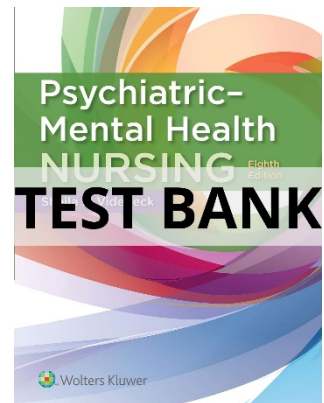


Chapter 1: Foundations-of-Psychiatric-Mental-Health-Nursing

1. The nurse is assessing the factors contributing to the well-being of a newly admitted client. Which would the nurse identify as having a

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

positive impact on the individual's mental health?



ANS: B

Rationale: Individual factors influencing mental health include 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. Total self-reliance is not possible, and striving to attain this is likely to lead to frustration and isolation.

PTS: 1 REF: p. 2 OBJ: 1
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Caring BLM: Cognitive Level: Apply
NOT: Multiple Choice

2. Which 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.

ANS: C

Rationale: 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. Concepts of behavior that is acceptable and unacceptable vary widely between cultures. Consequently, mental health or illness can be difficult to discern. 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.

PTS: 1 REF: p. 2 OBJ: 1
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Analyze NOT: Multiple Choice

3. A client grieving the recent loss of her husband asks if she is becoming mentally ill because she is so sad. Which is the nurse's **best** response?
- 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

Rationale: Acute grief reactions are expected and therefore not considered mental illness. Downplaying the client's grief does not appropriately address the client's concerns. The quality of the relationship does not determine the presence of absence of mental illness.

PTS: 1 REF: p. 2 OBJ: 1
NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Caring BLM: Cognitive Level: Apply
NOT: Multiple Choice

4. The nurse consults the DSM for what purpose?
- 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

Rationale: 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. The DSM does not provide coding for record-keeping or billing purposes.

PTS: 1 REF: p. 2-3 OBJ: 2
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Apply NOT: Multiple Choice

5. Legislation enacted in 1963 was largely responsible for which shift 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

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Rationale: 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. The legislation did not lay out clients' rights or directly expand the use of medication.

PTS: 1 REF: p. 4 OBJ: 3
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Remember NOT: Multiple Choice

6. Which 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

Rationale: 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. Federal legislation has not been identified as a direct cause of improved overall care.

PTS: 1 REF: p. 4 OBJ: 3
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Apply NOT: Multiple Choice

7. 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.

ANS: B

Rationale: The 1963 Community Mental Health Centers Act initiated 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. This Act did not focus on clients' rights, funding for inpatient treatment, or humane care.

PTS: 1 REF: p. 4 OBJ: 3
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Understand NOT: Multiple Choice

8. 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

Rationale: 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.

PTS: 1 REF: p. 3 OBJ: 3
NAT: Client Needs: Physiological Integrity: Basic Care and Comfort
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Understand NOT: Multiple Choice

9. 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

Rationale: The development of psychotropic drugs, or drugs used to treat mental illness, began in the 1950s. Community support, client rights, and commitment procedures were addressed more directly in later decades.

PTS: 1 REF: p. 4 OBJ: 3
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Understand NOT: Multiple Choice

10. 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

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Rationale: 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.

PTS: 1 REF: p. 3 OBJ: 3
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Teaching/Learning
BLM: Cognitive Level: Remember NOT: Multiple Choice

11. 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
Rationale: The first training for nurses to work with persons with mental illness was in 1882 at McLean Hospital in Belmont, Massachusetts.

PTS: 1 REF: p. 7-8 OBJ: 3
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Nursing Process
BLM: Cognitive Level: Remember NOT: Multiple Choice

12. 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 the mentally ill
 - D. Most effective and least expensive treatment settings

ANS: B
Rationale: 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 treatment settings for the mentally ill. This phenomenon is known to be costly and inefficient. The revolving door effect does not relate to the incidence of severe mental illness; it is associated with the ongoing treatment of chronic illness.

PTS: 1 REF: p. 4-5 OBJ: 4
NAT: Client Needs: Safe, Effective Care Environment: Management of Care

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TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing

KEY: Integrated Process: Caring BLM: Cognitive Level: Remember

NOT: Multiple Choice

13. Which statement 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.

ANS: C

Rationale: Only one in four 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%.

PTS: 1 REF: p. 4-5 OBJ: 4

NAT: Client Needs: Safe, Effective Care Environment: Management of Care

TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing

KEY: Integrated Process: Caring BLM: Cognitive Level: Apply

NOT: Multiple Choice

14. The case manager is providing an educational seminar for the nursing staff and includes objectives from Healthy People 2020. What is the **priority** objective 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

Rationale: 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. Improved inpatient care, primary prevention of emotional problems, and stress reduction and management are not priorities of Healthy People 2020.

PTS: 1 REF: p. 5-6 OBJ: 4

NAT: Client Needs: Health Promotion and Maintenance

TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing

KEY: Integrated Process: Communication and Documentation

BLM: Cognitive Level: Apply NOT: Multiple Choice

15. 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

Rationale: 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.

PTS: 1 REF: p. 4-5 OBJ: 4
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Caring BLM: Cognitive Level: Understand
NOT: Multiple Choice

16. 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

Rationale: 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.

PTS: 1 REF: p. 6 OBJ: 4
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Caring BLM: Cognitive Level: Apply
NOT: Multiple Choice

17. 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

ANS: C

Rationale: It was not until 1950 that the National League for Nursing, which accredits nursing programs, required schools to include an experience in psychiatric nursing. The American Nurses Association (ANA) is an organization that nurses belong to as a professional organization. Some state boards of nursing follow the requirements set by National League of Nursing (NLN). Nurse Practice Acts contains guidelines that can reflect National League of Nursing and American Nurses Association standards.

PTS: 1 REF: p. 7-8 OBJ: 3

Test Bank For Psychiatric-Mental Health Nursing 8th Edition by Sheila L. Videbeck

NAT: Client Needs: Safe, Effective Care Environment: Management of Care

TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing

KEY: Integrated Process: Nursing Process

BLM: Cognitive Level: Apply NOT: Multiple Choice

18. 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

Rationale: 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.

PTS: 1 REF: p. 9 OBJ: 5

NAT: Client Needs: Safe, Effective Care Environment: Management of Care

TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing

KEY: Integrated Process: Caring BLM: Cognitive Level: Apply

NOT: Multiple Choice

19. A psychiatric-mental health nurse is conducting an in-service program for a group of nurses which includes a review about the American Nurses Association standards of practice for psychiatric-mental health nursing. After describing these standards, the nurse determines that the teaching was successful when the group identifies which information?
- A. Prescriptive authority is granted to any psychiatric-mental health registered nurses.
 - B. All aspects of the standard for implementation apply to psychiatric-mental health registered nurses.
 - C. Advanced practice nurses have a different set of standards from those of the psychiatric-mental health registered nurse.
 - D. Psychiatric-mental health advanced practice nurses are the only ones who may provide psychotherapy.

ANS: C

Rationale: Prescriptive authority is used by psychiatric-mental health advanced practice registered nurses in accordance with state and federal laws and regulations. Four sub-standards of Standard 5 address advanced practice interventions and may be performed only by the psychiatric-mental health advanced practice registered nurse. Advanced practice psychiatric-mental health nurses follow the same standards of practice that psychiatric-mental health registered nurses do. Advanced practice psychiatric-mental health nurses are the only ones able to conduct psychotherapy.

PTS: 1 REF: p. 7-8 OBJ: 5

NAT: Client Needs: Safe, Effective Care Environment: Management of Care

TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing

KEY: Integrated Process: Nursing Process

BLM: Cognitive Level: Analyze NOT: Multiple Choice

20. The nurse knows that mental health issues are constantly changing. Which is a standard of professional performance to keep in current practice?
- A. Assessment
 - B. Education
 - C. Planning
 - D. Implementation

ANS: B

Rationale: 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.

PTS: 1 REF: p. 7-8 OBJ: 5
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Nursing Process
BLM: Cognitive Level: Apply NOT: Multiple Choice

21. The newly licensed registered nurse has been hired at the local hospital in the geriatric-psychiatry unit. Today is the nurse's 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

ANS: B

Rationale: As a newly licensed registered nurse on orientation the first day, the nurse has not been trained to take down or assist in taking down an aggressive client. Serious injury can occur. Maintaining a safe distance in this situation is the most prudent, until the nurse has received the appropriate training. Since the nurse is new to this unit, the nurse is not in a position to reinforce boundaries at this time, as the client may perceive the nurse as an outsider and may appear as a threat, thus escalating the situation. Therapeutic settings are for all clients, acceptable behaviors are reinforced, and secluding or isolating the client can foster aggressive behavior.

PTS: 1 REF: p. 9 OBJ: 6
NAT: Client Needs: Safe, Effective Care Environment: Management of Care
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Nursing Process
BLM: Cognitive Level: Apply NOT: Multiple Choice

22. The geriatric psychiatry nurse understands that the DSM-5 describes all mental disorders with specific criteria. Which are the purposes of the DSM-5? 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.

ANS: B, D, E

Rationale: The DSM-5 has three purposes: (1) to provide a standardized nomenclature and language for all mental health professionals; (2) to present defining characteristics or symptoms that differentiate specific diagnoses; and (3) to assist in identifying the underlying causes of disorders. The DSM-5 was not designed to provide the practitioner with standards of care for all clients nor to provide standards for hospital and community based institutions.

PTS: 1 REF: p. 2-3 OBJ: 4
NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Caring BLM: Cognitive Level: Apply
NOT: Multiple Select

23. 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."

ANS: C

Rationale: At times, a nurse's values and beliefs will conflict with those of the client or with the client's behavior. The nurse must learn to accept these differences among people and view each client as a worthwhile person regardless of that client's opinions and lifestyle. The nurse does not need to share the client's views and behavior; the nurse merely needs to accept them as different from the nurse's own and not let them interfere with care.

PTS: 1 REF: p. 10-11 OBJ: 4
NAT: Client Needs: Psychosocial Integrity
TOP: Chapter 1: Foundations of Psychiatric-Mental Health Nursing
KEY: Integrated Process: Nursing Process
BLM: Cognitive Level: Apply NOT: Multiple Choice

24. A client with schizophrenia has been noncompliant 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

ANS: B

Rationale: The revolving door effect is a result of deinstitutionalization; clients are admitted more frequently for shorter stays. Boarding is when clients are kept in the emergency department until the crisis resolves or an inpatient bed is found. Admissions are usually not escalated but are recurrent.