



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

2. Which of the following is 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.

3. 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."

4. 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

5. Which of the following would be a reason for a student nurse to use the DSM-5?
 - A) Identifying the medical diagnosis
 - B) Choose clients' treatment
 - C) Evaluate treatments
 - D) Understand the reason for the admission and the nature of psychiatric illnesses.

6. 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
7. 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.
8. The goal of the 1963 Community Mental Health Centers Act was to...
- A) ensure clients' 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
9. 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
10. Which of the following is a major problem with large state institutions? 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
 - E) Clients were not given proper nutrition or clothed properly
11. 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.
12. 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.

13. 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
14. 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
15. Which of the following statements by the nurse to the client's family 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 one in four people needing mental health services are receiving those services.
 - D) Emergency department visits by persons who are acutely disturbed are declining.
16. The case manager is providing an educational seminar for the nursing staff, she includes objectives from Healthy People 2020. Which of the following is the priority of the objectives for mental health?
- A) Improved inpatient care
 - B) Primary prevention of emotional problems
 - C) Stress reduction and management
 - D) Treatment of mental illness
17. 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."
18. 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.
19. 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
20. 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.
21. There are many areas of practice in psychiatric mental health nursing. One of those is advanced-level practice. Which of the following is considered an advanced-level function?
- A) Case management
 - B) Counseling
 - C) Evaluation
 - D) Health teaching
22. Nursing education has become broad in practice settings. The addition of Psychiatric nursing became a requirement in nursing education in 1950 by whom?
- A) State Boards of Nursing
 - B) American Nurses Association
 - C) National League of Nursing
 - D) Nurse Practice Act
23. 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.
24. Which 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.
25. The nurse knows that mental health issues are constantly changing. Which of the following is a standard of professional performance to keep in current practice?
- A) Assessment
 - B) Education
 - C) Planning
 - D) Implementation
26. Which of the following is a standard of practice?
- A) Quality of care
 - B) Outcomes identification
 - C) Collegiality
 - D) Performance appraisal
27. 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
28. 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.
29. The newly licensed RN has been hired at the local hospital in the Geri-Psych unit. Today is her first day of orientation to this facility. What would be the nurse's priority action if a client becomes aggressive?
- A) assist other staff on the unit to take down the client safely
 - B) maintain a safe distance from the client
 - C) keep the client secluded from others
 - D) reinforce boundaries when aggression is seen to maintain a safe environment

30. The Geri-Psych nurse understands that the DSM-5 describes all mental disorders with specific criteria. The DSM-5 has the following purposes: Select all that apply.
- A) to provide the practitioner with standards of care for all clients.
 - B) to provide a standardized nomenclature and language for all mental health professionals.
 - C) to provide standards for hospital and community based institutions.
 - D) to present defining characteristics or symptoms that differentiate specific diagnoses.
 - E) to assist in identifying the underlying causes of disorders.
31. If a client states, "I carry this lucky rabbit's foot for luck, my dad did too, and it really works," which statement by the nurse reflects respect for the client's belief?
- A) "A rabbit's foot has never brought me luck. I don't know why people carry them."
 - B) "Yes, the rabbit's foot can bring luck to some."
 - C) "I can accept that you feel it is lucky, so let's get to our activities for the day."
 - D) "It is not appropriate to harm small animals for their parts."
32. A client with schizophrenia has been non-compliant with medications. The client requires frequent admissions to the psychiatric unit for acute psychotic episodes. What is this process called?
- A) escalated admissions
 - B) revolving door
 - C) deinstitutionalization
 - D) boarding
33. What organization developed and maintains standards of practice that are used to determine safe quality care, and that can be used legally, if incorporated into the state practice act or nurse's rules and regulations, that guide the nursing profession?
- A) APNA (American Psychiatric Nurses Association)
 - B) DSM-5 (Diagnostic and Statistical Manual of Mental Disorders-5th ed.)
 - C) ANA (American Nurses Association)
 - D) USDHHS (U. S. Department of Health and Human Services)

Answer Key

1. B
2. C
3. B
4. D
5. D
6. A
7. B
8. B
9. B
10. A, C, E
11. D
12. C
13. C
14. B
15. C
16. D
17. C
18. C
19. B
20. A
21. C
22. C
23. B
24. C
25. B
26. B
27. B, D, E
28. B
29. B
30. B, D, E
31. C
32. B
33. C

1. The nurse is assessing a client suffering a head injury as a result of an altercation with two other individuals. The client has difficulty accurately reporting the events of the altercation and appears very emotional during the assessment. The nurse suspects which part of the brain received the greatest amount of injury?
 - A) Cerebrum
 - B) Cerebellum
 - C) Medulla
 - D) Amygdala

2. The nurse is educating the client and family regarding schizophrenia. She explains to them that it is associated with an abnormality of which of the following structures of the cerebrum?
 - A) Parietal lobes
 - B) Frontal lobe
 - C) Occipital lobe
 - D) Temporal lobes

3. A client diagnosed with bipolar disorder asks the nurse, "Why did I get this illness? I don't want to be sick." What response should the nurse provide to best answer the client's question?
 - A) "People who develop mental illnesses often had very traumatic childhood experiences."
 - B) "There is some evidence that contracting a virus during childhood can lead to mental disorders."
 - C) "Sometimes people with mental illness have an overactive immune system."
 - D) "We don't fully understand the cause, but mental illnesses do seem to run in families."

4. Which of the following statements about the neurobiologic causes of mental illness is most accurate?
 - A) Genetics and heredity can explain all causes of mental illness.
 - B) Viral infection has been proven to be the cause of schizophrenia.
 - C) There is no evidence that the immune system is related to mental illness.
 - D) Several mental disorders may be linked to genetic and nongenetic factors.

5. The nurse is teaching the client with anxiety about the mechanisms of benzodiazepines. Which of the following is increased with this medication?
 - A) Dopamine
 - B) GABA
 - C) Norepinephrine
 - D) Epinephrine

6. When the physician orders a neurotransmitter for a client who has difficulty in regulating some chemicals in the brain. The nurse knows which of the following is a neuromodulator?
 - A) Neuropeptides
 - B) Glutamate
 - C) Dopamine
 - D) GABA

7. The nurse is preparing a client for an MRI scan of the head. The nurse should ask the client...
 - A) "Have you ever had an allergic reaction to radioactive dye?"
 - B) "Have you had anything to eat in the last 24 hours?"

- C) "Does your insurance cover the cost of this scan?"
D) "Are you anxious about being in tight spaces?"
8. How should the nurse respond to a family member who asks how Alzheimer's disease is diagnosed?
- A) It is impossible to know for certain that a person has Alzheimer's disease until the person dies and his or her brain can be examined via autopsy.
B) Positron emission tomography (PET) scans can identify the amyloid plaques and tangles of Alzheimer's disease in living clients.
C) Alzheimer's disease can be diagnosed by using chemical markers that demonstrate decreased cerebral blood flow.
D) It will be necessary for the patient to undergo positron emission tomography (PET) scans regularly for a long period of time to know if the patient has Alzheimer's disease.
9. A client is being seen in the crisis unit reporting that poison letters are coming in the mail. The client has no history of psychiatric illness. Which of the following medications would the client most likely be started on?
- A) Aripiprazole
B) Risperidone
C) Fluphenazine
D) Fluoxetine
10. Which of the following antidepressant drugs is a preferred drug for clients at high risk of suicide?
- A) Tranylcypromine
B) Sertraline
C) Imipramine
D) Phenelzine
11. The nurse knows that the client understands the rationale for dietary restrictions when taking an MAOI when the client makes which of the following statements?
- A) "I am now allergic to foods that are high in the amino acid tyramine such as aged cheese, organ meats, wine, and chocolate."
B) "Certain foods will cause me to have sexual dysfunction when I take this medication."
C) "Foods that are high in tyramine will reduce the medication's effectiveness."
D) "I should avoid foods that are high in the amino acid tyramine such as aged cheese, meats, and chocolate because this drug causes the level of tyramine to go up to dangerous levels."
12. In planning for a client's discharge, the nurse must know that the most serious risk for the client taking a tricyclic antidepressant is which of the following?
- A) Hypotension
B) Narrow-angle glaucoma

- C) Seizures
 - D) Suicide by overdose
13. A mother is concerned about her child being given stimulant medication for ADHD. The nurse tells the mother, which of the following medications was the first nonstimulant medication specifically designed and tested for ADHD?
- A) Methylphenidate
 - B) Amphetamine
 - C) Atomoxetine
 - D) Pemoline
14. When the client experiences facial flushing, a throbbing headache, nausea and vomiting after consuming alcohol while taking Disulfiram, the nurse is aware that this is due to which of the following?
- A) A mild side effect of the medication.
 - B) The intended therapeutic result.
 - C) An idiosyncratic reaction
 - D) A severe allergy to the medication.
15. When the client asks the nurse how long it will take before the SSRI antidepressant medication will be effective, which of the following replies is most accurate and therapeutic?
- A) "This is a good medication! It will be effective within 20 minutes of the first dose."
 - B) "You will have gradual improvement in symptoms over the next few weeks, but the changes may be so subtle that you may not notice them for a while. It is important for you to keep taking the medication."
 - C) "It will probably take months for the medication to work. In the meantime, you should work on improving your attitude."
 - D) "If you believe it will work, then it will. You have to have faith!"
16. A client has a lithium level of 1.2 mEq/L. Which of the following interventions by the nurse is indicated?
- A) Call the physician for an increase in dosage.
 - B) Do not give the next dose, and call the physician.
 - C) Increase fluid intake for the next week.
 - D) No intervention is necessary at this time.
17. A client is seen for frequent exacerbation of schizophrenia due to nonadherence to medication regimen. The nurse should assess for which of the following common contributors to nonadherence?
- A) The client is symptom-free and therefore does not need to adhere to the medication regimen.
 - B) The client cannot clearly see the instructions written on the prescription bottle.
 - C) The client dislikes the weight gain associated with antipsychotic therapy.
 - D) The client sells the antipsychotics to addicts in the neighborhood.