

**UNIVERSITY OF ESWATINI**

**FACULTY OF HEALTH SCIENCES**

**FINAL EXAMINATION PAPER MAY 2021**

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

**COURSE : IDE- CHN 551**

**DURATION : TWO (2) HOURS**

**MARKS : 75**

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

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BY THE INVIGILATOR**

### Question 1 Multiple Choice Questions

Select the option that best responds to each of the stem questions given by writing the letter selected next to the item number, for example, 40=P. (1 mark each)

1. 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.
  
2. 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.
  
3. 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. Mango 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. Mango and may provoke aggression when he is disoriented

- D) Arrange for an appointment with a therapist for evaluation and treatment of suspected depression
4. 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
5. 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"
6. 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.
7. 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.
8. 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
9. 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.
10. A selective serotonin reuptake inhibitor targets which part of the brain?
- A) Basal ganglia.
  - B) Frontal cortex
  - C) Hippocampus
  - D) Putamen
11. 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) Schizophreniform disorder.
  - B) Schizoaffective disorder.
  - C) Schizophrenic spectrum disorder.
  - D) Brief psychotic disorder.
12. Artane is used to treat the extrapyramidal effects induced by antipsychotics. This drug exerts its effect by:
- A) Decreasing the anxiety causing muscle rigidity.
  - B) Increasing the level of acetylcholine in the CNS.
  - C) Increasing norepinephrine in the CNS.
  - D) Blocking the cholinergic activity in the central nervous system (CNS).
13. Which outcome criteria would be appropriate for a child diagnosed with oppositional defiant disorder?
- A) Accept responsibility for own behaviours.
  - B) Be able to verbalise own needs and assert rights.
  - C) Set firm and consistent limits with the client.
  - D) Allow the child to establish his own limits and boundaries.

14. The nurse is caring for a client with schizophrenia. Which of the following outcomes is the least desirable?
- A) The client spends more time by himself.
  - B) The client does not engage in delusional thinking.
  - C) The client does not harm himself or others.
  - D) The client demonstrates the ability to meet his own self-care needs.
15. Since admission 4 days ago, a client has refused to take a shower, stating, "There are poison crystals hidden in the shower head. They will kill me if I take a shower." Which nursing action is most appropriate?
- A) Dismantling the showerhead and showing the client that there is nothing in it.
  - B) Explaining that other clients are complaining about the client's body odour.
  - C) Asking a security officer to assist in giving the client a shower.
  - D) Accepting these fears and allowing the client to take a sponge bath.
16. How soon after chlorpromazine (Thorazine) administration should the nurse expect to see a client's delusional thoughts and hallucinations eliminated?
- A) Several minutes.
  - B) Several hours.
  - C) Several days.
  - D) Several weeks.
17. Which of the following is one of the advantages of the newer antipsychotic medication risperidone (Risperdal)?
- A) The absence of anti-cholinergic effects.
  - B) A lower incidence of extra-pyramidal symptoms.
  - C) Photosensitivity and sedation.
  - D) No incidence of neuroleptic malignant syndrome.
18. Nurse Madonsela is aware that this client is at highest risk for suicide?
- A) One who appears depressed, frequently thinks of dying, and gives away all personal possessions.
  - B) One who plans a violent death and has the means readily available.
  - C) One who tells others that he or she might do something if life does not get better soon.
  - D) One who talks about wanting to die.
19. When interviewing the parents of an injured child, which of the following is the strongest indicator that child abuse may be a problem?
- A) The mother and father tell different stories regarding what happened.
  - B) The family is poor.
  - C) The injury is not consistent with the history or the child's age.
  - D) The parents are argumentative and demanding with emergency department personnel.

20. Macala, 26 years old, is remanded by the courts for psychiatric treatment. His police record, which dates to his early teenage years, includes delinquency, running away, auto theft, and vandalism. He dropped out of school at age 16 and has been living on his own since then. His history suggests maladaptive coping, which is associated with:
- A) Antisocial personality disorder.
  - B) Borderline personality disorder.
  - C) Obsessive-compulsive disorder.
  - D) Narcissistic personality disorder.
21. Paranoid personality disorder is unlikely to be characterised by
- A) Feelings that they have been betrayed by others
  - B) Avoidance of close relationships
  - C) Avoidance of public places
  - D) Spontaneous aggression towards others
22. Sibuko goes to the school nurse complaining of unwelcome, persistent thoughts affecting his school work. He checks the locks at home frequently and feels a need for order or symmetry in his room. What is the condition?
- A) Depression
  - B) Psychosis
  - C) Schizophrenia
  - D) Obsessive-compulsive disorder
23. Diagnostic criteria for a manic episode least likely include
- A) A catatonic state.
  - B) Grandiosity and flight of ideas.
  - C) Pressured speech.
  - D) Decreased need for sleep.
24. Macembe is being treated for alcoholism. After a family meeting, Macembe's wife asks the nurse about ways to help the family deal with the effects of alcoholism. Nurse Mavuso should suggest that the family join which organisation?
- A) Make Today Count.
  - B) Alcoholics Anonymous.
  - C) Al Anon.
  - D) Emotions Anonymous.
25. Symptoms that develop when a person is responding to a particular event or situation, such as a loss, a problem in a close relationship, an unwanted move, a disappointment, or a failure best describe a/an
- A) Post-traumatic stress disorder.
  - B) Acute stress disorder.
  - C) Adjustment disorder.
  - D) Disinhibited attachment disorder.



## 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/capital letter**) 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

Mr. Shilombo, a 36-year-old man from KaLomshiyo is admitted to Pigg's Peak hospital after ingesting a concoction of battery acid, paraffin and brandy that caused severe burning of the oesophagus and stomach linings. On taking history you learn that he was retrenched from work a year ago. All attempts to find another job were fruitless and six months ago he began to drink and gamble heavily. After stabilisation, Mr. Shilombo was transferred to the National Psychiatric Centre where he told the admitting nurse that he felt hopeless and despairing, had nothing to live for and it was his intention to kill himself.

- Do a DSM 5 diagnosis of Mr Shilombo. (5)
- Describe the nursing management Mr. Shilombo will require for his condition (20)

**TOTAL = 25**