

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF GENERAL NURSING SCIENCE
EXAMINATION:DECEMBER 2017

COURSE TITLE: INTRODUCTION TO MENTAL HEALTH NURSING

COURSE CODE: CHN307

TIME ALLOCATED:2 HOURS

TOTAL MARKS ALLOCATED: 75

INSTRUCTIONS:

- 1. PLEASE WRITE LEGIBLE**
- 2. PLEASE ANSWER ALL QUESTIONS**
- 3. USE THE PROVIDED ANSWER BOOKLET FOR ALL YOUR ANSWERS**
- 4. START A NEW QUESTION IN A NEW PAGE**
- 5. MAKE SURE THAT ALL YOUR ANSWERS ARE NUMBERED CORRECTLY**

DO NOT OPEN THE QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR OR HIS/HER REPRESENTATIVE

MULTIPLE CHOICE QUESTIONS

ANSWER ALL QUESTIONS 1 MARK EACH:

1. All of the following are key attributes of a mental health nurse, except:
 - a. Knowledgeable about mental health
 - b. Sympathetic
 - c. Observant
 - d. Good listener

2. A client is brought to the psychiatric hospital for the first time. What should the nurse do for him?
 - a. Take a comprehensive psychiatric history
 - b. Do only a mental status examination
 - c. Refer the client to the psychiatrist
 - d. Refer the client to the senior psychiatric nurse

3. During a mental status examination the nurse asks the client how he was feeling. What is the nurse assessing by this question?
 - a. General well being
 - b. Mood
 - c. Affect
 - d. Insight

4. Four patients are brought to the psychiatric centre almost at the same time. One has a history of being suicidal, the other has a history of being violent to other people, the third patient is mute while the last one is said to be depressed and not eating. Which patient would you prioritize in your nursing care plan?
 - a. Suicidal patient
 - b. Violent patient
 - c. Mute patient
 - d. Depressed patient

5. The nurse is working with an adolescent client with social anxiety disorder who will be attending college in 6 months. The parent tells the nurse that this anticipated change is already causing increased anxiety for the client. Which action reported by the client does the nurse evaluate as indicating the greatest amount of progress? The client:

- a. Arranges an overnight visit at a college with a current student
- b. Sends an electronic application to a college close to home
- c. Attends open houses at colleges of interest with the parent
- d. Decides to go to a community college and commute from home

6. The nurse understands that the best explanation for involuntary admission for psychiatric treatment is that:

- a. A psychiatrist has determined the client's behaviour is irrational
- b. The client exhibits behaviour that is a threat to either the client or to society
- c. The client is unable to manage the affairs necessary for daily life
- d. The client has broken a law

7. A client diagnosed with borderline personality disorder purposely cuts his arm with a piece of broken glass when his favourite nurse calls in, the client's favourite nurse returns to the unit, they meet to discuss the cutting incident. How can the nurse best prevent future incidents of self mutilating behaviour in this client?

- a. Ask the client to make a promise to discuss any self destructive feelings that the client may have with a staff member
- b. Emphasize that self destructive behaviour is unacceptable and obtain a written contract from the client stating, "I will not harm myself."
- c. Tell the client that he is making increasingly unrealistic demands on the nurse and other staff members
- d. Assign a staff member to supervise the client's whereabouts at all times

8. The nurse realizes that a typical characteristic of clients with ADHD is they:

- a. Have problems with self control
- b. Do poorly in school
- c. Exercise relentlessly
- d. often fails to give close attention to details

9. Which behaviour would best indicate that the antisocial client is making the most progress in treatment?

- a. serving as a judge for the unit's talent show
- b. volunteering to chair the client government meeting
- c. requesting a weekend pass to go home
- d. assisting a depressed roommate to fill out a menu

10. The client tells the nurse that the television set in the room is really a two way radio. The client states that "voices are coming from the TV and everything we say in this room is being recorded." Which type of delusion is the client showing :

- a. Thought broadcasting
- b. Thought insertion
- c. Thought withdrawal
- d. Nihilistic

11. A client with paranoid delusions believes the hospital food is being poisoned by the staff. The nurse knows the meal presentation that is the most effective method of encouraging nutritional intake is to serve:

- a. The client's favourite foods in an attractive arrangement
- b. Only warm foods that arrive from the kitchen with lids in place
- c. Individual items that are pre-packaged and sealed
- d. Food items that are the same as what other clients in the dining room are eating

12. What causes Schizophrenia?

- a. Chemical imbalance in the brain

- b. Genetic vulnerability
- c. Environmental factors
- d. All of the above have been linked to the development of Schizophrenia

13. In caring for abused children, the nurse understands that sexual abuse of children is:

- a. Often repeated from generation to generation
- b. Significantly less common than physical abuse and neglect
- c. More prevalent in economically depressed segments of society
- d. Usually perpetrated by a person the child trust

14. A client is admitted through the acute department with a diagnosis of depression. During the initial phase of the relationship with this client, the nurse would expect which reaction to interpersonal communication?

- a. Insight
- b. Silence
- c. Anger
- d. Elation

15. A client was admitted recently with a diagnosis of schizophrenia, paranoid type. Since admission, the client has had several verbal outbursts of anger but has not been violent. A staff member tells the nurse the client is pacing up and down the courtyard very rapidly and muttering in an angry manner. What would the nurse do first?

- a. Prepare a PRN intramuscular injection of haloperidol (haldol) to give the client
- b. Observe the client's behaviour and approach the client in a non threatening manner
- c. Contact the client's psychiatrist and request an order to place the client in seclusion
- d. Gather several staff members to approach the client together.

16. Initially the nurse would expect a client to react to a diagnosis of cancer with:

- a. Anger

- b. Denial
- c. Acceptance
- d. Fear

17. A priority nursing intervention for a client experiencing an acute manic episode?

- a. Discourage the client's use of vulgar language
- b. Protect the client from impulsive behaviour
- c. Maintain the client's contact with his/her family
- d. Redirect excessive energy to creative tasks

18. What would the nurse most expect to observe in a client with impulsive behaviour?

- a. Ability to delay gratification
- b. Low tolerance for frustration
- c. Good problem solving skills
- d. Commitment to long term goals

19. The nurse knows the most common side effect of benzodiazepine antianxiety medications is:

- a. Confusion
- b. Headache
- c. Sedation
- d. Flatulence

20. The nurse is preparing a brochure on marijuana use for adolescent clients. The nurse include several reasons meant to discourage adolescents from using marijuana. Which reason is least likely to make an impression on adolescents?

- a. Your breath will smell

- b. Your teeth will get yellow
- c. Your coach may kick you off the team
- d. Your parents will not approve

21. After 6 months on lithium (lithane), the physician determines that the client is no longer responding well. After discontinuing the lithium, the physician prescribes sodium valproate (Epilim) an anticonvulsant that is also effective in bipolar disorders. What special instructions should the nurse give the client about sodium valproate?

- a. A pre-treatment EEG must be done and repeated in six months
- b. The white blood count must be monitored regularly
- c. Liver function and haematology levels must be monitored regularly
- d. Thyroid function tests must be done every six months

22. The nurse exemplifies awareness of the rights of a client whose anger is escalating by:

- A. Taking a directive role in verbalizing feelings
- B. Using an authoritarian, confrontational approach
- C. Putting the client in a seclusion room
- D. Applying mechanical restraints

23. Crisis intervention carried out to the client has this primary goal:

- A. Assist the client to express her feelings
- B. Help her identify her resources
- C. Support her adaptive coping skills
- D. Help her return to her pre-crisis level of function

24. During the initial care of rape victims the following are to be considered EXCEPT:

- A. Assure privacy.

- B.Touch the client to show acceptance and empathy
- C.Accompany the client in the examination room.
- D.Maintain a non-judgmental approach.

25. The client on Haldol has pill rolling tremors and muscle rigidity. He is likely manifesting:

- A.Tardive dyskinesia
- B. Pseudoparkinsonism
- C.Akinesia
- D.Dystonia

[25]

SECTION B

QUESTION 2- DEFINE THE FOLLOWING TERMS

- | | |
|---|------|
| 2.1 Echolalia | [2] |
| 2.2 Neologism | [2] |
| 2.3 Define depression | [2]. |
| 2.4 Psychosis | [2] |
| 2.5 Enuresis | [2] |
| 2.6 List 2 characteristic features of Schizophrenia | [2] |
| 2.7 List 3 types of hallucination. | [3] |

[15]

SECTION C – QUESTION 3

- 3.1 Write in brief the classification of Psychotic disorders according to DSM 5. [5]
- 3.2 Describe the roles of the mental health nurses. [5]
- 3.3 Write short notes on Anti-depressive drugs [5]
- 3.4 Describe strategies for helping people cope with crisis [5]
- 3.5 Goals for Nursing management of patient with mania [5]
- 3.6 Draw a nursing care plan for a client with Paranoid Schizophrenia on one nursing diagnosis [10]