Test Bank Questions, Chapter 1: Foundations of Psychiatric–Mental Health Nursing

1. Prior to the period of the enlightenment, which treatment of the mentally ill was prevalent?
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

2. A client is experiencing a "revolving door effect" due to their mental health disorder. Which is the meaning behind this phenomenon?
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

3. The nurse is talking with family members of a client with a mental health disorder, and they are relaying their issues with the treatment of their family member in general. Which statement by the nurse to the client's family will provide them with an explanation for this issue?
A) A client with a substance use disorder 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.

4. The nurse is providing an educational seminar for the nursing staff including objectives from *Healthy People 2030*. Which **priority** objective for mental health does the educator include?
A) Improved inpatient care
B) Primary prevention of emotional problems
C) Stress reduction and management
D) Treatment of mental illness

5. A client diagnosed with a mild anxiety disorder has been referred to treatment in a community mental health center. Which treatment will be most beneficial that the client will receive in this setting?
A) Medical management of symptoms
B) Daily psychotherapy

C) Constant staff supervision
D) Psychological stabilization

6. Nursing education is broad in practice settings. The addition of psychiatric nursing became a requirement in nursing education in 1950 by which regulation?
A) State Boards of Nursing
B) American Nurses Association
C) National League of Nursing
D) Nurse Practice Act

7. A novice nurse accepts a staff position at an inpatient mental health facility. Which basic-level responsibility will the nurse expect to have?
A) Providing clinical supervision
B) Using effective communication skills
C) Adjusting client medications
D) Directing program development

8. 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.

9. The nurse identifies that mental health issues are constantly evolving. Which is a standard of professional performance to keep in current practice?
A) Assessment
B) Education
C) Planning
D) Implementation

10. The student nurse is working in a forensic unit of the psychiatric inpatient facility. Which is the nurse's priority action when 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 and call for assistance
C) Keep the client secluded from others
D) Reinforce boundaries when aggression is seen to maintain a safe environment

11. If a client states, "I carry this lucky rabbit's foot for luck, my parent 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."

12. A client with schizophrenia has been noncompliant with medications. The client requires frequent admissions to the psychiatric unit for acute psychotic episodes. Which process does the nurse address when creating a plan of care for the client?
A) Escalated admissions
B) Revolving door
C) Deinstitutionalization
D) Boarding

13. The nurse is revising policies on the behavioral health unit to align with current standards of practice to ensure safe, quality care. Which regulations that guide the nursing profession will guide the nurse?
A) APNA (American Psychiatric Nurses Association)
B) *DSM-5-TR* (*Diagnostic and Statistical Manual of Mental Disorders*-5th ed.)
C) ANA (American Nurses Association)
D) USDHHS (U. S. Department of Health and Human Services)

14. The nurse is assessing a newly admitted client with cholecystitis. When performing the admission assessment, which statement by the client is an indicator of optimal mental health?
A) "I practice yoga regularly since it helps manage any stress I am feeling."
B) "I don't need anyone in my life, I manage well on my own."
C) "My family has several people with mental health problems."
D) "I had a history of alcohol use disorder and have been sober for 2 months."

15. The nurse is using the *DSM-5-TR* for a newly admitted client diagnosed with bipolar I disorder. Which information will the nurse obtain to assist with the use of this resource?
A) Use as a guide for client assessment
B) Devise a plan of care for a newly admitted client
C) Predict the client's prognosis of treatment outcomes
D) Document the appropriate diagnostic code in the client's medical record

16. A client with the inability to work due to relapsing schizophrenia is receiving Social Security Benefits. Which benefit will this provide to the client experiencing serious mental illness?
A) The client will be able to maintain some level of independence financially.
B) The client will have the option to only obtain inpatient treatment.

C) The client will be able to pay all of their bills as well as purchase medication.
D) The client will have the ability to obtain psychiatric service regardless of setting.

17. The nurse working in the ED of an urban hospital notifies the manager that there are several clients with mental health disorders still present in the ED that have been there over 48 hours. Which issue related to this phenomenon does the nurse discuss with the manager?
A) Decision to practice boarding
B) Temporary detaining orders for clients
C) The revolving door for clients
D) The cost of holding clients in the ED for over 48 hours

18. The nurse is working in an inpatient mental health facility and caring for several clients. Which client is most likely to experience the revolving door phenomenon?
A) A client with a dual diagnosis of heroin use disorder and bipolar I disorder
B) A client living with both parents that adheres to prescribed medication regimen
C) A client that has depression on antidepressants receiving electroconvulsive therapy
D) A client with an acute situational crisis due to a natural disaster

19. The nurse is working in an inpatient mental health facility and caring for several clients. Which client is **most likely** to experience the revolving door phenomenon?
A) A client with a dual diagnosis of heroin use disorder and bipolar I disorder.
B) A client living with both parents that adheres to prescribed medication regimen.
C) A client that has depression on antidepressants receiving electroconvulsive therapy.
D) A client with an acute situational crisis due to a natural disaster.

20. The nurse is caring for a young adult client that is unable to work due to chronic schizophrenia and the inability to procure the required medications for treatment. Which referral to the case manager will the nurse make to assist the client in obtaining the needed medications?
A) Medicaid services
B) Social Security Administration
C) A private insurance company
D) Permanent inpatient psychiatric placement

21. A novice nurse is beginning work on a behavioral health unit and states to the preceptor, "What if I encounter a client that is sexually aggressive?" Which is the appropriate response by the preceptor?
A) "Set firm limits and boundaries for the client."
B) "It happens frequently so just ignore it, they will stop."

C) "Walk away and have someone else take care of the client."
D) "Tell the client that the nurse is going to report to the director of the unit"

22. The geriatric psychiatry nurse reviews the *DSM-5-TR* for the specific criteria associated with a client's diagnosis. Which purpose does the nurse identify will be obtained from reviewing this data? 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

23. The nurse is performing an admission assessment for a client admitted to the behavioral health unit. Which social/cultural category will the nurse document that may be contributing to the client's degree of mental illness? **Select all that apply.**
A) The client is unable to find work and does not have enough money for housing.
B) The client states that they are discriminated against due to their country of origin.
C) The client attributes life's problems to being without family support.
D) The client reports being unable to find anything meaningful within their life.
E) The client reports not belonging anywhere and is without family support.

24. The nurse is caring for clients in an outpatient facility for those that have persistent or severe mental health disorders. Which factor(s) does the nurse assess that indicates the outcome of nontreatment of this client population? **Select all that apply.**
A) criminal behavior and incarceration
B) deterioration of personal relationships
C) worsening of the untreated mental health disorder
D) physical health disorders
E) seeking assistance from other mental health providers

25. A nurse is conducting a program about the current impact of consumers on mental health recovery for a local community group tasked with providing community mental health services. Which information would the nurse **most** likely include in this program?
A) Consumers and professionals work collaboratively in a partnership.
B) Less support for mental health services is being demanded.
C) The traditional medical model is the focus of recovery care.
D) Recovery from mental illness is unrealistic but still a goal.

Test Bank Answer Key, Chapter 1: Foundations of Psychiatric–Mental Health Nursing

1. **C.** In 1775, visitors at St. Mary 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.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Remember
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 3, Ancient Times

2. **B.** 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.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Remember
Integrated Process: Communication and Documentation
Page and Header: 4, MENTAL ILLNESS IN THE 21ST CENTURY

3. **C.** Only one in four adults needing mental health care receives the needed services. Substance use disorders cannot be dealt within 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%.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Communication and Documentation
Page and Header: 4, MENTAL ILLNESS IN THE 21ST CENTURY

4. **D.** 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 2030*.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Health Promotion and Maintenance
Cognitive Level: Apply
Integrated Process: Communication and Documentation
Page and Header: 5, Objectives for the Future-BOX 1.1

5. **A.** 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.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 6, Community-Based Care

6. **C.** 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 Act contains guidelines that can reflect National League of Nursing and American Nurses Association standards.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 7, PSYCHIATRIC NURSING PRACTICE

7. **B.** 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.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 8, BOX 1.2 Areas of Practice

8. **C.** Prescriptive authority is used by psychiatric–mental health advanced practice registered nurses in accordance with state and federal laws and regulations. Four substandards 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.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Analyze
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 8, BOX 1.2 Areas of Practice

9. **B.** 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.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 8, PSYCHIATRIC NURSING PRACTICE

10. **B.** Maintaining a safe distance in this situation is the priority until the nurse has received assistance from the crisis team. 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.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 9, STUDENT CONCERNS

11. **C.** 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.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Psychosocial Integrity
Cognitive Level: Apply
Integrated Process: Communication and Documentation
Page and Header: 2, Mental Health

12. **B.** 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.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 4, MENTAL ILLNESS IN THE 21ST CENTURY

13. **C.** The APNA is based off of the ANA standards and applies to psychiatric nurses, whereas the ANA standards apply to all nurses in all disciplines. The *DSM-5-TR* sets nomenclature and language for all mental health professionals to use along with defining symptoms. The USDHHS objectives were used to develop *Healthy People 2010* and now *2020*, to aid in supporting community-based interventions, to decrease suicide and homelessness, and to increase employment of those with mental illness.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Nursing Process (Clinical Problem-solving Process)

Page and Header: 7-8, PSYCHIATRIC NURSING PRACTICE

14. **A.** 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. A recent history of the use of maladaptive coping mechanisms such as alcohol does not indicate that the client is mentally healthy.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Communication and Documentation
Page and Header: 2, Mental Health

15. **A.** The *DSM-5-TR* 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-5-TR* does not provide coding for record-keeping or billing purposes.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Communication and Documentation
Page and Header: 2, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

16. **A.** Federal legislation was passed to provide an income for disabled persons: supplemental security income (SSI) and Social Security disability income (SSDI). This allowed people with severe and persistent mental illness to be more independent financially and to not rely on family for money. This does not prevent the client in acute crisis from a relapse from being admitted to the inpatient setting if they are at risk of harm to self or others. Social security is limited and the client may still have some degree of financial difficulty. The client may be limited to state owned facilities and not be able to seek treatment at a private facility. This does not dictate to the client the level of care offered to the client.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 4, Move Toward Community Mental Health

17. **A.** The practice of boarding is frustrating to health care personnel in EDs since it may interfere with the acute care and emergencies that are required in that setting. Clients become dissatisfied with care, and their families feel as though clients are not receiving the care needed to move through the crisis and some believe an increase in suicide. Provision of an adequate number of psychiatric inpatient beds could better meet the needs of clients and might even decrease homelessness, incarceration, and violence. The revolving door phenomenon is the increase in short-stay admissions repeatedly. Having to obtain a temporary detaining order improves the transition into inpatient care. Cost is not the immediate issue of the nurse.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Communication and Documentation
Page and Header: 4, MENTAL ILLNESS IN THE 21ST CENTURY

18. **A.** A client with a dual diagnosis including a substance use disorder and a mood disorder is most likely to continue to require inpatient services. Many people have a dual problem of both severe mental illness and a substance use disorder. Use of alcohol and drugs exacerbates symptoms of mental illness, again making rehospitalization more likely. Substance use disorders cannot be dealt within 3 to 5 days typical for admissions in the current managed care environment. A client adhering to a medication regiment and having family support will not likely require readmission frequently. A client with depression and receiving electroconvulsive therapy may receive this on an outpatient basis and not require admission. An acute situational crisis will pass over a period of time with appropriate cognitive behavioral therapy that is used on an outpatient basis.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Analyze
Integrated Process: Teaching/Learning
Page and Header: 5, MENTAL ILLNESS IN THE 21ST CENTURY

19. **A.** A client with a dual diagnosis including a substance use disorder and a mood disorder is most likely to continue to require inpatient services. Many people have a dual problem of both severe mental illness and a substance use disorder. Use of alcohol and drugs exacerbates symptoms of mental illness, again making rehospitalization more likely. Substance use disorders cannot be dealt within 3 to 5 days typical for admissions in the current managed care environment. A client adhering to a medication regiment and having family support will not likely require readmission frequently. A client with depression and receiving electroconvulsive therapy may receive this on an outpatient basis and not require admission. An acute situational crisis will pass over a period of

time with appropriate cognitive behavioral therapy that is used on an outpatient basis.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Physiological Integrity: Physiological Adaptation
Cognitive Level: Analyze
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 5, MENTAL ILLNESS IN THE 21ST CENTURY

20. **A.** The nurse will make a referral to Medicaid services so that the client will be able to purchase medications. Medicaid is jointly funded by the federal and state governments and covers low-income individuals and families. Medicaid covers people receiving either SSI or SSDI until they reach 65 years of age, though people receiving SSDI are not eligible for 24 months. Social security will take some time for approval so that the client will be able to receive Medicare benefits. This may be denied until a proven need is provided. Permanent placement in an inpatient psychiatric facility is not warranted if the client is able to care for themselves in the community. The client that is not working will not be able to afford private insurance.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Communication and Documentation
Page and Header: 7, Cost Containment and Managed Care

21. **A.** If a client behaves in a sexually inappropriate manner, the nurse should set limits and maintain boundaries so that the nurse explicitly allows the client know the behaviors will not be tolerated. The nurse should not walk away from the client since this may create feelings of abandonment and could also escalate behaviors as would ignoring the behavior. Informing the client that the nurse will tell on them decreases the responsibility of the nurse and puts the onus on someone else.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Safe and Effective Care Environment: Management of Care
Cognitive Level: Apply
Integrated Process: Communication and Documentation
Page and Header: 9, STUDENT CONCERNS

22. **B, D, E.** The *DSM-5-TR* 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-TR* was not designed to provide the practitioner with standards of care for all clients nor to provide standards for hospital and community-based institutions.

Format: Multiple Selection
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Psychosocial Integrity
Cognitive Level: Apply
Integrated Process: Communication and Documentation
Page and Header: 2, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS

23. **A, B.** Social or cultural categories relate to a lack of resources, poverty, negative view of the world, and discrimination and may result in isolation and violent or criminal behavior. The client that attributes life's problems to being without family support is not able to find meaning in life. Being without support is interpersonal determinant of mental illness.

Format: Multiple Selection
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Psychosocial Integrity
Cognitive Level: Analyze
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 2, Mental Illness

24. **A, B, C, D.** Nontreatment of mental health disorders will cause many factors to surface since the underlying disorder is not being controlled with medication, therapy, or support. Criminal behavior and incarceration may occur since the behavior may include taking risks that would be otherwise controlled with medication and therapy. The deterioration of relationships with friends and family will occur through self-isolation or that others may not want to be around the escalating mentally ill client. Without treatment, the condition will worsen until the client is not able to function within societal norms. Since the client is not able to care for their mental health, they will be unlikely to care for their physical needs. Seeking assistance from other mental health providers would indicate the client is attending to their mental health needs.

Format: Multiple Selection
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Health Promotion and Maintenance
Cognitive Level: Apply
Integrated Process: Nursing Process (Clinical Problem-solving Process)
Page and Header: 6, Community-Based Care

25. **A.** Recovery from mental illness is realistic and is now a worldwide goal. Consumers are demanding that mental health services receive the same support and attention as other health services. The traditional medical model, which is viewed as autocratic and paternalistic, is being replaced by a collaborative model whereby mental health professionals work in partnership with consumers to help rebuild their lives. Consumer advocacy efforts have led to the implementation of recovery philosophy and practices.

Format: Multiple Choice
Chapter 1: Foundations of Psychiatric–Mental Health Nursing
Client Needs: Psychosocial Integrity
Cognitive Level: Understand
Integrated Process: Teaching/Learning
Page and Header: 6, Community-Based Care