UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

FINAL EXAMINATION PAPER 2007

TITLE

: INTRODUCTION TO MENTAL HEALTH/PSYCHIATRIC NURSING

COURSE :

NUR 350

DURATION:

TWO (2) HOURS

MARKS: 75

- INSTRUCTIONS: 1. ANSWER ALL QUESTIONS
 - 2. **EACH QUESTION CARRIES 25 MARKS**
 - NO PAPER SHOULD BE BROUGHT INTO NOR OUT OF THE 3. **EXAMINATION ROOM**
 - 4. BEGIN EACH QUESTION ON A SEPARATE SHEET OF PAPER

DO NOT OPEN THIS QUESTION PAPER UNTIL PERMISSION IS GRANTED BY THE **INVIGILATOR**

QUESTION 1.

Multiple choice questions.

Select the response that best answers each of the following questions and indicate your answer by writing the letter preceding the correct response next to the question asked (e.g., 99 = t). (1 mark each)

- 1. The defense mechanism in which a person makes up for feelings of inadequacy or inferiority in one dimension is
 - a) Identification
 - b) Displacement
 - c) Compensation
 - d) Conversion
- 2. "I would have helped you if I could, but I had an appointment at the hair salon." This is an example of the defense mechanism
 - a) Denial
 - b) Rationalization
 - c) Sublimation
 - d) Projection
- 3. In which of these situations is the nurse involved in primary prevention of mental disorders?
 - a) Teaching parenting classes to adolescent primiparas
 - b) Providing crisis intervention services to flood victims
 - c) Conducting social skills training for clients with chronic schizophrenia
 - d) Serving as a case manager elderly clients with diabetes
- 4. Which of the following statements about causation of mental illness would a nurse identify as incorrect?
 - a) Life circumstances can influence one's mental health from birth
 - b) The inability to deal with environmental stresses can result in mental illness
 - c) Mental health is influenced by relationships between persons who either love or refuse to love one another
 - d) Inherited characteristics exert minimal to no influence on one's mental health
- 5. A client talks to the nurse about safe, neutral topics, without revealing feelings or emotions. The client's motivation for remaining on this superficial level of communication is most likely which of the following?
 - a) Fear of rejection by the nurse
 - b) Lack of awareness of feelings
 - c) Poor communication ability
 - d) Poor emotional maturity

- 6. Which behavioral clue would the nurse identify as suggestive of suicide?
 - a) joking about stressful situations
 - b) Verbalizing feelings of hopelessness and helplessness about problems
 - c) Engaging in week-end drinking episodes
 - d) Seeking help for symptoms of depression
- 7. Which of the following would constitute a significant risk factor for development of psychiatric disorder in a child?
 - a) Childhood obesity
 - b) Early onset of puberty
 - c) Poor school achievement
 - d) Parental mental illness
- 8. Tsiwani, 3-year old has been sexually molested. The treatment modality the nurse would expect to use when assisting Tsiwani to verbalize difficult feelings is
 - a) Behavioural techniques
 - b) Cognitive Therapy
 - c) Play therapy
 - d) Recreational activities
- 9. Which symptom would the nurse expect to assess related to anger in a client diagnosed with borderline personality disorder?
 - a) Controlled, subtle anger
 - b) Inappropriate, intense anger
 - c) Inability to recognize anger
 - d) Substitution of physical symptoms for anger
- 10. When administering the neuroleptic haloperidol to a client, the nurse understands that it is decreasing the amounts of which neurotransmitter?
 - a) Acetylcholine
 - b) Dopamine
 - c) Serotonin
 - d) Histamine
- 11. A client receiving the neuroleptic medication chlorpromazine exhibits excessive drooling and fine hand tremors. Which medication would the nurse expect the physician to order?
 - a) Benztropine
 - b) Acetaminophen
 - c) Lorazepam
 - d) Imipramine

- 12. The nurse advises the client taking lithium carbonate to do which of the following to prevent toxic effects of lithium?
 - a) Monitor for increased temperature
 - b) Establish a schedule of regular sleep
 - c) Avoid foods high in tyramine
 - d) Maintain adequate sodium and water intake
- 13. The nurse instructs a client receiving the MAOI agent phenelzine about dietary restrictions for foods high in tyramine to prevent which adverse effect?
 - a) Gastrointestinal upset
 - b) Neuromuscular effects
 - c) Urinary retention
 - d) Hypertensive crisis
- 14. Which factor would be associated with an increased incidence of mood disorder in a client?
 - a) Family history
 - b) Male gender
 - c) Lack of trust
 - d) Poor appetite
- 15. A 40-year old client has lived with schizophrenia for 20 years. His mother tells the nurse. "He was such a brilliant student until he became ill in his last year of college. I still hope he will return to school and pursue his career." The nurse should recognize the statement as most likely reflecting
 - a) depression
 - b) Rationalization
 - c) Denial
 - d) Repression
- 16. Clinical symptoms likely to be present in a client with a phobic disorder include
 - a) Persistent obsessive thoughts
 - b) Re-experience of feelings associated with traumatic events
 - c) Fear and avoidance of specific situations or places
 - d) Unrealistic worry about a number of events in one's life
- 17. Myemve has been diagnosed with schizotypal personality disorder. Which of the following would describe Myemve's behaviour?
 - a) Attention-seeking, seductive and overly gregarious
 - b) Hypervigilant, suspicious and intimidating
 - c) Submissive and clinging, with fears of seperation
 - d) Aloof and isolated with magical thinking and ideas of reference.

- 18. A client diagnosed with depression tells the nurse that she will not allow herself to cry "because it upsets the whole family when I cry." This is an example of
 - a) Manipulation
 - b) Insight
 - c) Repression
 - d) Rationalization
- 19. A depressed patient in Ward 2 has not been getting adequate rest and sleep. To encourage Restful sleep at night, the nurse should
 - a) Talk with the patient for a long time at night to reduce anxiety
 - b) Encourage environmental stimulation during the evening
 - c) Gently but firmly set limits on time spent in bed during the day
 - d) Encourage the client to take an antianxiety agent needed at bedtime
- 20. A client with antisocial personality disorder smokes where it is prohibited and refuses to follow other ward and facility rules. He works only with certain nurses. The plan of care for this client should focus primarily on
 - a) Consistently enforcing ward rules and facility policy
 - b) Isolating client to decrease contact with easily manipulated clients
 - c) Engaging in power struggles with client to minimize manipulative behaviour
 - d) Using behaviour modification to decrease negative behaviour by using negative reinforcement
- 21. A client is diagnosed with obsessive compulsive behaviour. Which intervention should the the nurse include when developing a plan of care?
 - a) Setting strict limits on compulsive behaviour
 - b) Giving client adequate time to perform rituals
 - c) Increasing environmental stimulation
 - d) Preventing ritualistic behaviour
- 22. Which outcome criteria would be appropriate for a child diagnosed with oppositional defiant disorder?
 - a) Accept responsibility for own behaviours
 - b) Be able to verbalize own needs and assert rights
 - c) Set firm and consistent limits with the client
 - d) Allow the child to establish his own limits and boundaries.
- 23. Before eating his meal, a client with obsessive compulsive disorder must comb his hair 100 strokes and wash his hands for 15 minutes. What is the most appropriate goal of care for this client?
 - a) Omit one unacceptable behaviour each day
 - b) Increase clients acceptance of therapeutic drug use
 - c) Systematically decrease the number of repetitions of rituals and amount of time spent performing them
 - d) Allow ample time for client to complete all rituals before each meal.

24.	Patients with a delusional disorder may require which type of medication to stabilize aggressive
	behavioural disturbances?

- a) Sedative-hypnotics
- b) Neuroleptics
- c) Antidepressants
- d) Antiparkinsonosm agents
- 25. A client tells the nurse that his (client's) body is made of wood and is quite heavy. The nurse interprets this as which of the following?
 - a) Compulsion
 - b) Hallucination
 - c) Depersonalization
 - d) Obsession

TOTAL = 25

Question 2.

Write self explanatory notes on

a) Clinical symptoms of mania

(7)

b) Oppositional-defiant disorder

(8)

c) Phobic disorders

(10)

TOTAL = 25

Question 3

1. Mcebo, a 15-year old, has dropped out of school because of having failed Form I because he hardly went to school in that year. He passed Grade 7 with a First class, examinations for which he wrote while in jail having stolen a cell phone and money from his caretaker aunt and breaking into a neighbours house where he stole a DVD player and CDs. Family members no longer want him because he steals anything and everything that is valuable and denies when confronted. Her has been to Mdutjane Juvenile Correctional Centre where he served a 9-month sentence but he has not improved. Mcebo's mother died when he was 9 years and his alcoholic father died 4 years later. He and his siblings were then taken care of by his aunt.

Mcebo can never tell the truth and always gets money from unsuspecting neighbours under the pretext that there is no food at home. Younger children are afraid of him because he beats them and takes away whatever they have that he wants.

What is probably wrong with Mcebo? Justify your answer.

(25)

TOTAL = 25