



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

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REGINA PACIS INSTITUTE OF HEALTH SCIENCES

MAIN EXAMINATION

JANUARY – APRIL 2019 TRIMESTER

FACULTY OF SCIENCES

DEPARTMENT OF NURSING

REGULAR PROGRAMME

NUR / UNUR 400: MENTAL HEALTH AND PSYCHIATRIC NURSING

Date: APRIL 2019

Duration: 3 Hours

INSTRUCTIONS: Answer ALL Questions

PART -I: MULTIPLE CHOICE QUESTIONS (MCQs)

20 MARKS:

- Q1. When a parent produces factitious illness in a child is a typical feature of:
- a) Hypochondriacal disorder
 - b) Nanchausen's syndrome by proxy
 - c) Somatization disorder
 - d) Masquerade syndrome
- Q2. The most common cause of dementia is:
- a) Multiple sclerosis
 - b) General pareses of insane
 - c) Alzheimers disease
 - d) Multi infarct lesion
- Q3. The nurse expects a client exhibiting flight of ideas to do which of the following?
- a) Make sudden stops in the flow of conversation
 - b) Coin new words or combinations of several words
 - c) Provide excessive detail those delays starting a point
 - d) Talk excessively while frequently shifting from one idea to another
- Q4. Client tells the nurse that his body is made of wood and is quite heavy. The nurse interprets this as:
- a) Obsession
 - b) Compulsion

- c) Hallucination
 - d) Depersonalization
- Q5. Commonly defined as a fixed false belief and is used in everyday language to describe a belief that is either false, fanciful or derived from deception is:
- a) A hallucination
 - b) An illusion
 - c) A delusion
 - d) Sympathy
- Q6. You are assessing a 40-year-old woman who worries that she suffers from panic disorder. The most important feature to diagnosis panic disorder is:
- a) Panic attacks are precipitated by exposure to the fearful situation only.
 - b) Panic attacks are caused by an underlying physical disorder.
 - c) The panic attacks are recurrent.
 - d) Panic attacks occur after the development of agoraphobia.
- Q7. Agoraphobia without panic attack is BEST referred to as:
- a) Concern about physical appearance
 - b) Constant worried about physical health
 - c) Fear of blood and needle
 - d) Fear of collapse in an enclosed space
- Q8. The most suggestive diagnosis of schizophrenia is:
- a) Acute onset of psychosis
 - b) Hearing own thoughts
 - c) Persistent deterioration of personality
 - d) Cognitive impairment
- Q9. Which of the following neuroanatomical structures is most implicated in substance misuse and dependence?
- a) Amygdala
 - b) Basal nucleus of Meynert
 - c) Nucleus accumbens
 - d) Hippocampus
- Q10. Based on the nurse's knowledge of the DSM-IV-TR, it is understood that mental retardation is to Axis II as schizophrenia is to:
- a) Axis I.
 - b) Axis III.
 - c) Axis IV.
 - d) Axis V
- Q11. A client diagnosed with posttraumatic stress disorder states to the nurse, "All those wonderful people died, and yet I was allowed to live." the client experiencing:

- a) Denial.
- b) Social isolation.
- c) Anger.
- d) Survivor's guilt

Q12. A client experiencing a panic attack would display which physical symptom?

- a) Fall sick and fear of dying
- b) Sweating and palpitations.
- c) Depersonalization and humiliated
- d) Restlessness and pacing.

Q13. A client newly admitted to an in-patient psychiatric unit is diagnosed with obsessive-compulsive disorder. Which behavioral symptom would the nurse expect to assess?

- a) The client uses excessive hand washing to relieve anxiety.
- b) The client rates anxiety at 8/10.
- c) The client uses breathing techniques to decrease anxiety.
- d) The client exhibits diaphoresis and tachycardia.

Q14. Which assessment data would support a nurse's diagnosis of an anxiety disorder in a client?

- a) A client experiences severe levels of anxiety in one area of functioning.
- b) A client experiences an increased level of anxiety in one area of functioning for a 6-month period.
- c) A client experiences increased levels of anxiety that affect functioning in more than one area of life over a 6-month period.
- d) A client experiences increased levels of anxiety that affect functioning in at least three areas of life.

Q15. A client has a nursing diagnosis of disturbed sleep patterns related to increased anxiety as evidenced by inability to fall asleep. Which short-term outcome is appropriate for this client?

- a) The client will use one coping skill before bedtime to assist in falling asleep.
- b) The client will sleep 6 to 8 hours a night and report a feeling of being rested.
- c) The client will ask for prescribed PRN medication to assist with falling asleep by day 2.
- d) The client will verbalize his or her level of anxiety as less than a 3/10

Q16. A type of Schizophrenia characterized mainly by delusions of persecution and auditory hallucinations is:

- a) Disorganized
- b) Paranoid
- c) Catatonic
- d) Undifferentiated

- Q17. A behavior therapy technique used in treatment of sexual aversion disorder is:
- a) Sensate focus
 - b) Systematic desensitization
 - c) Squeeze technique
 - d) Modeling
- Q18. The nurse is interviewing a client admitted to an in-patient psychiatric unit with major depressive disorder. Which is the primary goal in the assessment phase of the nursing process for this client?
- a) To build trust and rapport.
 - b) To identify goals and outcomes.
 - c) To collect and organize information.
 - d) To identify and validate the medical diagnosis.
- Q19. When caring for extremely depressed clients, specific goals towards helping the client include:
- a) Set realistic goals
 - b) Express hostile feelings
 - c) Get involved in activities
 - d) Develop trust in others
- Q20. A phenomenological term used to refer to the subjective experience of dissatisfaction with body shape or form is:
- a) Unilateral neglect
 - b) Dissociation
 - c) Dysmorphia
 - d) Obtundation

PART II: SHORT ANSWER QUESTIONS (SAQs)

40 MARKS

- Q1. Outline five (5) principles of mental health and psychiatric nursing **(5 marks)**
- Q2. Describe five (5) nursing interventions for a patient with schizophrenia **(5 marks)**
- Q3. Explain four (4) roles of a psychiatric-mental health nurse working in the Community **(8 marks)**
- Q4. Describe four (4) Somatoform disorders **(8 marks)**
- Q5. Outline five (5) Nursing interventions for a patient with personality disorders **(5 marks)**
- Q6. Describe the nursing and pharmacological management of a patient with anxiety disorder **(9 marks)**

PART III: LONG ANSWER QUESTIONS (LAQ)

40 MARKS

- Q1. Explain the application Transtheoretical Model in reducing the burden of Substance abuse in Kenya **(20 marks)**
- Q2. Depression has become common in Kenya due to differences in social changes and other factors.
- a) Describe why depressed psychiatric patients are at higher risk of committing suicide **(2 marks)**
 - b) State four (4) main features of depression **(2 marks)**
 - c) Develop a complete Nursing Care Plan (with 4 actual nursing diagnoses) for a patient with depression **(16 marks)**

END