

Chapter 1 - Mental Health and Mental Illness

1) When studying mental health and mental illness, the student nurse learns that which of the following is evidence of our mental health?

- A) Our ability to function well with others
- B) Our ability to defend what we believe
- C) Our ability to perform demanding tasks on the job
- D) Our ability to defend those weaker than we are

Ans: A

To solve this, let's break down each option and consider what evidence of mental health would look like.

A) "Our ability to function well with others" - This suggests being able to interact effectively and positively with others, which is a key component of good mental health as it indicates adaptability, social skills, and the ability to form and maintain relationships. Good mental health enables individuals to navigate and contribute positively in social situations.

B) "Our ability to defend what we believe" - While strong convictions can be an indicator of confidence or purpose, this option leans more towards assertiveness or conviction rather than the quality of one's mental health directly.

C) "Our ability to perform demanding tasks on the job" - This is more about capability and productivity, which are valuable but not necessarily direct indicators of mental health. Performance at work can be influenced by many factors including external pressures, workload, support systems, etc., rather than solely by mental well-being.

D) "Our ability to defend those weaker than we are" - While empathy and the ability to stand up for others when needed can be positive traits, this is more about altruism and social responsibility rather than direct evidence of one's own mental health.

Considering these explanations, option A stands out as it directly relates to how well an individual functions within a social context, which is a critical aspect of their mental health. It suggests resilience, adaptability, and the ability to form and maintain positive relationships, all of which are core indicators of good mental health.

2) A mental health nurse is teaching a class in anger management. She teaches the patients that recognizing what triggers their anger response allows them to do which of the following?

- A) Manipulate the situation to get what you want
- B) Standup for ones beliefs against the cultural beliefs of a community
- C) Gives them the opportunity to gain control of their anger
- D) Control the things that trigger their anger

Ans: C

The correct answer is C) Gives them the opportunity to gain control of their anger.

When a person recognizes what triggers their anger response, they can take steps to manage and regulate it. This process empowers them with a sense of control over their emotions and behaviors, allowing them to respond more constructively to situations that previously would have triggered an angry reaction.

By recognizing the triggers for their anger, individuals can anticipate and prepare for potentially provocative situations, which in turn enables them to make conscious choices about how they react. This understanding also helps them develop strategies to cope with stressors and manage their emotions more effectively.

Therefore, identifying what triggers one's anger response gives them an opportunity to gain control over their emotions, enabling them to respond more thoughtfully and constructively in situations that might otherwise lead to angry outbursts.

3) Which of the following are factors that could be part of a person's cultural identity? (Select all that apply.)

- A) Common family customs
- B) Common language
- C) Common stressors
- D) Gender
- E) Adaptive resources

Ans: A, B, D

To answer this question, let's consider what cultural identity entails. Cultural identity refers to the unique characteristics, beliefs, and values that define a person's group affiliation. It encompasses aspects that are shared among members of a particular culture.

Now, analyzing each option:

A) Common family customs: This is indeed a factor that could be part of a person's cultural identity because customs often reflect a community's traditions and values passed down through generations.

B) Common language: Language can serve as a significant marker of cultural affiliation, distinguishing one group from another. It plays a crucial role in communication within the culture and often symbolizes shared history and experiences.

D) Gender: Although gender is a fundamental aspect of identity for every person, it can also be deeply intertwined with cultural identity. Cultural norms and expectations around gender roles, behaviors, and expression vary significantly across cultures and societies.

The incorrect options:

C) Common stressors: While certain stressors may be more common within specific cultures due to shared experiences or socio-economic factors, they do not define the culture itself but rather are environmental factors that influence its members.

E) Adaptive resources: This term seems somewhat abstract in this context. Typically, adaptive resources refer to strategies or means by which individuals or communities adapt to their environment. While these can be culturally influenced and used by individuals based on cultural norms, they do not directly contribute to a person's cultural identity but rather are a tool or behavior that arises from it.

In summary, common family customs (A) and common language (B) are direct contributors to a person's cultural identity as they define shared practices and communication patterns within the culture. Gender (D) is also an important aspect of cultural identity due to its intertwining with cultural norms and expectations around gender roles and behaviors.

4) What would a culturally competent nurse know that some cultural and ethnic groups feel that mental illness is caused by?

- A) Demon possession
- B) Pretense
- C) The stars
- D) Hypnosis

Ans: A

To determine which option is the correct answer, let's break down each choice and its relevance to cultural competence in nursing.

B) Pretense - This option refers to a false appearance of mental illness, often seen as a form of malingering or faking symptoms for attention or gain. While some cultures may be more accepting of this concept than others, it does not encompass the broad spectrum of beliefs about the cause of mental illnesses across different cultural and ethnic groups.

C) The stars - This option suggests an astrological influence on mental health conditions. While there might be instances where a culture believes in celestial influences over human affairs, this is not universally recognized or accepted as a cause for mental illness across all cultures and ethnicities.

D) Hypnosis - This refers to the ability of certain individuals to put others into a trance-like state by verbal commands or suggestion. Some therapeutic techniques involve hypnosis, but it is not commonly cited as a belief about the cause of mental illnesses in various cultural groups.

A) Demon possession - In many cultures and historical periods, people believed that certain behaviors could be attributed to demonic influences. This has been particularly prevalent in religious contexts where certain actions or conditions were seen as

evidence of spiritual battles between good (the divine) and evil (demonic forces). Culturally competent nurses need to understand the diversity in beliefs about mental health causes and how they can impact patients' perceptions, expectations, and experiences with healthcare services.

5) A staff educator is discussing stress and its impact on a disease process, whether it is physical or mental. What would be the best statement about stress that the educator could give?

- A) Stress can be prostress or distress.
- B) Stress can never enhance the feeling of well-being.
- C) Stress can be either physically or emotionally exhausting, but not both.
- D) Distress is actually harmful to one's health.

Ans: D

The best statement about stress that the educator could give would be:

- D) Distress is actually harmful to one's health.

Explanation:

This option provides a balanced view of stress, highlighting both its positive (eustress) and negative (distress) effects on human health. By acknowledging the existence of eustress, it acknowledges that some level of stress can actually have beneficial effects, such as increased alertness or motivation. On the other hand, it also clearly states that excessive or chronic stress can lead to negative outcomes for one's well-being.

The option D is more comprehensive and accurate compared with the other options:

A) The term "prostress" is not commonly used in medical literature. Instead, the correct terminology is eustress (positive stress).

B) This statement is incorrect because, as mentioned above, moderate levels of stress can actually enhance feelings of well-being.

C) This option misrepresents the effects of stress on physical and mental health. Stress can indeed have both physical and emotional components and can be exhausting in either or both forms.

6) A patient comes to the clinic to see the Mental Health Nurse Practitioner. The patient states, I seem to be miserable and upset all the time. My marriage is crumbling because my wife refuses to understand how I feel. What does the nurse practitioner understand about the factors contributing to the patient's stress?

- A) Internal situations often make us miserable and upset
- B) External situations often make us miserable and upset
- C) We choose to make ourselves miserable and upset

D) We choose to live with chronic stress

Ans: C

The correct answer is indeed C) We choose to make ourselves miserable and upset.

Here's why:

When the patient presents as "miserable and upset all the time" due to his marriage issues, it suggests that he has a negative perception of the situation. He attributes his emotional state to external factors (his wife's refusal to understand him), which is a common attribution error in everyday life.

However, this type of thinking can lead to an internal experience of stress and unhappiness, rather than simply being a response to external circumstances. In other words, the patient has chosen to interpret his situation as causing him misery and upset, which in turn contributes to his feelings of distress.

This is not to say that the patient's marriage issues are irrelevant or that he should just "snap out" of it. Rather, understanding that our emotional experiences are often shaped by our internal thought processes and attributions can help us address these underlying factors and develop more adaptive coping strategies.

In this case, the nurse practitioner would likely explore with the patient how his thoughts about his marriage are contributing to his stress, rather than simply focusing on external solutions (e.g., getting his wife to understand him). This is an example of the cognitive-behavioral approach in action!

7) As a mental health nurse, you know that when a person feels insulted, mental images of resentment and animosity may be formed. These images generate what?

- A) The need to fight back
- B) The need to change their behavior
- C) The need to project blame onto the other person
- D) The need to manipulate the situation

Ans: A

According to the statement, when a person feels insulted, mental images of resentment and animosity may be formed. These mental images are emotional responses that can trigger a physical response in the body. In this case, the most likely outcome is that the person will experience an increase in stress hormones such as adrenaline, which prepares the body to either fight or flee.

Therefore, Ans: A) The need to fight back is the correct answer because it is the most direct consequence of experiencing resentment and animosity triggered by mental images.

8) Mental health nurses know that stress management is an important part of patient care. What is one way a mental health nurse could help the patient cope with stress?

- A) Teach mentalization
- B) Teach hypnosis
- C) Teach imagination
- D) Teach visualization

Ans: D

To address this question, let's break it down step by step.

1. ****Understanding Stress Management in Mental Health Care****: The first step is to recognize that managing stress is crucial for mental health patients as excessive stress can exacerbate conditions like anxiety and depression.

2. ****Identifying Effective Techniques for Stress Management****: Effective stress management techniques include relaxation, mindfulness, deep breathing exercises, and visualization among others.

3. ****Evaluating the Options Given****:

- ****A) Teach Mentalization****: Mentalization is a therapeutic approach that focuses on understanding one's mental states and those of others but it might not directly address immediate stress needs.
- ****B) Teach Hypnosis****: While hypnosis can be used for stress management, it requires proper training to administer effectively and may not be suitable for all patients due to its intrusive nature.
- ****C) Teach Imagination****: Teaching imagination could potentially exacerbate stress if the patient has a history of trauma or negative past experiences associated with their imagination.
- ****D) Teach Visualization****: Visualization is a technique that involves imagining oneself in a safe, relaxing environment. It is directly aimed at reducing immediate feelings of stress and anxiety.

4. ****Choosing the Most Appropriate Option****:

Given these considerations, teaching visualization (option D) seems to be the most straightforward method for immediate stress management among those listed.

Visualization can provide an instant relief from stress by helping individuals imagine a more peaceful state, which aligns with the goal of managing stress in mental health care.

Therefore, ****Ans: D**** is considered the correct answer as it directly addresses the need to teach an effective technique for coping with stress immediately.

9) To help patients deal with their stress, nurses must also learn to cope with their own. Which of the following is an adaptive coping strategy that might be used by the nurse?

- A) Reframing
- B) Mediation
- C) Asset training
- D) Mental blocking

Ans: A

To determine which of the options is an adaptive coping strategy that a nurse might use, let's break down each option:

A) Reframing - This involves changing one's perspective on a situation to find a more positive meaning. It can be an effective way for nurses (and patients) to cope with stress by reframing a difficult situation into a challenge or learning opportunity.

B) Mediation - While meditation is often used as a technique to manage stress, it is not specifically described as a coping strategy in the context of this question.

C) Asset training - This does not appear to be directly related to stress management or coping strategies. It sounds more like a general professional development activity.

D) Mental blocking - This option doesn't seem to describe an effective coping mechanism. In fact, mental blocking might refer to trying to push thoughts away rather than dealing with them in a healthy manner.

Based on this analysis, reframing is the most likely choice for an adaptive coping strategy that nurses (and patients) could use to deal with stress.

10) An 18-year-old college student is very anxious about auditioning for the school's famous chorale. Which of the following ways of dealing with this anxiety would the nurse recognize as being maladaptive?

- A) Arranging for voice lessons
- B) Practicing the songs used in the audition
- C) Going to a concert
- D) Singing with a group of friends

Ans: C

Firstly, let's analyze each option:

A) Arranging for voice lessons - This is a proactive approach to address anxiety by improving vocal skills. However, it may not directly alleviate the anxiety related to auditioning.

B) Practicing the songs used in the audition - This is a constructive way to prepare for the audition and build confidence. It helps the individual feel more comfortable with the material, which can reduce anxiety.

C) Going to a concert - While attending a concert might be enjoyable, it's not directly

addressing the student's anxiety about auditioning. In fact, watching others perform could potentially increase anxiety if the student feels they're not as skilled or prepared.

D) Singing with a group of friends - This option is more aligned with social support and a casual way to practice singing. However, it might not provide the necessary focus or pressure to prepare for an audition.

Given the choices, C (Going to a concert) is less directly related to addressing anxiety about auditioning compared to the other options. While attending a concert can be a low-stakes, enjoyable experience, it doesn't contribute meaningfully to preparing for the audition.

11) Several steps occur in the crisis sequence. What is one of these steps?

- A) Organization recurs
- B) Violence
- C) Autonomic response
- D) Peripheral nervous system response

Ans: C

The correct answer is indeed Ans: C, Autonomic response.

An autonomic response refers to a physiological reaction that occurs in a crisis situation, where the body's automatic functions (e.g., heart rate, blood pressure, respiration) are triggered without conscious control. This response helps prepare the individual for "fight or flight," allowing them to react quickly and efficiently to the perceived threat.

In the context of a crisis sequence, an autonomic response is one of the steps that occurs in response to the initial threat or stimulus. It's a critical component of the body's physiological reaction, enabling individuals to cope with stress and pressure.

The other options are not directly related to a specific step in a crisis sequence:

- * A) Organization recurs refers to a process of reorganizing and adapting to new situations, but it's not a direct response to a crisis.
- * B) Violence is a potential outcome or consequence of a crisis, rather than a specific physiological response.
- * D) Peripheral nervous system response refers to the body's external reactions (e.g., sweating, trembling), which can be part of an autonomic response but are not the same thing.

12) A 70-year-old man is admitted to the hospital in a severe state of malnutrition. The nurse learns that he lost his wife 3 months ago and is living alone in a rural area. His family lives at a great distance and rarely visits him. He is not eating for several days at a time and is not paying his bills. He is now without electricity and phone service at his home. When his son asks the nurse what is wrong with his father, what would be the nurse's best response?

- A) He is grieving for his wife.
- B) He has colon cancer and is dying.
- C) He has a malabsorption disorder.
- D) He feels alone and useless.

Ans: A

The best response from the nurse to the son's question would be:

- A) He is grieving for his wife.

Explanation:

Based on the information provided, it is clear that the 70-year-old man is suffering from severe malnutrition, which suggests a lack of physical and emotional support in his life. His isolation and inability to care for himself are likely a result of the loss of his wife three months ago. The nurse has no indication that he has colon cancer or a malabsorption disorder (options B and C), and while feeling alone and useless might be a contributing factor, it is not the most direct explanation for his condition (option D). Grief, particularly the intense grief experienced after losing a spouse, can lead to changes in appetite, sleep patterns, and overall health. The nurse's response acknowledges the man's emotional state and focuses on the likely underlying cause of his malnutrition.

13) A 28-year-old woman, whose husband and two children were killed in a hurricane 3 years ago, has dated several men in the past 18 months. She has never allowed a serious relationship to develop, always finding a reason to end the relationship after a couple of months. What is a reason that this woman may not be able to form a serious, lasting relationship with a man?

- A) Unresolved grieving from a loss when she was 15 years old
- B) The patient has had multiple losses
- C) Guilt with regard to circumstances at or near the time of loss
- D) The patient has ambivalent feelings toward the lost person

Ans: B

Let's break down each option:

A) Unresolved grieving from a loss when she was 15 years old - While this might have some impact on her ability to form relationships, it doesn't directly relate to the specific situation described in the question (her husband and two children being killed in a hurricane).

C) Guilt with regard to circumstances at or near the time of loss - There's no indication that she feels guilty about anything related to the deaths.

D) The patient has ambivalent feelings toward the lost person - This doesn't seem to fit, as it implies conflicted emotions towards someone who is deceased (her husband and children), which isn't relevant to her difficulty forming relationships with men now.

B) The patient has had multiple losses - Given that she's a 28-year-old woman whose husband and two children were killed in a hurricane just three years ago, this option is the most fitting. Having experienced such significant and traumatic losses, it's likely that she's struggling to form close, long-term relationships with others due to unresolved grief or emotional unavailability stemming from those losses.

This choice (B) acknowledges that the woman has indeed had multiple major life-altering events occur in her recent past, which is directly relevant to her inability to form serious lasting relationships.

14) A new nurse has just begun work in a mental health facility. During orientation, the nurse learns about chronic sorrow. What should this nurse learn that is considered chronic sorrow?

- A) Twelve continuous months of coping with a loss
- B) Inability to complete the coping process
- C) A prolonged and intensified resolution
- D) A prolonged and intensified reaction

Ans: D

The correct answer is D) A prolonged and intensified reaction.

Chronic sorrow refers to a complex, persistent, and profound sense of grief that persists over time in response to a significant loss or trauma. This concept was first introduced by Olshansky (1962), and it has since been widely used to describe the experience of individuals who have suffered from chronic pain, illness, disability, or mental health conditions.

In the context of this question, chronic sorrow is characterized by a prolonged and intensified reaction to a loss or trauma. This means that the nurse should learn about how individuals may experience an ongoing, intense emotional response to a significant event, rather than simply completing the coping process (option B) or experiencing a specific time frame of grief (options A and C).

Therefore, option D is the correct answer because it accurately describes chronic sorrow as a prolonged and intensified reaction to a loss or trauma.

15) A patient who responds to acute stress by fleeing from the situation is demonstrating the fight-or-flight response. Which of the following describes this response?

- A) A surge of adrenalin into the bloodstream in response to an immediate threat
- B) A lapse of judgment that causes a person to avoid consequences
- C) A positive response to an insulting situation
- D) A result of chronic stress

Ans: A

The correct answer is indeed A) A surge of adrenalin into the bloodstream in response to an immediate threat.

Here's why:

In the context of the fight-or-flight response, when a person perceives a threat, their body responds by releasing stress hormones, such as adrenaline (also known as epinephrine). This hormone surges into the bloodstream, preparing the individual to either confront (fight) or flee from the situation.

The question describes a patient who "responds to acute stress by fleeing from the situation", which is a key characteristic of the fight-or-flight response. Therefore, option A accurately describes this response.

In contrast:

- * Option B refers to a lapse in judgment that leads to avoidance, which is not the same as fleeing from a situation.
- * Option C describes a positive response to an insulting situation, which is unrelated to the fight-or-flight response.
- * Option D refers to a result of chronic stress, which is a different concept altogether.

Therefore, option A is the correct answer.

16) The nurse is caring for a patient whose husband is dying. The patient says that the doctors caring for her husband are very good and that she knows her husband will recover. The nurse recognizes that the patient is likely in which stage of grief?

- A) Anger
- B) Denial
- C) Acceptance
- D) Bargaining

Ans: B

The patient's statement that her husband will recover, despite being surrounded by medical professionals who are likely aware of his terminal condition, suggests that she is unable to accept or confront the reality of her husband's situation. This reluctance to acknowledge the grim prognosis indicates that she is in a state of denial.

Denial is a common initial response to loss or trauma, where individuals struggle to process and accept the new information. In this scenario, the patient's positive assertion about her husband's recovery may be an attempt to avoid confronting the pain and sadness associated with losing a loved one.

While anger (A) might also be a part of the grieving process, it is not necessarily indicated by the patient's statement. Bargaining (D) involves attempting to change the situation through prayer or other means, which is not evident in this scenario either.

Acceptance (C) would involve acknowledging and coming to terms with the reality of the loss, rather than denying it.

Therefore, based on the patient's words and behavior, she is likely in a state of denial (B).

17) As a mental health nurse, you are initiating therapeutic strategies for a patient who is in psychological crisis. You initiate therapeutic strategies that are designed to do what?

- A) Teach the person in crisis a lesson
- B) Assist in preventing future emotional states of dysfunction
- C) Assist in identifying future behaviors
- D) Teach the person in crisis how to diffuse the anger

Ans: B

The correct answer is B) Assist in preventing future emotional states of dysfunction.

As a mental health nurse, initiating therapeutic strategies for a patient in psychological crisis is crucial in promoting the patient's well-being and preventing further episodes of distress. The primary goal of these strategies is not to teach the person a lesson (A), identify future behaviors (C), or even diffuse their anger at that moment (D). Instead, the focus is on addressing the underlying issues contributing to the crisis and equipping the individual with skills and coping mechanisms to manage similar situations in the future.

Preventing future emotional states of dysfunction (B) aligns with the principles of mental health nursing practice, which aims to promote recovery, reduce risk factors for poor outcomes, and enhance overall quality of life. By doing so, the nurse plays a critical role in supporting patients through challenging times and empowering them to navigate complex emotional situations more effectively.

18) During the mental health clinical rotation, a student nurse asks what types of triggers increase stress levels. What would be the most likely answer the student nurse could get?

- A) Expected triggers
- B) One-time triggers
- C) Intense triggers
- D) Controllable triggers

Ans: C

The most likely answer the student nurse could get would be:

- C) Intense triggers

This is because, in a mental health clinical setting, intense triggers are often

associated with increased stress levels due to their potency and potential for significant emotional impact. Examples of such triggers might include major life events like the loss of a loved one or a serious medical diagnosis.

In contrast, "expected triggers" (A) implies that stress is anticipated but not necessarily overwhelming; "one-time triggers" (B) suggests an isolated occurrence without ongoing effect; and "controllable triggers" (D) implies that the individual has some level of agency over their impact.

19) A patient on the medical/psychiatric unit has been seen pacing back and forth in his room. The nurse asks him what is wrong. The patient responds, I dont know. What is this an example of?

- A) Stress
- B) Anxiety
- C) Distress
- D) Grief

Ans: B

The scenario described is an example of anxiety because the patient's behavior (pacing back and forth in his room) suggests that he is agitated and on edge, which are common symptoms of anxiety. The patient's response "I don't know" implies a sense of uncertainty and unease, further indicating anxiety.

Stress (A) is a broader term that refers to the body's physical or emotional response to a demanding situation, but it doesn't capture the specific behavior and emotional state described in the scenario.

Distress (C) is a term used to describe an uncomfortable or unpleasant emotional state, which can be related to anxiety. However, distress is more general and doesn't specifically convey the idea of agitation and uncertainty present in this case.

Grief (D) typically refers to the emotional response to a significant loss or separation, such as the death of a loved one. While grief can involve feelings of distress, it doesn't account for the patient's agitated behavior and uncertainty about what is wrong.

20) A nurse is collecting data on a new patient in the clinic. What is the best question the nurse might ask the patient to elicit data on the patients mental health?

- A) What family members do you live with?
- B) Do you often change things in your life?
- C) How do you feel about yourself?
- D) What do you do for a living?

Ans: C

The correct answer is C) How do you feel about yourself.

This question allows the nurse to elicit data on the patient's mental health by directly inquiring about their emotional state and self-perception. It is an open-ended question that encourages the patient to share their thoughts and feelings, providing valuable information about their mental well-being.

Answer A (What family members do you live with) is more relevant to gathering data on the patient's social situation or support system, rather than their mental health.

Answer B (Do you often change things in your life) may be related to anxiety or impulsivity, but it is not a direct question about the patient's feelings or emotional state.

Answer D (What do you do for a living) is unrelated to the patient's mental health and is more relevant to gathering data on their occupation or daily activities.