "Mental illness affects 50% of the adult population in any given year."
    c. "About half of all Americans will experience a psychiatric disorder."

d. "Why do you blame yourself for having a psychiatric illness?"

ANS: C
The question calls for an answer relating to the prevalence of mental illness. The only option that addresses this information accurately is the response indicating that half of Americans have a psychiatric disorder at some time in their lives. It is not true that mental illness affects 50% of the population in any given year. Asking patients if they blame themselves is an example of probing.

DIF: Cognitive Level: Application   REF: Pages: 13-14
TOP: Nursing Process: Implementation   MSC: NCLEX: Psychosocial Integrity

9. A critical care nurse asks a psychiatric nurse about the difference between a *DSM-IV-TR* diagnosis and a nursing diagnosis. Select the psychiatric nurse's best response.
   a. "There is no functional difference between the two diagnoses. Both serve to identify a human deviance."
   b. "The *DSM-IV-TR* diagnosis disregards culture, whereas the nursing diagnosis includes cultural variables."
   c. "The *DSM-IV-TR* diagnosis profiles present distress or disability, whereas a nursing diagnosis considers past and present responses to actual mental health problems."
   d. "The *DSM-IV-TR* diagnosis influences the medical treatment; the nursing diagnosis offers a framework to identify interventions for problems a patient has or may experience."

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 the *DSM-IV-TR* and a nursing diagnosis consider culture. The *DSM-IV-TR* is multiaxial. Nursing diagnoses also consider potential problems.

DIF: Cognitive Level: Application   REF: Pages: 16-18
TOP: Nursing Process: Implementation   MSC: NCLEX: Safe, Effective Care Environment

10. A nurse finds a new patient uncommunicative about recent life events. The nurse suspects marital and economic problems. The social worker's assessment has been dictated, but is not yet in the medical record. The most effective action the nurse could take would be to:
    a. ask the patient who shares a room with this patient.
    b. consult Axis IV of the *DSM-IV-TR* in the medical record.
    c. focus questions on the topics of marital and economic issues.
    d. delay discussion of these topics until the social worker's assessment is available.

ANS: B
The physician's admission note would identify psychosocial and environmental problems on Axis IV pertinent to the patient's situation, providing another source of information for the nurse. Asking the patient who shares a room with the patient violates patient privacy rights. Persistent questioning of the patient will likely result in withdrawal. Delaying discussion until the social worker's assessment is available is not an effective solution.

DIF: Cognitive Level: Application   REF: Page: 20
TOP: Nursing Process: Assessment   MSC: NCLEX: Safe, Effective Care Environment

11. A newly admitted patient is profoundly depressed, mute, and motionless. The patient has refused to bathe and eat for a week. Which score would be expected on the patient's global assessment of functioning?
     a. 100
     b. 80
     c. 50
     d. 10

     ANS: D
     The patient is unable to maintain personal hygiene, oral intake, or verbal communication. The patient is dangerous to self because of the potential for starvation. A GAF score of 100 indicates high-level functioning. A score of 80 or 50 suggests higher functional abilities than the patient presently displays.

     DIF: Cognitive Level: Analysis   REF: Page: 19
     TOP: Nursing Process: Assessment   MSC: NCLEX: Psychosocial Integrity

12. The spouse of a patient with schizophrenia says, "I don't understand why childhood experiences have anything to do with this disabling illness." Select the nurse's response that will best help the spouse understand this condition.
     a. "It must be frustrating for you that your spouse is sick so much of the time."
     b. "We now know that all mental illnesses are the result of genetic factors."
     c. "Psychological stress is actually at the root of most mental disorders."
     d. "The origin of this disorder is more likely biological than psychological."

     ANS: D
     Many of the most prevalent and disabling mental disorders have been found to have strong biological influences. The first option is empathic but does not increase the spouse's level of knowledge about the cause of the patient's condition. It is not an established fact that all mental illnesses are the result of genetic factors, and it is not true that psychological stress is at the root of most mental disorders.

     DIF: Cognitive Level: Application   REF: Page: 16
     TOP: Nursing Process: Implementation   MSC: NCLEX: Health Promotion and Maintenance

13. Which understanding by a nurse should result in the highest degree of 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. Some symptoms of 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. It is not true that all mental illnesses are culturally determined. Schizophrenia and bipolar disorder are cross-cultural disorders, but this understanding has little relevance to patient advocacy. Symptoms of mental disorders change from culture to culture.

DIF: Cognitive Level: Analysis   REF: Pages: 20-21   TOP: Nursing Process: Planning
MSC: NCLEX: Safe, Effective Care Environment

14. A patient's history shows intense and unstable relationships with men and women, with the patient initially idealizing the individual, and then devaluing him or her when the patient's needs are not met. The patient then experiences emptiness and resorts to self-mutilation. Which aspect of mental health is a problem?
    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: Application   REF: Page: 13
    TOP: Nursing Process: Assessment   MSC: NCLEX: Psychosocial Integrity

15. In the majority culture of the United States, which individual is at greatest risk for being labeled mentally ill?
    a. A wealthy person who gives $20 bills to needy individuals in the community
    b. A person who attends a charismatic church and describes hearing God's voice speaking
    c. A person with an optimistic viewpoint about life and getting his or her own needs met
    d. A person who is usually pessimistic but strives to meet personal goals

    ANS: B
    Hearing voices is generally associated with mental illness; however, in charismatic religious groups, hearing the voice of God or a prophet is a desirable event. In this situation cultural norms vary, making it more difficult to make an accurate *DSM-IV-TR* diagnosis. The individuals described in the other options are less likely to be labeled as mentally ill.

    DIF: Cognitive Level: Application   REF: Page: 18 | Pages: 20-21
    TOP: Nursing Process: Assessment   MSC: NCLEX: Psychosocial Integrity

16. A psychiatric nurse addresses Axis I of the *DSM-IV-TR* as the focus of care but also considers the presence of other long-term, nonmedical disorders that may affect treatment. The nurse should refer to which axis for this information?
    a. Axis II
    b. Axis III
    c. Axis IV
    d. Axis V

    ANS: A
    Axis II refers to personality disorders and mental retardation. Together, Axis I and Axis II constitute the classification of abnormal behavior diagnosed in the individual. Axis III indicates any relevant general medical conditions. 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: Pages: 17-18   TOP: Nursing Process: Planning
    MSC: NCLEX: Safe, Effective Care Environment

17. A nurse visits a legislator's office to lobby for greater insurance parity for psychiatric disorders. The nurse emphasizes the need for parity by stating that approximately _____% of Americans will meet the criteria for a mental disorder sometime in their lifetime.
    a. 10
    b. 25
    c. 50
    d. 95

    ANS: C
    It has been estimated that half of all Americans will meet the criteria for a mental disorder sometime during their lifetime.

    DIF: Cognitive Level: Knowledge   REF: Page: 14   TOP: Nursing Process: N/A
    MSC: NCLEX: Safe, Effective Care Environment

18. A nurse providing psychoeducation is asked, "What is the most prevalent mental disorder in the United States?" Select the nurse's best response.
    a. "Why do you ask?"
    b. "Schizophrenia."
    c. "Affective disorders."
    d. "Anxiety disorders."

    ANS: D
    The prevalence for schizophrenia is 1.1% per year. The prevalence of all affective disorders (depression, dysthymia, bipolar) is 9.5%. The prevalence of anxiety disorders is 13.3%.

    DIF: Cognitive Level: Comprehension   REF: Page: 15
    TOP: Nursing Process: Implementation   MSC: NCLEX: Health Promotion and Maintenance

19. A nurse wants to find a description of diagnostic criteria for a person with schizophrenia. Which resource should be consulted?
    a. U.S. Department of Health and Human Services
    b. NANDA-International
    c. *Journal of the American Psychiatric Association*
    d. *DSM-IV-TR*

    ANS: D
    The *DSM-IV-TR* identifies diagnostic criteria for psychiatric diagnoses. The other sources have useful information but are not the best resources for finding a description of the diagnostic criteria for a psychiatric disorder.

    DIF: Cognitive Level: Application   REF: Page: 15   TOP: Nursing Process: Diagnosis
    MSC: NCLEX: Health Promotion and Maintenance

MULTIPLE RESPONSE

1. A patient asks a nurse, "The pamphlet I read about depression says psychosocial factors influence depression. What does that mean?" Which examples could the nurse cite to support the information? (More than one answer is correct.)
    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 sudden death of a parent or loved one
    e. Experiencing symptom remission when treated with antidepressant medication

    ANS: A, C, D
    Family influence is considered a psychosocial factor affecting a patient's mental health. A hostile, overinvolved family is critical of the patient and contributes to low self-esteem. Religious influences are considered psychosocial in nature. Life experiences, especially crises and losses, are considered psychosocial influences on mental health. Having two first-degree relatives with bipolar disorder would be considered a factor that influences the individual's risk for mental disorder, but it is a genetic, not psychosocial, factor. Treatment with a biological agent such as antidepressant medication is an example of a biological influence.

    DIF: Cognitive Level: Application   REF: Pages: 13-14 | Page: 17
    TOP: Nursing Process: Implementation   MSC: NCLEX: Psychosocial Integrity

2. A patient in the emergency department reports, "I hear voices saying someone is stalking me. They want to kill me because I found the cure for cancer. I carry a knife and will stab anyone that threatens me." Which aspect(s) of mental health should be of greatest immediate concern to a nurse? (More than one answer is correct.)
    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 patient's appraisal of reality is inaccurate, and there is evidence of auditory hallucinations as well as delusions of persecution and 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. 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: Application   REF: Pages: 13-14
TOP: Nursing Process: Assessment   MSC: NCLEX: Safe, Effective Care Environment