

Chapter 1: Mental Health and Mental Illness

Multiple Choice

Identify the choice that best completes the statement or answers the question.

- _____ 1. A nurse is assessing a client who experiences occasional feelings of sadness because of the recent death of a beloved pet. The client's appetite, sleep patterns, and daily routine have not changed. How would the nurse interpret the client's behaviors?
1. The client's behaviors demonstrate mental illness in the form of depression.
 2. The client's behaviors are inappropriate, which indicates the presence of mental illness.
 3. The client's behaviors are not congruent with cultural norms.
 4. The client's behaviors demonstrate no functional impairment, indicating no mental illness.
- _____ 2. At which point would the nurse determine that a client is at risk for developing a mental illness?
1. When thoughts, feelings, and behaviors are not reflective of the criteria for mental illness.
 2. When maladaptive responses to stress are coupled with interference in daily functioning.
 3. When a client communicates significant distress.
 4. When a client uses defense mechanisms as ego protection.
- _____ 3. A client has been given a diagnosis of HIV. Which statement made by the client does the nurse recognize as the bargaining stage of grief?
1. "I hate my partner for giving me this disease I will die from!"
 2. "If I don't do IV drugs anymore, God won't let me die."
 3. "I am going to support groups and learning more about the disease."
 4. "Can you please re-draw the test results; I think they may be wrong?"
- _____ 4. A nurse notes that a client is extremely withdrawn, delusional, and emotionally exhausted. The nurse assesses the client's anxiety as which level?
1. Mild anxiety
 2. Mode
 3. ate anxiety
 4. Severe anxiety
 5. Panic anxiety

- _____ 5. A psychiatric nurse intern states, "This client's use of defense mechanisms should be eliminated." Which is a correct evaluation of this nurse's statement?
1. Defense mechanisms can be appropriate responses to stress and need not be eliminated.
 2. Defense mechanisms are a maladaptive attempt of the ego to manage anxiety and should always be eliminated.
 3. Defense mechanisms, used by individuals with weak ego integrity, should be discouraged and not completely eliminated.
 4. Defense mechanisms cause disintegration of the ego and should be fostered and encouraged.
- _____ 6. During an intake assessment, a nurse asks both physiological and psychosocial questions. The client angrily responds, "I'm here for my heart, not my head problems." Which is the nurse's best response?
1. "It is just a routine part of our assessment. All clients are asked these same questions."
 2. "Why are you concerned about these types of questions?"
 3. "Psychological factors, like excessive stress, have been found to affect medical conditions."
 4. "We can skip these questions, if you like. It isn't imperative that we complete this section."
- _____ 7. A client who is being treated for chronic kidney disease complains to the health-care provider that he does not like the food available to him while hospitalized. The health-care provider insists that the client strictly adhere to the diet plan. What action can be expected if the client uses the defense mechanism of displacement?
1. The client assertively confronts the health-care provider.
 2. The client insists on being discharged and goes for a long, brisk walk.
 3. The client snaps at the nurse and criticizes the nursing care provided.
 4. The client hides his anger by explaining the logical reasoning for the diet to his spouse.
- _____ 8. A fourth-grade boy teases and makes jokes about a cute girl in his class. A nurse would recognize this behavior as indicative of which defense mechanism?
1. Displacement
 2. Projection
 3. Reaction formation

4. Sublimation

- _____ 9. Which nursing statement regarding the concept of psychosis is most accurate?
1. Individuals experiencing psychoses are aware that their behaviors are maladaptive.
 2. Individuals experiencing psychoses experience little distress.
 3. Individuals experiencing psychoses are aware of experiencing psychological problems.
 4. Individuals experiencing psychoses are based in reality.
- _____ 10. When under stress, a client routinely uses alcohol to excess. When the client's husband finds her drunk, the husband yells at the client about her chronic alcohol abuse. Which action alerts the nurse to the client's use of the defense mechanism of denial?
1. The client hides liquor bottles in a closet.
 2. The client yells at her son for slouching in his chair.
 3. The client burns dinner on purpose.
 4. The client says to the spouse, "I don't drink too much!"
- _____ 11. Devastated by a divorce from an abusive husband, a wife completes grief counseling. Which statement by the wife would indicate to a nurse that the client is in the acceptance stage of grief?
1. "If only we could have tried again, things might have worked out."
 2. "I am so mad that the children and I had to put up with him as long as we did."
 3. "Yes, it was a difficult relationship, but I think I have learned from the experience."
 4. "I have a difficult time getting out of bed most days."
- _____ 12. According to Maslow's hierarchy of needs, which client action would demonstrate the highest achievement in terms of mental health?
1. Maintaining a long-term, faithful, intimate relationship
 2. Achieving a sense of self-confidence
 3. Possessing a feeling of self-fulfillment and realizing full potential
 4. Developing a sense of purpose and the ability to direct activities
- _____ 13. According to Maslow's hierarchy of needs, which situation on an inpatient psychiatric unit would require priority intervention by a nurse?
1. A client rudely complaining about limited visiting hours
 2. A client exhibiting aggressive behavior toward another client

3. A client stating that no one cares
4. A client verbalizing feelings of failure

Multiple Response

Identify one or more choices that best complete the statement or answer the question.

- _____ 14. Which describes neurosis? (*Select all that apply.*)
1. Neurosis is a unique category of mental disorder.
 2. Neurosis is a psychological disturbance characterized by excessive anxiety.
 3. Symptoms of neurosis include gross distortions of reality.
 4. Neurosis may be expressed directly or altered through a defense mechanism.
 5. A person experiencing neurosis is often aware that their behaviors are maladaptive.
- _____ 15. The nurse is reviewing the definition of a mental health disorder and notes the definition includes disturbance in which areas? (*Select all that apply.*)
1. Cognition
 2. Physical
 3. Emotional regulation
 4. Behavior
 5. Developmental

Completion

Complete each statement.

16. _____ is a diffuse apprehension that is vague in nature and is associated with feelings of uncertainty and helplessness.
17. _____ is a subjective state of emotional, physical, and social responses to the loss of a valued entity.

Ordered Response

18. Place in order the Kübler-Ross stages of grief from 1 to 5. (*Enter the number of each step in the proper sequence, using comma and space format, such as 1, 2, 3, 4.*)
1. Bargaining
 2. Denial
 3. Acceptance
 4. Depression
 5. Anger

Chapter 1: Mental Health and Mental Illness

Answer Section

MULTIPLE CHOICE

1. ANS: 4

Chapter: Chapter 1, Mental Health and Mental Illness

Objective: Discuss cultural elements that influence attitudes toward mental health and mental illness.

Page: 9

Heading: Grief

Integrated Processes: Nursing Process

Client Need: Psychosocial Integrity

Cognitive Level: Analysis [Analyzing]

Concept: Grief and Loss

Difficulty: Moderate

	Feedback
1	The client's behaviors are to be expected in a time of grief.
2	The client's behaviors are appropriate. It is quite normal for an individual to function normally but to experience periods of sadness after the loss of a pet.
3	It is expected in most cultures to experience occasional feelings of sadness following a loss, yet not experience an alteration in normal day-to-day activities.
4	The nurse should assess that the client's daily functioning is not impaired. The client who experiences feelings of sadness after the loss of a pet is responding within normal expectations.

PTS: 1

CON: Grief and Loss

2. ANS: 2

Chapter: Chapter 1, Mental Health and Mental Illness

Objective: Define mental health and mental illness.

Page: 3

Heading: Mental Illness

Integrated Processes: Nursing Process

Client Need: Psychosocial Integrity

Cognitive Level: Comprehension [Understanding]

Concept: Stress and Coping

Difficulty: Easy

Feedback	
1	The client with a mental illness would have symptoms that reflect the <i>DSM-5-TR</i> .
2	The nurse should determine that the client is at risk for mental illness when responses to stress are maladaptive and interfere with daily functioning. The <i>DSM-5-TR</i> indicates that to be diagnosed with a mental illness, daily functioning must be significantly impaired.
3	The client's ability to communicate distress would be considered a positive attribute.
4	The use of defense mechanisms does not indicate that the client is at risk for mental illness.

PTS: 1 CON: Stress and Coping

3. ANS: 2
 Chapter: Chapter 1, Mental Health and Mental Illness
 Objective: Discuss the concepts of anxiety and grief as physiological responses to stress
 Page: 8
 Heading: Grief
 Integrated Processes: Nursing Process
 Client Need: Psychosocial Integrity
 Cognitive Level: Application [Applying]
 Concept: Grief and Loss
 Difficulty: Moderate

Feedback	
1	This statement demonstrates anger.
2	The client is asking God for a longer life in exchange for ceasing drugs, which demonstrates bargaining.
3	This client is in the acceptance stage of the grief process.
4	This client is in the denial stage of the grief process.

PTS: 1 CON: Grief and Loss

4. ANS: 4
 Chapter: Chapter 1, Mental Health and Mental Illness
 Objective: Discuss the concepts of anxiety and grief as physiological responses to stress
 Page: 5
 Heading: Anxiety
 Integrated Processes: Nursing Process
 Client Need: Psychosocial Integrity
 Cognitive Level: Analysis (Analyzing)
 Concept: Stress and Coping
 Difficulty: Moderate

Feedback	
-----------------	--

1	Mild anxiety is not typically symptomatic for an individual.
2	An individual with moderate anxiety has difficulty focusing and may be more restless.
3	Severe anxiety influences attention and can cause physical symptoms such as headaches and insomnia as well as emotional symptoms such as confusion and dread.
4	Panic anxiety leads to inability to focus, hallucinations, delusions, wild or desperate behavior, feeling of terror, fear of "going crazy" or losing control, emotional exhaustion, and physical exhaustion.

PTS: 1 CON: Stress and Coping

5. ANS: 1

Chapter: Chapter 1, Mental Health and Mental Illness

Objective: Identify physiological responses to stress.

Page: 4

Heading: Physical and Psychological Responses to Stress > Mild Anxiety

Cognitive Level: Application [Applying]

Integrated Processes: Nursing Process

Client Need: Psychosocial Integrity

Concept: Stress and Coping

Difficulty: Moderate

Feedback	
1	The nurse should determine that defense mechanisms could be appropriate during times of stress.
2	Defense mechanisms are not maladaptive attempts of the ego to manage anxiety.
3	Defense mechanisms are a normal part of coping with stress. They are not used by individuals with weak ego integrity. They should not be discouraged and should not be completely eliminated.
4	Defense mechanisms are normal and are used by all individuals in some way during times of stress; they do not cause disintegration of the ego.

PTS: 1 CON: Stress and Coping

6. ANS: 3

Chapter: Chapter 1, Mental Health and Mental Illness

Objective: Identify physiological responses to stress.

Page: 4

Heading: Physical and Psychological Responses to Stress > Severe Anxiety

Integrated Processes: Nursing Process

Client Need: Psychosocial Integrity

Cognitive Level: Application [Applying]

Concept: Stress and Coping

Difficulty: Easy

Feedback	
1	This statement disregards the client's statement and is not therapeutic to the client.
2	This statement does not address the client's statement and may anger the client further.
3	The nurse should attempt to educate the client on the negative effects of excessive stress on medical conditions.
4	It is not appropriate to skip physiological and psychosocial questions, as this would lead to an inaccurate assessment.

PTS: 1 CON: Stress and Coping

7. ANS: 3

Chapter: Chapter 1, Mental Health and Mental Illness

Objective: Identify physiological responses to stress.

Page: 5

Heading: Table 1-1 Ego Defense Mechanisms > Displacement

Integrated Processes: Nursing Process

Client Need: Psychosocial Integrity

Cognitive Level: Analysis [Analyzing]

Concept: Stress and Coping

Difficulty: Difficult

Feedback	
1	Confronting others is not a behavior consistent with displacement.
2	Leaving the facility is not a behavior consistent with displacement.
3	The nurse should expect that the client using the defense mechanism of displacement would criticize nursing care after being confronted by the health-care provider.
4	This approach exemplifies intellectualization rather than displacement.

PTS: 1 CON: Stress and Coping

8. ANS: 3

Chapter: Chapter 1, Mental Health and Mental Illness

Objective: Identify physiological responses to stress.

Page: 5

Heading: Table 1-1 Ego Defense Mechanisms > Reaction Formation

Integrated Processes: Nursing Process

Client Need: Psychosocial Integrity

Cognitive Level: Application [Applying]

Concept: Stress and Coping

Difficulty: Easy

Feedback	
1	Displacement refers to transferring feelings from one target to another.

2	Projection refers to the attribution of unacceptable feelings or behaviors to another person.
3	The nurse should identify that the boy is using reaction formation as a defense mechanism. Reaction formation is the attempt to prevent undesirable thoughts from being expressed by expressing opposite thoughts or behaviors.
4	Sublimation refers to channeling unacceptable drives or impulses into more constructive, acceptable activities.

PTS: 1 CON: Stress and Coping

9. ANS: 2

Chapter: Chapter 1, Mental Health and Mental Illness

Objective: Identify physiological responses to stress.

Page: 5

Heading: Physical and Physiological Responses to Stress > Anxiety

Integrated Processes: Nursing Process

Client Need: Psychosocial Integrity

Cognitive Level: Application [Applying]

Concept: Stress and Coping

Difficulty: Moderate

Feedback	
1	The client with psychosis is unaware that their behavior is maladaptive.
2	The nurse should understand that the client with psychosis experiences little distress owing to their lack of awareness of reality.
3	The client with psychosis is unaware they have a psychological problem.
4	The client experiencing psychosis has a lack of awareness of reality.

PTS: 1 CON: Stress and Coping

10. ANS: 4

Chapter: Chapter 1, Mental Health and Mental Illness

Objective: Identify physiological responses to stress.

Page: 5

Heading: Table 1-1 Ego Defense Mechanisms > Denial

Integrated Processes: Nursing Process

Client Need: Psychosocial Integrity

Cognitive Level: Application [Applying]

Concept: Addiction and Behaviors

Difficulty: Easy

Feedback	
1	This behavior does not indicate denial.
2	Yelling at family members does not indicate denial.
3	Burning dinner on purpose is not an action that indicates denial.
4	The client's statement, "I don't drink too much!" alerts the nurse to the use of