

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**  
**DEPARTMENT OF GENERAL NURSING SCIENCE**  
**SUPPLEMENTARY EXAMINATION:JULY 2018**

**COURSE TITLE: INTRODUCTION TO MENTAL HEALTH NURSING**

**COURSE CODE: CHN307**

**TIME ALLOCATED:2 HOURS**

**TOTAL MARKS ALLOCATED: 75**

**INSTRUCTIONS:**

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

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

## **MULTIPLE CHOICE QUESTIONS**

**ANSWER ALL QUESTIONS 1 MARK EACH:**

1. The goal of mental health nursing is to:
  - a. Promote mental wellbeing, and to prevent and manage mental illness
  - b. Provide nursing care to those who are already mental ill
  - c. Assist the psychiatrist in managing psychiatric patients
  - d. All of the above
  
2. During the first encounter with a patient, the priority of the psychiatric nurse is to:
  - a. Fill the psychiatric history sheet comprehensively in order to arrive at proper diagnosis
  - b. Establish a rapport and gain the patient's trust
  - c. Do a thorough mental status examination in order to arrive at a proper nursing diagnosis
  - d. Let the patient talk freely as he/she wants
  
3. During a mental status examination, a patient bolts out of the screening room, screaming that there were people who are threatening him with guns. In reality there was no one threatening him. His behaviour is evidence of:
  - a. Delusions
  - b. Illusion
  - c. Hallucinations
  - d. Affect
  
4. A hospitalized client is dying and is very weak, tired and short of breath. The appropriate nursing care plan for this client and the client's family will include:
  - a. Allowing family members to spend as much time as possible with the client
  - b. Limiting visiting hours to help the client conserve energy
  - c. Planning all of the client's care to be done at one time so long intervals of rest can be scheduled
  - d. Having the client do as much self care as possible to increase self esteem and independence

5. The mental health nurse notes several suspicious bruises and old burns on an infant. Which is the nurse's priority action?

- a. Call the child protection hotline and report possible abuse
- b. Discuss the family with the physician and social worker at the next team meeting
- c. Carefully record the visit for follow-up
- d. Tell the parent that child protection will be notified if injuries are noted at the next visit.

6. The nurse is interviewing an elderly client who may have been abused by the neighbor who provides much of the client's care. The nurse's interview questions should:

- a. Avoid asking the client about the potential abuse
- b. Avoid directly asking the client if the client has ever been hurt by someone
- c. Be confrontational
- d. Be nonthreatening and non-judgemental

7. In planning the initial care for a client with an acute schizophrenic illness, the nurse will appropriately emphasize:

- a. Establishing a daily routine to promote orientation to the unit
- b. Encouraging the client to enter into simple group activities
- c. Providing a variety of activities to keep the client focused on reality based topics
- d. Assign the same staff members of the nursing staff to work with the client each day.

8. The client is admitted to the hospital with injuries sustained in an automobile accident. The client, who has a history of previous arrests for driving under the influence of alcohol, has an admission blood alcohol level of 0.52g/l. When the nurse asks the client how much alcohol the client consumes daily, the nurse knows the most likely response by the client is:

- a. I can drink more than anyone I know
- b. Not much, I don't even get drunk
- c. I am not sure, I don't keep track
- d. How much do you think I drink?

9. Which treatment approach would be most therapeutic for a hospitalized client with antisocial behaviour?

- a. Participation in group therapy
- b. Negotiating the treatment plan with the client
- c. A one to one nurse client relationship
- d. Providing an unstructured environment

10. Methods that can be used in the treatment of enuresis in children include the following except

- a. Bladder training sessions
- b. Behaviour modification therapy
- c. Ignore the behaviour every time it has occurred
- d. Punish the child when he/she has wet himself

11. The nursing staff decides to develop a behavioural modification program to help a young client with absenteeism from school due to substance abuse. Which intervention is contraindicated for this client?

- a. To have daily schedule for the client and monitored by client and therapist
- b. Allowing the client to have week-ends with friends attend classes during the week
- c. Refraining from commenting about client's behaviour
- d. Positive reinforcement for each time the client attend class

12. The nurse would question the prescription if the physician prescribed a benzodiazepine for the treatment of:

- a. Status epilepticus
- b. Skeletal muscle injuries
- c. Chronic pain syndrome
- d. Insomnia

13 The nursing care plan for the antisocial client should stress:

- a. Supervising the client closely to prevent any destructive behaviour
- b. Helping the client gain insight into what motivates behaviour
- c. Setting clear rules and expectations about the client's behaviour
- d. Ignoring the client's past acts and focusing on current issues

14. A client has been attended at the out-patient department following a rape. The nurse will expect that the client may manifest post-traumatic stress disorder. The nurse is aware that this syndrome can be best described as:

- a. Unconsciously denying the rape and rapidly returning to normal activities
- b. Re-experiencing the fear and hopelessness of the original trauma
- c. Guilt, shame and the feeling that they provoked the attack or should have prevented the rape
- d. Displacing feelings of anger onto hospital staff members

15. The nurse is talking to a resident of a long term care facility who has returned from an overnight stay with his son and son's wife. Which statement by the resident would warrant further investigation by the nurse for elder abuse?

- a. The food wasn't very good. My daughter in law was never a very good cook
- b. We had a nice visit. My grandchildren are a little unruly, but I enjoy that in small doses
- c. They needed a new TV, so I gave them money so they could buy one
- d. Those bruises aren't anything. I got clumsy at my son's house

16. The nurse learns that a client with OCD brushes his/her tongue several times a day and has developed ulcerations on it. The priority nursing goal for this client at this time is. The client will:

- a. Re-establish healthy tissue in the oral cavity
- b. Seek out the nurse when feeling anxious
- c. Discontinue brushing and oral care rituals
- d. Verbalize the underlying cause of the behaviour

17. A client who is taking haloperidol is experiencing extrapyramidal side effects (EPS). The nurse understands that EPS is:

- a. Dysfunction of the cardiovascular system
- b. Involuntary muscle movements
- c. Similar to a seizure disorder
- d. A toxic reaction of the liver

18. A client is admitted with a history of extremely elevated, irritable mood for a week. On assessment the nurse notes grandiosity, insomnia, flight of ideas, and psychomotor agitation. The nurse sets as a priority short term goal: the client will demonstrate:

- a. improvement in judgement
- b. adequate nutrition and rest
- c. understanding of medication regimen
- d. stability of mood

19. A client on the psychiatric unit is unresponsive or mumbles incoherently whenever the nurse asks the client questions. The nurse will best deal with the client's communication problems by:

- a. encouraging the client to ask direct questions
- b. continuing to speak with the client using short, clear statements or open ended questions
- c. filling in silent periods by talking about topics interesting to the nurse
- d. sitting quietly with the client during his/her scheduled times until the client indicates a willingness to talk

20. The nurse in the oncology unit provides support to the parents of a child newly diagnosed with tumour of the brain. In planning care, the nurse understands the parents' initial reaction to a potentially terminal illness in their child is:

- a. Denial and disbelief
- b. Depression
- c. Fear and anxiety

d. Anger and guilt

21. A nurse working with a client with agoraphobia recognizes that the most effective technique for treatment of agoraphobia is:

- a. Gradual desensitization by controlled exposure to the situation the client fears
- b. Teaching relaxation techniques
- c. Repeated exposure to the situations the client fears
- d. Distraction each time the client brings up the problem

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

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

23. The nurse closely observes the client who has been displaying aggressive behaviour. The nurse observes that the client's anger is escalating. Which approach is least helpful for the client at this time?

- A. Acknowledge the client's behaviour
- B. Maintain a safe distance from the client
- C. Assist the client to an area that is quiet
- D. Initiate confinement measures

24. Which of the following medications will likely be ordered for a client with anxiety?

- A. Prozac
- B. Valium
- C. Risperdal
- D. Lithium

25. Five months after a traumatic incident the client complains of difficulty to concentrate, poor appetite, inability to sleep and guilt. She is likely suffering from:

A. Adjustment disorder

B. Somatoform Disorder

C. Generalized Anxiety Disorder

D. Post traumatic disorder



**SECTION B**

**QUESTION 2- DEFINE THE FOLLOWING TERMS**

- |                                    |     |
|------------------------------------|-----|
| 2.1 List 3 types of hallucination. | [3] |
| 2.2 Circumstantiality              | [2] |
| 2.3 Define phobia                  | [2] |
| 2.6 Anhedonia                      | [2] |
| 2.7 Flight of ideas                | [2] |
| 2.8 Schizophrenic disorders        | [2] |

**[15]**

### **SECTION C – QUESTION 3 ESSAYS**

- 3.1 Describe the definition of Mental Health nursing in terms of interpersonal process, aimed counselling, supporting and facilitating a healthy life functioning. [5]
- 3.2 Describe the Side Effects and Adverse Drug Reactions of neuroleptics.. [5]
- 3.3 Describe specific goals for nursing care for delusions [5]
- 3.4 List 5 principles of neuroleptic treatment [5]
- 3.5 List 5 characteristics of Bipolar I Disorder along with nursing intervention. [5]

**[25]**