Test Bank for Introductory Mental Health Nursing 5th Edition by Kincheloe

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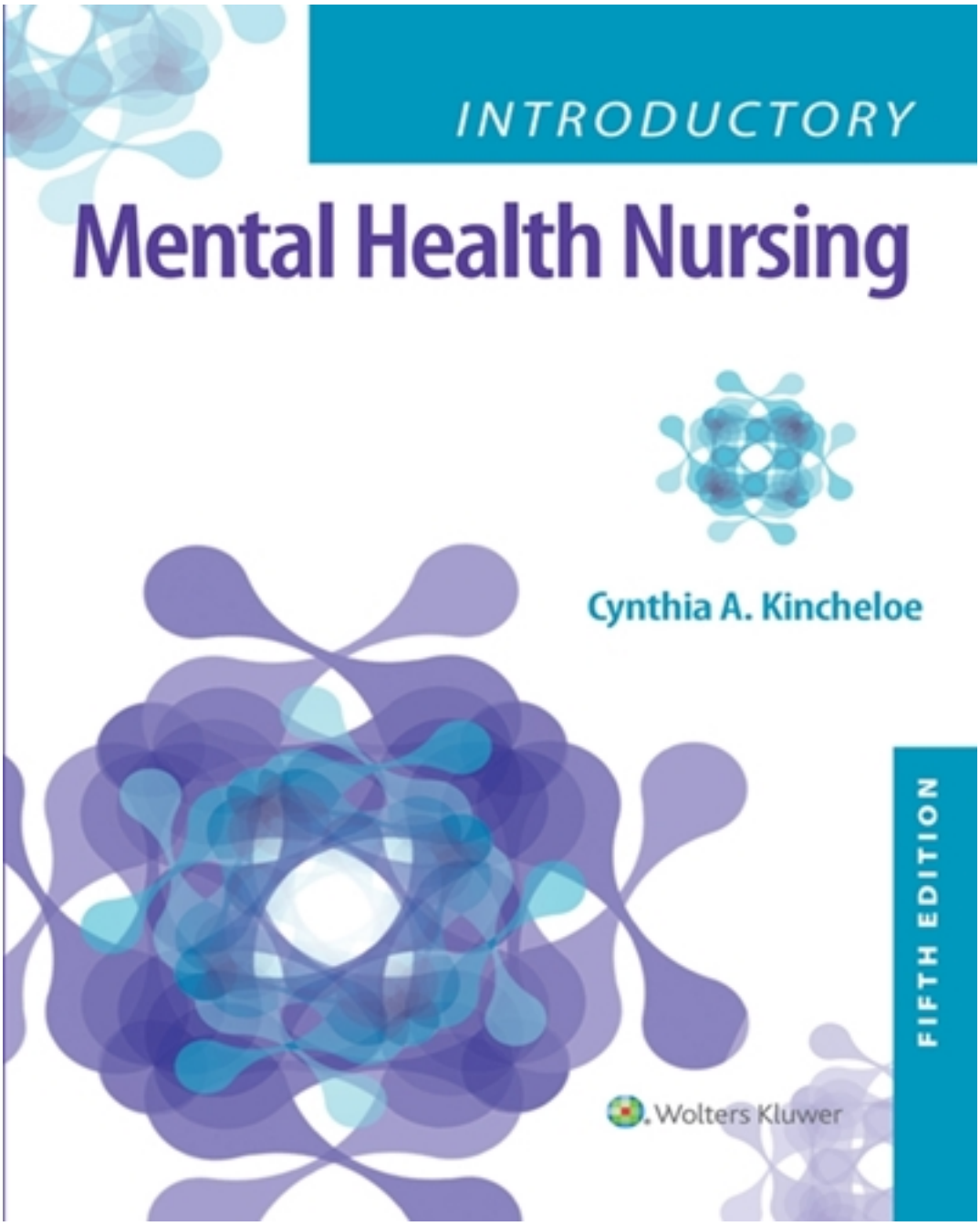

Test Bank

Test Generator Questions, Chapter 2, The Delivery of Mental Health Care

1. The nurse is preparing information for a community-focused presentation using the Americans with Disabilities Act (ADA) as the foundation. Which area is the likely focus of the nurse's presentation regarding client rights of the mentally ill?

A. Prevention against inappropriate nursing home placement

B. Prevention of discrimination against individuals with mental and physical disabilities

C. Appropriate community follow-up treatment

D. Mental health insurance benefits comparable to medical health insurance benefits

Answer: B

Rationale: The Americans with Disabilities Act (ADA) was the first federal civil rights law to prohibit discrimination against persons with mental and physical disabilities. The National Mental Health Parity Act made it mandatory for insurance companies to provide annual and lifetime benefit limits for mental illnesses comparable to those allotted for physical illnesses. The Omnibus Budget Reform Act (OBRA) prevented the inappropriate placement of mentally ill clients in nursing homes. The Mental Health Act of 1983 addressed the rights of people admitted to psychiatric hospitals, including their right to refuse being admitted to a psychiatric facility against their will and their rights while in treatment, following discharge, and during community follow-up.

Format: Multiple Choice

Chapter: 2

Learning Objective: 2

Cognitive Level: Understand

Client Needs: Psychosocial Integrity

Integrated Process: Teaching/Learning

Reference: 23, Table 2.1 Legislation Related to Mental Health

2. The nurse is working at an urban community clinic that serves a large immigrant population. When developing interventions to address the barriers to mental health for this population, which intervention will the nurse most likely focus on to minimize these barriers?

A. Building a trusting, respectful relationship with the immigrant community
B. Gaining an understanding of the belief and value systems of the clinics' cultures
C. Arranging for interpreters to be available during mental health assessments
D. Including the family in identifying and planning mental health interventions

Answer: B

Rationale: Cultural misunderstanding of the client’s symptoms and their reasons for seeking, or not seeking, mental health care is also a barrier. Problems arise when the mental illness is addressed without considering the individual’s cultural and personal beliefs regarding their symptoms and mental health. Multicultural education is necessary for those who care for clients with mental illness. Studies continue to examine the diverse cultural traditions, beliefs, values, and adjustments to acculturation. Cultural awareness and sensitivity in treatment is vital in providing quality care. In addition, whether perceived or inferred, racial and cultural bias and stereotyping during encounters with mental health workers often elicit hostility and breed feelings of prejudiced treatment. Once the nurse is educated in the culture, it is important to recognize that immigrant and minority families alike often demonstrate a lack of trust in the system and fear the outcome. While language and cultural practices like family hierarchy in decision making can present barriers to care, the initial focus should be on gaining an understanding of the culture and its values and beliefs.

Format: Multiple Choice

Chapter: 2

Learning Objective: 3

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 24, Barriers Related to Culture

3. An inmate arrives at the correctional facility and asks to speak to the nurse concerning the need for "some pills to calm my nerves." Considering the value inmates place on medical care, what should be the nurse's initial response?

A. Recommend the inmate discuss the problem with the facility's psychiatrist and make the appropriate consult request.
B. Require that the inmate be observed by correctional staff for 3 days and decide whether an assessment is appropriate based on documented observations.
C. Conduct the mental health assessment in a calm, matter-of-fact manner being alert for possible manipulative behaviors on the part of the inmate.
D. Recognize that a significant number of inmates experience stress-induced anxiety, especially when initially incarcerated and prepare to facilitate medication therapy for the symptoms.

Answer: C

Rationale: Nurses who work in a correctional facility must learn to separate what is real from what is a potential manipulative endeavor by the inmate. A calm, but firm and matter-of-fact approach is essential to command compliance with rules and policies of the institution. Once the assessment is completed, the nurse will refer the inmate for an extensive psychiatric evaluation if data support is the need. It is the nurse's responsibility to assess and evaluate the inmate's mental health, not the correctional staff. While inmates can be experiencing stress, the nurse should not proceed with treatment until confirmed through appropriate assessment.
Format: Multiple Choice
Chapter: 2
Learning Objective: 11
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Reference: 34, Correctional Facilities

4. A nurse is attending an in-service presentation about the evolution of mental health care. The nurse demonstrates understanding of this information, identifying which concept(s) as having gained acceptance in the mid-1950s as antipsychotic drugs were being introduced? Select all that apply.

A. Deinstitutionalization of clients with mental illness
B. Use electric shock therapy for clients with depression
C. Movement toward use of antipsychotic drugs instead of physical restraints
D. Introduction of the informed consent
E. Inclusion of psychiatric nursing in all nursing programs

Answer: A

Rationale: As this new era of treatment emerged, the movement to deinstitutionalize clients with mental illness was in motion. Between 1950 and 1980, the number of institutionalized clients dropped from more than 500,000 to less than 100,000. In addition, due to the focus on improved conditions and treatment, the National League for Nursing endorsed the inclusion of psychiatric nursing in all nursing programs. None of the remaining options are associated with the introduction of psychotropic medications.
Format: Multiple Choice
Chapter: 2
Learning Objective: 1
Cognitive Level: Analyze
Client Needs: Psychosocial Integrity
Integrated Process: Teaching/Learning
Reference: 23, The Move Toward Community-Based Care

5. A nurse is conducting a presentation for a community group on the impact of stigma associated with mental illness. When discussing this topic with the group, which statement by a group member would the nurse need to correct?

A. "A friend avoided getting treatment because they were afraid of what others would think."
B. "Some people think that a person with a mental illness is always dangerous."
C. "It's possible that someone could catch a mental illness from the person."
D. "A person with a mental illness might avoid being around others."

Answer: C

Rationale: Mental illness has a stigma attached to it. This causes an avoidance of discussing the topic, treating individuals with mental health issues differently, avoiding them altogether, or even fear of the person or of "catching" the illness. Stigma can cause families to avoid seeking care for the individual or for themselves. Stigma can cause the individual with a mental health issue to avoid socialization or from seeking help for fear of maltreatment. They may deny their symptoms or delay and/or avoid treatment.
Format: Multiple Choice
Chapter: 2
Learning Objective: 3
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Teaching/Learning
Reference: 25, Barriers Related to Stigma

6. A psychiatric care facility's nursing administrator is implementing interventions to address the needs of minority groups served at the facility. Which action would **most likely** have the greatest impact on the mental health care provided to these clients?

A. Case managers are assigned to minority clients who have no family support.
B. Translators are available for clients who experience language as a barrier.
C. Two mandatory in-services on the delivery of culturally competent care are scheduled yearly.

D. Clients for whom English is a second language will receive all written educational materials in their native language.

Answer: C

Rationale: Cultural awareness and sensitivity in treatment is vital in providing quality care. Requiring education to help assure staff is culturally competent demonstrates understanding of the barrier. While language and a lack of family support are definitely barriers to care, cultural misunderstanding of the client's symptoms and their reasons for seeking, or not seeking, mental health care is also a major barrier. Problems arise when the mental illness is addressed without considering the individual's cultural and personal beliefs regarding their symptoms and mental health.
Format: Multiple Choice
Chapter: 2
Learning Objective: 3
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 24, Barriers Related to Culture

7. A client is admitted to a mental health treatment facility. Which method would be **most** appropriate to use to educate the client about their rights?

A. Discuss the Bill of Rights that is posted on the unit with the client
B. Provide the client with a copy of the Bill of Rights
C. Inform the client that their rights are protected by the Bill of Rights
D. Alert staff to be aware that the new client may not be aware of the Bill of Rights

Answer: A

Rationale: All clients entering a mental health treatment facility have rights. Set by the U.S. government, the rights of the mental health client regarding their treatment are

covered in the Mental Health Patient Bill of Rights. Clients are given the opportunity to read, or have read to them, these rights at the time of admission for treatment. The Bill of Rights is also usually displayed in prominent areas of the client care areas to be easily visible to clients and visitors. It is a nurse's responsibility to be knowledgeable of these rights and to ensure that the client's rights are protected.
Format: Multiple Choice
Chapter: 2
Learning Objective: 4
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 27, Client Rights

8. An individual is diagnosed with a serious acute physical health issue. The nurse evaluates the client for possible anxiety and depression for which reason?

A. Physical recovery process can be delayed by the existence of mental illness.
B. Specific psychiatric care must be arranged to meet the client's mental health needs.
C. Holistic nursing care requires that attention be paid to all aspects of the client.
D. Every client has the right to appropriate care for all of their health needs.

Answer: A

Rationale: Mental health symptoms may affect a medical condition, which could result in an exacerbation of the illness or a delayed recovery. In some cases, the mental health symptoms may interfere with treatment of the medical condition. The other options are true statements but are not the primary concern related to the health concerns of a client diagnosed with an acute physical illness.
Format: Multiple Choice
Chapter: 2
Learning Objective: 8

Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 31, Other Health Care Settings

9. A client is admitted to an inpatient psychiatric facility via an emergency protective custody order. The nurse anticipates that the client can be held for which duration?

A. 72 to 84 hours
B. 48 to 72 hours
C. 36 to 47 hours
D. 24 to 35 hours

Answer: B

Rationale: The client can be detained on an emergency status against the client's will for an interval of 48 to 72 hours.
Format: Multiple Choice
Chapter: 2
Learning Objective: 9
Cognitive Level: Understand
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 30, Inpatient Mental Health Settings

10. Which individual meets the criteria for an involuntary psychiatric admission?

A. Client who is prescribed cognitive psychotherapy
B. Person with depression and history of a suicide attempt
C. Individual for whom there is current evidence of drug abuse
D. Person clearly intent upon causing self-harm

Answer: D

Rationale: For an involuntary admission to occur, an evaluation statement that clearly indicates that the person's mental state is a danger to themselves or others is necessary. While evidence that psychiatric care may be appropriate, none of the other options meet the criteria of the current intention to harm self or others.
Format: Multiple Choice
Chapter: 2
Learning Objective: 9
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 30, Inpatient Mental Health Settings

11. A new graduate nurse shadowing a staff nurse asks the nurse, "What would be the best place for me to review information about the scope and minimum standard of practice for the care I provide? Which response by the nurse would be appropriate?

A. "Check out your school of nursing's library."
B. "Go to the American Nurses Association website."
C. "Access your local Nurses Association website."
D. "Check the Nurse Practice Act for your state"

Answer: D

Rationale: Student and licensed nurses are accountable for the care they provide, which means they must take responsibility for what they do. Each level of nursing is responsible for adhering to the standard of care that is acceptable for that particular level. The Nurse Practice Act of each state identifies the scope and minimum standards of practice for the various levels. While the other resources may provide general information, their purpose is not to define the scope and minimal standards of care.
Format: Multiple Choice
Chapter: 2
Learning Objective: 6
Cognitive Level: Apply

Client Needs: Psychosocial Integrity
Integrated Process: Teaching/Learning
Reference: 29, Nurse Accountability

12. A nurse is providing care to a client who has moderate to severe Alzheimer disease. Which action **best** demonstrates the nurse's primary legal obligation to the client?

A. Protecting the client's rights
B. Identifying the client's physical needs
C. Documenting all care given to the client
D. Evaluating the client's condition regularly

Answer: A

Rationale: The nurse has a legal and ethical responsibility to act as a client advocate to protect the client and those rights that are legally afforded to them. The remaining options are nursing responsibilities to the client.
Format: Multiple Choice
Chapter: 2
Learning Objective: 4
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 27, Client Rights

13. Which is the primary principle to consider when determining where mental health treatment can be received?

A. Care must be delivered in the least restrictive but safe environment.
B. Client's financial situation must be considered.
C. Psychotherapy as a treatment requires inpatient care.
D. Every client has the right to choose their treatment setting.

Answer: A

Rationale: A client has the right to receive treatment in the least restrictive environment that would promote safety and therapeutic care. Psychotherapy can often be delivered in an outpatient setting. The family provider or psychiatrist makes the determination of whether the client will need to receive inpatient or outpatient treatment and the appropriate setting in which that care can be provided. While the cost of the treatment setting is considered, it is not the defining factor on where treatment will best occur.
Format: Multiple Choice
Chapter: 2
Learning Objective: 8
Cognitive Level: Understand
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 29, Practice Settings for Mental Health Care

14. A client states, "I want to register a complaint about the care that I'm receiving. Which action by the nurse would be appropriate?

A. Notify the nurse manager of the client's intent.
B. Provide the client with the information on how to file a complaint.
C. Discuss the client's reason for being dissatisfied with care.
D. Take the complaint to the client care team for discussion.

Answer: B

Rationale: Regardless of the setting in which clients receive mental health services, they have the right to receive information about how to channel complaints about their care or the professionals providing their treatment. The other options fail to meet the criteria for supporting the client's right to report complaints.
Format: Multiple Choice
Chapter: 2

Learning Objective: 6
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 28, Appeals and Complaints

15. When practicing in a nonmental health-based setting, which action by the nurse would be pivotal in guiding the care the client receives?

A. Ensuring the client understands their rights
B. Using evidence-based interventions for care
C. Initiating interventions to address the client's psychosocial needs
D. Assisting the client in the decision-making process

Answer: C

Rationale: Regardless of the setting, the nurse needs to address the physical, psychosocial, cultural, and spiritual issues of the individual client. Although ensuring the client understands their rights, applying evidence-based care and assisting in decision making are important, the client is the priority and all needs, not just physical needs, must be addressed.
Format: Multiple Choice
Chapter: 2
Learning Objective: 10
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 31, Other Health Care Settings

16. A nurse is providing care to clients in a correctional facility. Which statement demonstrates an understanding of the barriers presented to the delivery of nursing care in this setting?

A. “I understand that you wish your wife would visit more often.”

B. "You are aware of the rules; you'll get your medication at 1500 as always."
C. "It will take at least a week to get the results back on your blood work."
D. "Arrangements will include taking you to a community hospital for the treatment."

Answer: B

Rationale: Nurses who work in a correctional facility must learn to separate what is real from what is a potentially manipulative endeavor by the inmate. A calm, but firm and matter-of-fact approach is essential to command compliance with rules and policies of the institution. Inmates often lack family support but that is not considered a barrier to the delivery of nursing care. The other options reflect typical situations associated with the delivery of health care.
Format: Multiple Choice
Chapter: 2
Learning Objective: 11
Cognitive Level: Analyze
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 34, Correctional Facilities

17. A nurse is providing care to several clients. Which client(s) would present the nurse with the obligation to disclose what might be considered confidential client information? Select all that apply.

A. 6-year-old whose admission physically revealed bruising of various stages
B. 17-year-old who reports the abuse of alcohol and drugs on a regular basis
C. 35-year-old whose blood suggests the presence of HIV
D. 48-year-old who is angry with their sibling for "putting me here"
E. 69-year-old reported missing by family and found after being physically assaulted

Answer: A, C, E

Rationale: Situations that may legally require disclosure of information include intent to commit a crime, duty to warn endangered persons, evidence of child abuse, initiation of involuntary hospitalization, and infection by HIV. The report of alcohol and drug abuse or anger with a family member does not warrant mandatory reporting. Reporting of the intent to harm another is not mandatory unless the client reports a specific, plausible plan to do so.
Format: Multiple Select
Chapter: 2
Learning Objective: 6
Cognitive Level: Analyze
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 27, Box 2.3 Legal Situations That May Indicate Disclosure of Client Information

18. After reviewing The Health Insurance Portability and Accountability Act (HIPAA) and its impact on confidentiality, the nurse demonstrates understanding of this information by identifying which as a responsibility? Select all that apply.

A. Providing clients with access to the information contained in their medical records
B. Disclosing what information contained in their medical record is being shared
C. Protecting the client's privacy
D. Informing client about whom they provide information contained in a client's medical records
E. Ensuring that conversations about the client's condition are shared only with health care professionals

Answer: A, B, C, D

Rationale: HIPAA of 1996 holds mental health care professionals to a legal and ethical responsibility for the protection of the client's privacy and confidentiality of their medical records information. This act also assures that clients have the right to know the content of their medical records, what information is being disclosed, and to whom any disclosures are being given. Health care providers who are not consulted by the provider or providing direct client care do not have the privilege of viewing the medical record without permission.
Format: Multiple Select
Chapter: 2
Learning Objective: 4
Cognitive Level: Analyze
Client Needs: Psychosocial Integrity
Integrated Process: Communication and Documentation
Reference: 23, Table 2.1 Legislation Related to Mental Health

19. When assisting with developing the plan of care for a client requiring restraints, which action(s) would be critical? Select all that apply.

A. Monitoring the client every 30 minutes for safety
B. Supervising the application of restraints for legal purposes
C. Identifying the immediate threat of harm to client or others as reason for application
D. Using less restrictive attempts initially but without success
E. Attempting to de-escalate the behavior once the restraints are applied.

Answer: B, C, D,

Rationale: Restraining methods are only used when verbal interventions or less restrictive methods of treatment have failed or are not available. It is essential that nurses attempt to de-escalate aggressive behaviors *before* these measures are necessary. Continuous monitoring of the client in restraints or seclusion is mandatory. Clients who are confined without justification or who are subject to inappropriate use

of seclusion or restraint can be viewed in a civil court as having been falsely imprisoned.
Format: Multiple Select
Chapter: 2
Learning Objective: 7
Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Clinical Problem-Solving Process (Nursing Process)
Reference: 28, Seclusion and Restraint

20. A nurse is providing care to several clients. The nurse would anticipate legal issues when addressing the need for informed consent for which client? Select all that apply.

A. 25-year-old admitted with a diagnosis of anxiety disorder
B. 45-year-old who lives in a group home for the cognitively impaired
C. 55-year-old experiencing acute depression after the death of a spouse
D. 62-year-old with delirium secondary to medication overdose
E. 75-year-old admitted with a history of chronic depression and suicide attempts

Answer: B, D

Rationale: Informed consent is the client's grant of permission to undergo a specific procedure or treatment after being informed about the procedure, risks, and benefits. In the case of an incompetent or incoherent client, such as one who is experiencing cognitive impairment or delirium, a family member or legal guardian should make the decision since the client lacks the ability. None of the other options presents a client who is incompetent or incoherent.
Format: Multiple Select
Chapter: 2
Learning Objective: 6
Cognitive Level: Analyze
Client Needs: Psychosocial Integrity

Integrated Process: Clinical Problem-Solving Process (Nursing Process)

Reference: 27, Informed Consent