CHAPTER 1 - Foundations of Psychiatric–Mental Health Nursing

1. The nurse is assessing the factors contributing to the well-being of a newly admitted client. Which of the following would the nurse identify as having a positive impact on the individual's mental health?
    A)   Not needing others for companionship
    B)   The ability to effectively manage stress
    C)   A family history of mental illness
    D)   Striving for total self-reliance
    Ans: B
    Feedback:
    Individual factors influencing mental health include biologic makeup, autonomy, independence, self-esteem, capacity for growth, vitality, ability to find meaning in life, emotional resilience or hardiness, sense of belonging, reality orientation, and coping or stress management abilities. Interpersonal factors such as intimacy and a balance of separateness and connectedness are both needed for good mental health, and therefore a healthy person would need others for companionship. A family history of mental illness could relate to the biologic makeup of an individual, which may have a negative impact on an individual's mental health, as well as a negative impact on an individual's interpersonal and social-cultural factors of health. Total self-reliance is not possible, and a positive social/cultural factor is access to adequate resources.

2. Which of the following statements about mental illness are true? Select all that apply.
    A)   Mental illness can cause significant distress, impaired functioning, or both.
    B)   Mental illness is only due to cultural factors.
    C)   Social/cultural factors that relate to mental illness include excessive dependency on or withdrawal from relationships.
    D)   Individuals suffering from mental illness are usually able to cope effectively with daily life.
    E)   Individuals suffering from mental illness may experience dissatisfaction with relationships and self.
    Ans: A, D, E
    Feedback:
    Mental illness can cause significant distress, impaired functioning, or both. Mental illness may be related to individual, interpersonal, or social/cultural factors. Excessive dependency on or withdrawal from relationships are interpersonal factors that relate to mental illness. Individuals suffering from mental illness can feel overwhelmed with daily life. Individuals suffering from mental illness may experience dissatisfaction with relationships and self.

3. Which of the following are true regarding mental health and mental illness?
   A) Behavior that may be viewed as acceptable in one culture is always unacceptable in other cultures.
   B) It is easy to determine if a person is mentally healthy or mentally ill.
   C) In most cases, mental health is a state of emotional, psychological, and social wellness evidenced by satisfying interpersonal relationships, effective behavior and coping, positive self-concept, and emotional stability.
   D) Persons who engage in fantasies are mentally ill.
   Ans: C
   Feedback:
   What one society may view as acceptable and appropriate behavior, another society may see that as maladaptive, and inappropriate. Mental health and mental illness are difficult to define precisely. In most cases, mental health is a state of emotional, psychological, and social wellness evidenced by satisfying interpersonal relationships, effective behavior and coping, positive self-concept, and emotional stability. Persons who engage in fantasies may be mentally healthy, but the inability to distinguish reality from fantasy is an individual factor that may contribute to mental illness.

4. A client grieving the recent loss of her husband asks if she is becoming mentally ill because she is so sad. The nurse's best response would be,
   A) "You may have a temporary mental illness because you are experiencing so much pain."
   B) "You are not mentally ill. This is an expected reaction to the loss you have experienced."
   C) "Were you generally dissatisfied with your relationship before your husband's death?"
   D) "Try not to worry about that right now. You never know what the future brings."
   Ans: B
   Feedback:
   Mental illness includes general dissatisfaction with self, ineffective relationships, ineffective coping, and lack of personal growth. Additionally the behavior must not be culturally expected. Acute grief reactions are expected and therefore not considered mental illness. False reassurance or overanalysis does not accurately address the client's concerns.

5. The nurse consults the DSM for which of the following purposes?
   A)   To devise a plan of care for a newly admitted client
   B)   To predict the client's prognosis of treatment outcomes
   C)   To document the appropriate diagnostic code in the client's medical record
   D)   To serve as a guide for client assessment
   Ans: D
   Feedback:
   The DSM provides standard nomenclature, presents defining characteristics, and identifies underlying causes of mental disorders. It does not provide care plans or prognostic outcomes of treatment. Diagnosis of mental illness is not within the generalist RN's scope of practice, so documenting the code in the medical record would be inappropriate.

6. Which would be a reason for a student nurse to use the DSM?
   A)   Identifying the medical diagnosis
   B)   Treat clients
   C)   Evaluate treatments
   D)   Understand the reason for the admission and the nature of psychiatric illnesses.
   Ans: D
   Feedback:
   Although student nurses do not use the DSM to diagnose clients, they will find it a helpful resource to understand the reason for the admission and to begin building knowledge about the nature of psychiatric illnesses. Identifying the medical diagnosis, treating, and evaluating treatments are not a part of the nursing process.

7. The legislation enacted in 1963 was largely responsible for which of the following shifts in care for the mentally ill?
   A)   The widespread use of community-based services
   B)   The advancement in pharmacotherapies
   C)   Increased access to hospitalization
   D)   Improved rights for clients in long-term institutional care
   Ans: A
   Feedback:
   The Community Mental Health Centers Construction Act of 1963 accomplished the release of individuals from long-term stays in state institutions, the decrease in admissions to hospitals, and the development of community-based services as an alternative to hospital care.

8. Which one of the following is a result of federal legislation?
   A) Making it easier to commit people for mental health treatment against their will.
   B) Making it more difficult to commit people for mental health treatment against their will.
   C) State mental institutions being the primary source of care for mentally ill persons.
   D) Improved care for mentally ill persons.
   Ans: B
   Feedback:
   Commitment laws changed in the early 1970s, making it more difficult to commit people for mental health treatment against their will. Deinstitutionalization accomplished the release of individuals from long-term stays in state institutions. Deinstitutionalization also had negative effects in that some mentally ill persons are subjected to the revolving door effect, which may limit care for mentally ill persons.

9. The goal of the 1963 Community Mental Health Centers Act was to
   A) ensure patients' rights for the mentally ill.
   B) deinstitutionalize state hospitals.
   C) provide funds to build hospitals with psychiatric units.
   D) treat people with mental illness in a humane fashion.
   Ans: B
   Feedback:
   The 1963 Community Mental Health Centers Act intimated the movement toward treating those with mental illness in a less restrictive environment. This legislation resulted in the shift of clients with mental illness from large state institutions to care based in the community. Answer choices A, C, and D were not purposes of the 1963 Community Mental Health Centers Act.

10. The creation of asylums during the 1800s was meant to
    A) improve treatment of mental disorders.
    B) provide food and shelter for the mentally ill.
    C) punish people with mental illness who were believed to be possessed.
    D) remove dangerous people with mental illness from the community.
    Ans: B
    Feedback:
    The asylum was meant to be a safe haven with food, shelter, and humane treatment for the mentally ill. Asylums were not used to improve treatment of mental disorders or to punish mentally ill people who were believed to be possessed. The asylum was not created to remove the dangerously mentally ill from the community.

11. The major problems with large state institutions are: Select all that apply.
    A)   attendants were accused of abusing the residents.
    B)   stigma associated with residence in an insane asylum.
    C)   clients were geographically isolated from family and community.
    D)   increasing financial costs to individual residents.
    Ans: A, C
    Feedback:
    Clients were often far removed from the local community, family, and friends because state institutions were usually in rural or remote settings. Choices B and D were not major problems associated with large state instructions.

12. A significant change in the treatment of people with mental illness occurred in the 1950s when
    A)   community support services were established.
    B)   legislation dramatically changed civil commitment procedures.
    C)   the Patient's Bill of Rights was enacted.
    D)   psychotropic drugs became available for use.
    Ans: D
    Feedback:
    The development of psychotropic drugs, or drugs used to treat mental illness, began in the 1950s. Answer choices A, B, and C did not occur in the 1950s.

13. Before the period of the enlightenment, treatment of the mentally ill included
    A)   creating large institutions to provide custodial care.
    B)   focusing on religious education to improve their souls.
    C)   placing the mentally ill on display for the public's amusement.
    D)   providing a safe refuge or haven offering protection.
    Ans: C
    Feedback:
    In 1775, visitors at St. Mary's of Bethlehem were charged a fee for viewing and ridiculing the mentally ill, who were seen as animals, less than human. Custodial care was not often provided as persons who were considered harmless were allowed to wander in the countryside or live in rural communities, and more dangerous lunatics were imprisoned, chained, and starved. In early Christian times, primitive beliefs and superstitions were strong. The mentally ill were viewed as evil or possessed. Priests performed exorcisms to rid evil spirits, and in the colonies, witch hunts were conducted with offenders burned at the stake. It was not until the period of enlightenment when persons who were mentally ill were offered asylum as a safe refuge or haven offering protection at institutions.

14. The first training of nurses to work with persons with mental illness was in 1882 in which state?
    A)   California
    B)   Illinois
    C)   Massachusetts
    D)   New York
    Ans: C
    Feedback:
    The first training for nurses to work with persons with mental illness was in 1882 at McLean Hospital in Belmont, Massachusetts.

15. What is meant by the term "revolving door effect" in mental health care?
    A)   An overall reduction in incidence of severe mental illness
    B)   Shorter and more frequent hospital stays for persons with severe and persistent mental illness
    C)   Flexible treatment settings for mentally ill
    D)   Most effective and least expensive treatment settings
    Ans: B
    Feedback:
    The revolving door effect refers to shorter, but more frequent, hospital stays. Clients are quickly discharged into the community where services are not adequate; without adequate community services, clients become acutely ill and require rehospitalization. The revolving door effect does not refer to flexible settings for mentally ill. Even though hospitalization is more expensive than outpatient treatment, if utilized appropriately could result in stabilization and less need for emergency department visits and/or rehospitalization. The revolving door effect does not relate to the incidence of severe mental illness.

16. Which of the following statements is true of treatment of people with mental illness in the United States today?
    A)   Substance abuse is effectively treated with brief hospitalization.
    B)   Financial resources are reallocated from state hospitals to community programs and support.
    C)   Only 25% of people needing mental health services are receiving those services.
    D)   Emergency department visits by persons who are acutely disturbed are declining.
    Ans: C
    Feedback:
    Only one in four (25%) adults needing mental health care receives the needed services. Substance abuse issues cannot be dealt with in the 3 to 5 days typical for admissions in the current managed care environment. Money saved by states when state hospitals were closed has not been transferred to community programs and support. Although people with severe and persistent mental illness have shorter hospital stays, they are admitted to hospitals more frequently. In some cities, emergency department visits for acutely disturbed persons have increased by 400% to 500%.

17. Which of the following is the priority of the Healthy People 2020 objectives for mental health?
    A)   Improved inpatient care
    B)   Primary prevention of emotional problems
    C)   Stress reduction and management
    D)   Treatment of mental illness
    Ans: D
    Feedback:
    The objectives are to increase the number of people who are identified, diagnosed, treated, and helped to live healthier lives. The objectives also strive to decrease rates of suicide and homelessness, to increase employment among those with serious mental illness, and to provide more services both for juveniles and for adults who are incarcerated and have mental health problems. Answer choices A, B, and C are not priorities of Healthy People 2020.

18. Which is a positive aspect of treating clients with mental illness in a community-based care?
    A) "You will not be allowed to go out with your friends while in the program."
    B) "You will have to have supervision when you want to go anywhere else in the community."
    C) "You will be able to live in your own home while you still see a therapist regularly."
    D) "You will have someone in your home at all times to ask questions if you have any concerns."
    Ans: C
    Feedback:
    Clients can remain in their communities, maintain contact with family and friends, and enjoy personal freedom that is not possible in an institution. Full-time home care is not included in community-based programs.

19. One of the unforeseen effects of the movement toward community mental health services is
    A) fewer clients suffering from persistent mental illnesses.
    B) an increased number of hospital beds available for clients seeking treatment.
    C) an increased number of admissions to available hospital services.
    D) Longer hospital stays for people needing mental health services.
    Ans: C
    Feedback:

    Although people with severe and persistent mental illness have shorter hospital stays, they are admitted to hospitals more frequently. Although deinstitutionalization reduced the number of public hospital beds by 80%, the number of admissions to those beds correspondingly increased by 90%. The number of individuals with mental illness did not change.

20. Which is included in Healthy People 2020 objectives?
    A) To decrease the incidence of mental illness
    B) To increase the number of people who are identified, diagnosed, treated, and helped to live healthier lives
    C) To provide mental health services only in the community
    D) To decrease the numbers of people who are being treated for mental illness
    Ans: B
    Feedback:
    One of the Healthy People 2020 objectives is to increase the number of people who are identified, diagnosed, treated, and helped to live healthier lives. It may not be possible to decrease the incidence of mental illness. At this time, the focus is on ensuring that persons with mental illness are receiving needed treatment. It may not be possible or desirable to provide mental health services only in the community.

21. A client diagnosed with a mild anxiety disorder has been referred to treatment in a community mental health center. Treatment most likely provided at the center includes
    A)   medical management of symptoms.
    B)   daily psychotherapy.
    C)   constant staff supervision.
    D)   psychological stabilization.
    Ans: A
    Feedback:
    Community mental health centers focus on rehabilitation, vocational needs, education, and socialization, as well as on management of symptoms and medication. Daily therapies, constant supervision, and stabilization require a more acute care inpatient setting.

22. Which of the following is defined as an advanced-level function in the practice area of psychiatric mental health nursing?
    A)   Case management
    B)   Counseling
    C)   Evaluation
    D)   Health teaching
    Ans: C
    Feedback:
    Advanced-level functions are psychotherapy, prescriptive authority, consultation and liaison, evaluation, and program development and management. Case management, counseling, and health teaching are basic-level functions in the practice area of psychiatric mental health nursing.

23. Psychiatric nursing became a requirement in nursing education in which year?
    A)   1930
    B)   1940
    C)   1950
    D)   1960
    Ans: C
    Feedback:
    It was not until 1950 that the National League for Nursing, which accredits nursing programs, required schools to include an experience in psychiatric nursing.

24. A new graduate nurse has accepted a staff position at an inpatient mental health facility. The graduate nurse can expect to be responsible for basic-level functions, including
    A)   providing clinical supervision.
    B)   using effective communication skills.
    C)   adjusting client medications.
    D)   directing program development.
    Ans: B
    Feedback:
    Basic-level functions include counseling, milieu therapy, self-care activities, psychobiologic interventions, health teaching, case management, and health promotion and maintenance. Advanced-level functions include psychotherapy, prescriptive authority for drugs, consultation and liaison, evaluation, program development and management, and clinical supervision.

25. Which one of the following is one of the American Nurses Association standards of practice for psychiatric-mental health nursing?
    A)   Prescriptive authority is granted to psychiatric-mental health registered nurses.
    B)   All aspects of Standard 5: Implementation may be carried out by psychiatric-mental health registered nurses.
    C)   Some aspects of Standard 5: Implementation may only be carried out by psychiatric-mental health advanced practice nurses.
    D)   Psychiatric-mental health advanced practice nurses are the only ones who may provide milieu therapy
    Ans: C
    Feedback:
    Prescriptive authority is used by psychiatric-mental health *advanced practice* registered nurses in accordance with state and federal laws and regulations. Standards 5_{D-G} are advanced practice interventions and may be performed only by the psychiatric-mental health advanced practice registered nurse. Psychiatric-mental health registered nurses may provide milieu therapy according to Standard 5_C. This is not restricted to psychiatric-mental health advanced practice nurses.

26. Which of the following is a standard of professional performance?
    A) Assessment
    B) Education
    C) Planning
    D) Implementation
    Ans: B
    Feedback:
    Education is a standard of professional performance. Other standards of professional performance include the quality of practice, professional practice evaluation, collegiality, collaboration, ethics, research, resource utilization, and leadership. Assessment, planning, and implementation are components of the nursing process, not standards of professional performance.

27. Which of the following is a standard of practice?
    A) Quality of care
    B) Outcome identification
    C) Collegiality
    D) Performance appraisal
    Ans: B
    Feedback:
    Standards of practice include assessment, diagnosis, outcomes identification, planning, implementation, coordination of care, health teaching and health promotion, and milieu therapy. The standards of professional performance include quality of practice, education, professional practice evaluation, collegiality, collaboration, ethics, research, resource utilization, and leadership.

28. A student appears very nervous on the first day of clinical in a psychiatric setting. The student reviews the instructor's guidelines and appropriately takes which of the following actions? Select all that apply.
    A)   Tells the client about personal events and interests
    B)   Discusses the anxious feelings with the instructor
    C)   Assumes that the client's unwillingness to talk to a student nurse is a personal insult or
          failure
    D)   Builds rapport with the patient before asking personal questions
    E)   Consults the instructor if a shocking situation arises
    F)   Gravitates to clients that the student may know personally
    Ans: B, D, E
    Feedback:
    Listening carefully, showing genuine interest, and caring about the client are extremely important rather than speaking about oneself. The student must deal with his or her own anxiety about approaching a stranger to talk about very sensitive and personal issues. Student nurses should not see the client's unwillingness to talk to a student nurse as a personal insult or behavior. Being available and willing to listen are often all it takes to begin a significant interaction with someone. Questions involving personal matters should not be the first thing a student says to the client. These issues usually arise after some trust and rapport have been established. The nursing instructor and staff are
    always available to assist if the client is shocking or distressing to the student. If the student recognizes someone he or she knows, it is usually best for the student to talk with the client and reassure him or her about confidentiality. The client should be reassured that the student will not read the client's record and will not be assigned to work with the client.

29. The appropriate action for a student nurse who says the wrong thing is to
    A)   pretend that the student nurse did not say it.
    B)   restate it by saying, "That didn't come out right. What I meant was..."
    C)   state that it was a joke.
    D)   ignore the error, since no one is perfect.
    Ans: B
    Feedback:
    No one magic phrase can solve a client's problems; likewise, no single statement can significantly worsen them. Listening carefully, showing genuine interest, and caring about the client are extremely important. A nurse who possesses these elements but says something that sounds out of place can simply restate it by saying, "That didn't come out right. What I meant was..." Pretending that the student nurse did not say it, stating that it was a joke, and ignoring the error are not likely to help the student nurse build and maintain credibility with the client.