

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**

**FINAL EXAMINATION PAPER DECEMBER 2017**

**TITLE : MENTAL HEALTH PROBLEMS AND SOCIETY I**

**COURSE : NUR 552**

**DURATION : TWO (2) HOURS**

**MARKS : 75**

- INSTRUCTIONS:**
- 1. ANSWER ALL QUESTIONS**
  - 2. EACH QUESTION CARRIES 25 MARKS**

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**Question 1**

## Multiple choice question

1. Which contribution to modern psychiatric mental health nursing practice was made by Freud?
  - A) The theory of personality structure and levels of awareness.
  - B) The concept of a " self-actualized personality ".
  - C) The thesis that culture and society exert significant influence on personality.
  - D) Provision of a development model that includes the entire life span.
  
2. Which statement best describes a major difference between a DSM-5 diagnosis and a nursing diagnosis?
  - A) There is no functional difference between two; both serve to identify a human deviance.
  - B) The DSM-5 diagnosis disregards culture, whereas the nursing diagnosis takes culture into account.
  - C) The DSM-5 is associated with present symptoms, whereas a nursing diagnosis considers past, present, and potential responses to actual mental health problems.
  - D) The DSM-5 diagnosis impacts the choice of medical treatment, whereas the nursing diagnosis offers a framework for identifying multidisciplinary interventions.
  
3. The theory of interpersonal relationships developed by Hildegard Peplau is based on the foundation provided by which early theorist?
  - A) Freud.
  - B) Piaget.
  - C) Sullivan.
  - D) Maslow.
  
4. Maviyo, a patient with a schizophrenia spectrum disorder, has been ordered an antipsychotic medication. The medication will likely benefit him, but there are side effects and in a small percentage of patients, it may cause a dangerous side effect. After medication teaching, Maviyo is unable to identify side effects and responds, "I won't have any side effects because I am iron and cannot be killed." How would you describe Maviyo's response in the mental status examination?
  - A) Illusion.
  - B) Hallucination.
  - C) Somatisation.
  - D) Delusion.
  
5. Intervention(s) appropriate for Evelyn and other hospitalized patients experiencing delirium include which of the following? Select all that apply
  - A) Immediately placing the patient in restraints if she begins to hallucinate or act irrationally or unsafely
  - B) Ensuring that a clock and a sign indicate the day and date are displayed where the patient can see them easily

- C) Being prepared for possible hostile responses to efforts to take vital signs or provide direct physical care
- D) Preventing sensory deprivation by placing the patient near the nurse's station and leaving the television and multiple lights turned on 24 hours per day
- E) Speaking with the patient frequently for short periods for reassurance, assisting the patient in remaining oriented, and ensuring the patient's safety
- F) Anticipating that the patient may try to leave if agitated and providing for continuous direct observation to prevent wandering

1. A, B, C, D.
  2. B, C, E, F.
  3. B, C, D, E.
  4. C, D, E, F.
6. Mrs. Mango dies at age 82. In the 2 months following her death, her husband, aged 84 and in good health, has begun to pay less attention to his hygiene and seems less alert to his surroundings. He complains of difficulty concentrating and sleeping and reports that he lacks energy. His family sometimes has to remind and encourage him to shower, take his medications, and eat, all of which he then does. Which response is most appropriate?
- A) Reorient Mr. Smith by pointing out the day and date each time you have occasion to interact with him
  - B) Meet with family and support persons to help them accept, anticipate, and prepare for the progression of his stage II dementia
  - C) Avoid touch and proximity; these are likely to be uncomfortable for Mr. Smith and may provoke aggression when he is disoriented
  - D) Arrange for an appointment with a therapist for evaluation and treatment of suspected depression
7. When screening families for post-traumatic stress disorder following a major natural disaster, psychiatric and mental health nurses are practicing which type of disease prevention?
- A) Primary
  - B) Secondary
  - C) Tertiary
  - D) Universal
8. A patient is being discharged after spending six days in the hospital, due to depression with suicidal ideation. The psychiatric and mental health nurse knows that an important outcome has been met when the patient states:
- A) "I can't wait to get home and forget that this ever happened.."
  - B) "I feel so much better. If I continue to feel this way, I can probably stop taking my medications soon.."
  - C) "I have a list of support groups, and an emergency number I can call, if I feel suicidal."
  - D) " I have to leave this place soon, before the illness starts all over again"

9. A patient who is admitted to the psychiatric unit with a diagnosis of obsessive-compulsive disorder spends a significant amount of time during the day and night washing his or her hands. On the third hospital day, the patient reports feeling better and more comfortable with the staff and other patients. The psychiatric and mental health nurse knows that the most appropriate nursing intervention is to:
- A) Acknowledge the ritualistic behaviour each time and point out that it is inappropriate.
  - B) Allow the patient to carry out the ritualistic behaviour, since it is helping him or her.
  - C) Collaborate with the patient to reduce the amount of time he or she engages in ritualistic behaviour.
  - D) Ignore the ritualistic behaviours, and the behaviours will be eliminated due to lack of reinforcement.
10. When planning inpatient psychotherapeutic activities for a patient who has antisocial personality disorder, the psychiatric and mental health nurse:
- A) Focuses on group, rather than individual, therapy.
  - B) Recognises that the disorder is characterised by social withdrawal.
  - C) Provides a permissive atmosphere, so the patient feels a sense of control.
  - D) Provides an organised, structured environment.
11. During an initial patient interview, the psychiatric and mental health nurse begins by asking the patient to describe his or her:
- A) Current situation.
  - B) Feelings about current situation.
  - C) Personal history
  - D) Thoughts about current situation
12. A patient is admitted to the inpatient unit with a diagnosis of schizophrenia. The patient has had episodes of school absenteeism, withdrawal from friends, and bizarre behaviour, including talking to his or her late grand-parent. The psychiatric and mental health nurse's most appropriate response is to:
- A) Acknowledge that the patient's perceptions seem real to him/her, and refocus the patient's attention to a real activity.
  - B) Encourage the patient to express his/her thoughts.
  - C) Ignore the patient's bizarre behaviour, because it will diminish after he or she has been given the correct medication.
  - D) Inform the patient that his or her perceptions of reality have become distorted because of the illness.
13. A selective serotonin reuptake inhibitor targets which part of the brain?
- A) Basal ganglia.
  - B) Frontal cortex
  - C) Hippocampus
  - D) Putamen

14. The psychiatric and mental health nurse knows that the patient's spouse clearly understands the side effects of lithium carbonate, when he or she says:
- A) I should make sure my spouse drinks as much water as possible.
  - B) My spouse should remain on a salt-free diet.
  - C) When the lithium level is 1.6mEq/L, my spouse can return to work.
  - D) I should call the doctor if my spouse begins to shake badly.
15. A patient who was admitted yesterday with an adjustment disorder and depressed mood has not left his or her room. The psychiatric and mental health nurse's most appropriate approach at meal time today is to respond:
- A) I will bring your food to your room, if that will make you feel better.
  - B) I will walk with you to the dining hall and sit with you while you eat.
  - C) Where would you like to eat your lunch today?
  - D) You will feel better if you go to the dining hall and eat with the others.
16. Based on the nurse's knowledge of DSM V it is understood that the presence of psychotic symptoms for a period less than a month but at least one day is a characteristic of
- A) Schizoaffective disorder.
  - B) Brief psychotic disorder.
  - C) Schizophrenia spectrum disorder.
  - D) Schizophreniform disorder.
17. For the past year a client has received haloperidol. The nurse administering the client's next dose notes a twitch on the right side of the client's face and tongue movements. Which nursing intervention takes priority?
- A) Administer haloperidol along with benztropine 1 mg PRN per order.
  - B) Assess for other signs of hyperglycaemia resulting from use of haloperidol.
  - C) Check the client's temperature and assess mental status.
  - D) Withhold the haloperidol and call the physician.
18. A client is newly prescribed lithium carbonate. Which teaching point by the nurse takes priority?
- A) Get yourself in a daily routine to assist avoiding relapse.
  - B) Limit your fluid intake to 2000 mL/day.
  - C) Monitor your caloric intake because of potential weight gain.
  - D) Make sure your salt intake is consistent.
19. The following are components of mental health nursing **except**
- A) An interpersonal process
  - B) Supporting and facilitating
  - C) Lifestyle changing
  - D) Aims at counselling

20. According to the DSM V which diagnostic criterion would **not** describe schizotypal personality disorder?
- A) Exhibits behavior or appearance that is odd, eccentric or peculiar.
  - B) Considers relationships to be more intimate than they actually are
  - C) Inappropriate or constricted affect.
  - D) Unusual perceptual experiences, including bodily illusions
21. While performing an admission interview, the nurse learns that the client drinks to avoid early morning "shakes". The nurse recognises this behaviour as
- A) Substance intoxication.
  - B) Substance abuse.
  - C) Substance dependence.
  - D) Delirium tremens.
22. A speech disorder characterized by pathologic repetition of words said by another is
- A) Echopdaxia
  - B) Echolalia
  - C) Tangentiality
  - D) Flight of ideas
23. Clinical symptoms likely to be present in a client with a phobic disorder include
- A) Persistent obsessive thoughts.
  - B) Unrealistic worry about a number of events in one's life.
  - C) Re-experience of feelings associated with a traumatic event.
  - D) Fear and avoidance of certain stimuli.
24. Penetration with a penis, begun with consent, becomes rape in which of the following circumstances?
- A) If the woman ceases to consent.
  - B) When a man exceeds a reasonable time for negotiating the continuance of intercourse with the woman.
  - C) When a man completes intercourse.
  - D) When a man, upon realizing that the woman no longer consents, does not immediately withdraw his penis completely from the woman.
25. In the DSM V, a medical condition that gives rise to a mental disorder is recorded as
- A) A primary diagnosis.
  - B) A specifier.
  - C) A provisional diagnosis.
  - D) A diagnostic subtype.

**Question 2**

Conducting a mental status assessment is one of the essential skills that a psychiatric-mental health should master. In the table below, match each of the statements that describe a nurse's findings in a mental status assessment with the relevant area of assessment. In your answer sheet write the question number and the alphabet (**in uppercase**) representing the answer you have selected (25 Marks).

<b>Finding</b>	<b>Area of Assessment</b>
1. Aware of time, place, person, knows length of stay in hospital, is not aware of where he is.	A. Sensitivity
2. Hallucinations and illusions.	B. Speech
3. False belief of one's importance, power and identity, false belief that one is being cheated or harassed.	C. Attention
4. Unrealistic, irrational fears.	D. Mood
5. Amnesia, fugue, confabulation.	E. Affect
6. Subnormal, average, above average intellectual capacity.	F. Phobic thoughts
7. Patient's ability to identify existence of a problem.	G. Insomnia
8. Normal in rate, tone or volume or fast, pressured and loud.	H. Homicidal ideation
9. The main reason a patient is seeking mental health examination.	I. Memory
10. What a client would do in a social situation such as "what would you do if you found a stamped addressed envelope on the street.	J. Attitude
11. Desire to do serious harm or take the life of another person.	K. Delusion
12. Desire to end one's life.	L. Thought content
13. Awkward posture or position for prolonged period.	M. Appearance
14. Wears excessive makeup, bright colours, overweight.	N. Perception
15. Happy, sad, expressionless, appropriate to the situation.	O. Echolalia
16. Feeling of unworthiness, helplessness, guilt or obsessions.	P. Echopraxia
17. Easily hurt or damaged, susceptible.	Q. Behaviour and psychomotor activity
18. Excessive imitation of another person's behaviours	R. Catatonia
19. Repetition of one person's words by another.	S. Chief complaint
20. Hyperactivity, agitation or poverty of movement	T. Suicidal ideation
21. Diminished amount of sleep, early morning awakening	U. Intelligence
22. Able to explain "no use crying over spilt milk"	V. Judgement
23. Labile, blunted, ambivalence	W. Orientation
24. Difficulty finishing tasks, easily distracted, having difficulty concentrating	X. Insight
25. Hostile, evasive, defensive	Y. Abstract thought

**TOTAL = 25**

**Question 3**

- a) Nhlanhla, a 19-year old male, attended a party where a lot of alcohol was served. He got too drunk and the next day he found himself in a house with a strange man. His anus felt sore and he noticed that he was slightly bleeding. After dressing up he thought of going to the police station to report that he had been sexually assaulted but then decided against it. He was also hesitant to seek medical care.

Describe the possible impact of the sexual assault (rape) on Nhlanhla. (10)

- b) Marital rape is not a criminal offence in Swaziland.
- (i) What is the basis for this state of affairs? (3)
  - (ii) What are the likely impacts on the woman of marital rape? (12)

**TOTAL = 25**