

The aspects of mental health of greatest concern are the patient's appraisal of and control over behaviour. The appraisal of reality is inaccurate. There are auditory hallucinations, delusions of persecution, and delusions of grandeur. In addition, the patient's control over behaviour is tenuous, as evidenced by the plan to stab anyone who seems threatening. A healthy self-concept is lacking, as evidenced by the delusions of grandeur. Data are not present to suggest that the other aspects of mental health (happiness and effectiveness in work) are of immediate concern.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

Chapter 02: Historical Overview of Psychiatric Mental Health Nursing

Pollard: Varcarolis's Canadian Psychiatric Mental Health Nursing: A Clinical Approach, 3rd Edition

MULTIPLE CHOICE

1. Which has largely been excluded from Canadian nursing history?
 - a. Female nurses' role in psychiatric nursing
 - b. Mental health field of study
 - c. Male attendants' role in institutions
 - d. Generalist registered nurses' role

ANS: B

While there has been much historical analysis of psychiatric mental health nursing in England, Holland, and the United States, Canadian nursing history has largely excluded the mental health field.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

2. Which is true of asylums?
 - a. Short-term admissions
 - b. Cognitive-behavioural therapy experts
 - c. Place where people with mental illness could be cured
 - d. Middle to upper socioeconomic status patients with mental illness received treatment

ANS: C

Asylums, designed to be retreats from society, were built with the hope that, with early intervention and several months of rest, people with mental illness could be cured. Generally, people in asylums were patients from a lower socioeconomic status and those without family. Cognitive-behavioural therapy did not occur in asylums, and the stays were generally long term.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

3. Which represents a seventeenth- to eighteenth-century societal view of people with mental illness?
 - a. Restraints were not to be used on patients with mental illness.
 - b. Those with mental illness were immune to human discomforts.
 - c. Informed consent was required prior to admission to an asylum.

- d. Patient neglect rarely if ever occurred in asylums.

ANS: B

Patients in these settings were often chained or caged, and cruelty or neglect was not uncommon. This type of treatment reflected the societal view that people with mental illness were bestial or less human in nature and, therefore, required discipline and were immune to human discomforts such as hunger or cold. Informed consent was to be a requirement of the very distant future.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

4. Which could a nurse expect to implement when caring for a patient in an asylum in the mid-1800s in Canada?
- Assisting with eating and dressing
 - Group therapy interventions
 - Electroconvulsive therapy (ECT)
 - Medication administration (specifically antipsychotic medications)

ANS: A

In many asylums, a large population of people received only minimal custodial care – assistance in performing the basic daily necessities of life, such as dressing, eating, using a toilet, and walking. There were very few medications used in the 1800s and there was no formal group therapy or ECT treatments.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

5. Who was instrumental in lobbying for the first mental health hospital in the United States and for reform in British and Canadian institutions?
- Michel Foucault
 - Dorothea Dix
 - The Grey Nuns
 - Philippe Pinel

ANS: B

During an encounter at a Boston jail, *Dorothea Dix* was shocked to witness the degrading treatment of a woman with mental illness who was imprisoned there. Passionate about social reform, she began advocating for the improved treatment and public care of people with mental illness. Dix met with many politicians and even the Pope to push her agenda forward. Ultimately, she was influential in lobbying for the first public mental hospital in the United States and for reform in British and Canadian institutions. *Michel Foucault* was a French philosopher. *Philippe Pinel* was a French physician. *The Grey Nuns* were early providers of care for people with mental illness.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation MSC: Client Needs: Safe Effective Care Environment

6. The first asylum in Canada opened in which province?
- Alberta
 - Quebec
 - Ontario

d. New Brunswick

ANS: D

The first asylum was created in Saint John, New Brunswick, in 1835 and became the Provincial Lunatic Asylum in 1848. It housed patients with difficult conditions. Soon, more asylums were established in Upper and Lower Canada, the Maritime Colonies, and Canada's West.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation MSC: Client Needs: Physiological Integrity

7. Which province opened the first psychiatric nurse training program in Canada?
- Alberta
 - Quebec
 - Ontario
 - British Columbia

ANS: C

In 1888, Rockwood Asylum in Kingston, Ontario, became the first psychiatric institution in Canada to open a training program for nurses.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

8. The exclusion of males from attending psychiatric nurse training programs hindered which of the following?
- The availability of students to enter the training program
 - The ability of institutions to maintain enough trained nursing staff
 - The recognition of the importance of nursing knowledge and skills
 - The position of female nurses by lowering their status

ANS: C

Consistent with societal beliefs of the time about women's innate caring capacity, the training was offered only to females. This exclusion of males from the program hindered the recognition of the importance of nursing knowledge and skills as well as lowered the status of male attendants at the time.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

9. The Canadian National Association of Trained Nurses was established in which of the following years?
- 1898
 - 1908
 - 1918
 - 1928

ANS: B

In the early part of the twentieth century, nurses' lack of control over their own profession began to shift with changes to nursing education models and blossoming political advocacy by nursing groups across Canada, particularly with the formation of the Canadian National Association of Trained Nurses in 1908.

DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Planning | Nursing Process: Outcome Identification
MSC: Client Needs: Psychosocial Integrity

10. Which was instrumental for the establishment of a psychiatry rotation in the nursing curriculum of Eastern and Atlantic Canada?
- The Registered Nurses' Association of Ontario (RNAO)
 - The "Weir Report"
 - The Canadian Nurses Association
 - The Canadian Medical Association

ANS: B

In 1927, the Canadian Medical Association and the Canadian Nurses Association conducted a joint study on the state of nursing education in Canada. The result, known as the "Weir Report," was released in 1932. It concluded that drastic changes were needed in nursing education programs, including standardization of curriculum, work hours, and instructor training. Further, the care of people with mental illness needed to be integrated into all generalist programs. From the beginning, the Registered Nurses Association of Ontario (RNAO) accepted the asylum-based programs for licensing of perspective nurses who were affiliated with a General Hospital. It also represented nurses working in asylum settings providing them with advocacy and nursing leadership. With the support of nurse leaders like Nettie Fiddler and the publication of the "Weir Report," more generalist hospital programs began adding a psychiatry rotation to the curriculum.

DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Outcome Evaluation
MSC: Client Needs: Psychosocial Integrity

11. Which movement created the shift from caring for people with mental illness in institutions to caring for them in communities?
- Enhanced growing nursing research
 - Deinstitutionalization
 - Provincial legislation
 - Specialty-focused psychiatric nursing training

ANS: B

Psychiatric nursing continued to take place predominantly in hospital settings until the 1960s. Discovery of new medications assured a permanent recovery, at the very least symptom stabilization related to mental disorders. These new treatments allowed patients an early return home. The psychiatric Deinstitutionalization movement – the shift from caring for people with mental illness in institutions to caring for them in communities began not only in Canada but also all over the world. While enhanced growing nursing research, provincial legislation, and specialty-focused psychiatric nursing training were important, they were not movements creating the shift from caring for people with mental illness in institutions to caring for them in communities.

DIF: Cognitive Level: Analyze (Analysis)
TOP: Nursing Process: Planning| Nursing Process: Outcome
MSC: Client Needs: Health Promotion and Maintenance

12. Which nursing theorist focused on the role of the nurse in therapeutic relationships?
- Dorothea Dix
 - Marguerite d'Youville
 - Philippe Pinel
 - Hildegard Peplau

ANS: D

Hildegard Peplau, the first published nursing theorist since Florence Nightingale, contributed to the expansion of specialized nursing knowledge and related skills in the psychiatric mental health field. Much of Peplau's work focused on the role of the nurse in therapeutic relationships and anxiety management. *Philippe Pinel* began to advocate for more humane treatment of people with mental illness by literally removing the chains of patients. *Marguerite d'Youville* founded the Sisters of Charity, formally known as the Grey Nuns, a Canadian religious institute. *Dorothea Dix* was influential in lobbying for the first public mental hospital in the United States and for reform in British and Canadian institutions.

DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Implementation MSC: Client Needs: Safe Effective Care Environment

13. Which organization established the standards of practice for psychiatric mental health nursing?
- Registered Nurses of Ontario
 - The Canadian Medical Association
 - The Canadian Federation of Mental Health Nurses
 - The Mental Health Commission of Canada

ANS: C

Under the umbrella of the Canadian Nurses Association and with consumer input, the Canadian Federation of Mental Health Nurses, an organization of registered nurses across Canada who specialize in psychiatric mental health nursing, established the standards of practice for psychiatric mental health nursing, now in the 4th edition. The 2014 Standards of Psychiatric Mental Health Nursing build on the Canadian Nurses Association Code of Ethics.

DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Outcome Evaluation
MSC: Client Needs: Psychosocial Integrity

MULTIPLE RESPONSE

1. Which are holistic, historical approaches to mental health care utilized by Indigenous peoples? (*Select all that apply.*)
- Sweat lodges
 - Restraint and confinement
 - Sundance
 - Potlatch
 - Abandonment

ANS: A, C, D

Canada's Indigenous peoples had a variety of approaches to caring for people with mental illness. Most were holistic – treating mind, body, and soul – and included sweat lodges, animistic charms, potlatch, and Sundance.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

2. By the end of the nineteenth century, the new field of psychiatry was being challenged to provide a medical cure for mental illness. Which experimental treatments were used at that time? (*Select all that apply.*)
- Leeching
 - Hydrotherapy
 - Electroconvulsive therapy
 - Insulin shock treatment
 - Milieu management therapy

ANS: A, B, D

Since there were few medications available other than heavily alcohol-based sedatives, doctors used many experimental treatments – for example, leeching (using bloodsucking worms), spinning (tying the patient to a chair and spinning it for hours), hydrotherapy (forced baths), and insulin shock treatment (injections of large doses of insulin to produce daily comas over several weeks). ECT was not introduced until the mid-twentieth century.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

3. Clinical Nurse Specialists (CNS) can practice in which of the following areas of psychiatric mental health nursing? (*Select all that apply.*)
- Psychotherapy
 - Consulting
 - Education
 - Inpatient clinicians
 - Outpatient clinicians

ANS: A, B, C, D, E

Advanced practice nursing (APN) includes the role of Clinical Nurse Specialist (CNS). Each province has its own regulations guiding the licensing and scope of practice for psychiatric mental health nursing. The CNS role has been well established in psychiatry since 1972. CNSs can provide psychotherapy, and have worked as consultants, educators, and clinicians in inpatient and outpatient psychiatry throughout Canada.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

Chapter 03: Overview of Psychiatric Mental Health Nursing Care Within Various Settings
Pollard: Varcarolis's Canadian Psychiatric Mental Health Nursing: A Clinical Approach, 3rd Edition

MULTIPLE CHOICE

1. Regardless of where mental health services are provided, nurses and other providers must be aware of which of the following?
 - a. Wait times
 - b. Patient goals
 - c. Their surroundings
 - d. Community partnerships

ANS: C

Regardless of where mental health services are provided, nurses and other providers must be aware of their surroundings. Think about the environment. Are there other people nearby? Is there adequate lighting? Is there good ventilation? Is it hot, cold, raining, windy?

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning | Nursing Process: Outcome

MSC: Client Needs: Safe Effective Care Environment

2. Which is an example of secondary prevention in mental health?
 - a. Day care centres
 - b. Nursing homes
 - c. Public health clinics
 - d. Psychosocial rehabilitation programs

ANS: B

Nursing homes are an example of secondary prevention in mental health. Daycare centres and public health clinics are examples of primary prevention in mental health. Psychosocial rehabilitation programs are an example on tertiary prevention in mental health.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation | MSC: Client Needs: Health Promotion and Maintenance

3. Which mental health service provides intensive case management in response to the community living needs of individuals with serious, persistent psychiatric symptoms?
 - a. Assertive Community Treatment (ACT)
 - b. Partial Hospitalization Programs
 - c. Disaster Response Teams
 - d. Mobile Crisis Intervention Teams

ANS: A

Assertive Community Treatment (ACT) is an intensive type of case management developed in response to the community living needs of people with serious, persistent psychiatric symptoms. ACT teams work intensively with patients in their homes, in agencies, hospitals, or clinics. *Partial hospitalization Programs* offer intensive, short-term treatment like inpatient care, except the patient is able to return home each day. Nurses working within community mental health settings are often part of the intersectoral *disaster response planning* committee for the community in which they work period following a disaster, the immediate goal is to ensure that those affected have shelter, food, and first aid as necessary. *Crisis teams* operate out of community clinics, emergency departments, or standalone offices. Partnership with the local police authorities has been found to be an extremely effective way to meet the needs of individuals in acute psychiatric crisis and has led to decreased criminalization and improved access to services for people with severe chronic mental illness.

DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Nursing Diagnosis
MSC: Client Needs: Health Promotion and Maintenance

4. Which level of government is responsible for Indigenous peoples' mental health services?
- Provincial
 - Federal
 - Municipal
 - International

ANS: B

The federal government continues to maintain health care responsibility for select populations: Indigenous peoples, armed forces, Royal Canadian Mounted Police, individuals in federal penitentiary, and refugees.

DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Planning | Nursing Process: Outcome
MSC: Client Needs: Health Promotion and Maintenance

5. The Canadian Government spends which percentage of gross potential product (GDP) on health care?
- 1
 - 15
 - 25.5
 - 11.5

ANS: D

The Canadian Government spends 11.5% of the entire gross potential product (GDP) on healthcare. Canadians pay directly or indirectly for all healthcare: 70% through taxation, 12% through private or employment insurance plans, 15% out of pocket, and another 3% through other means.

DIF: Cognitive Level: Understand (Comprehension)
TOP: Nursing Process: Outcome Evaluation
MSC: Client Needs: Health Promotion and Maintenance

6. Which improves the effectiveness of communication among caregivers?
- Read back of verbal orders
 - Following hand hygiene guidelines
 - Using at least two ways, to identify patients

- d. Encouraging patients to report safety concerns

ANS: A

Reading back verbal orders improves the effectiveness of communication among caregivers. Following hand cleaning guidelines from the World Health Organization reduces the risk of healthcare-associated infections. Using at least two ways, such as the patients' name and date of birth to identify patients improves the accuracy of patient identification. Encouraging patients and families to report safety concerns encourages active involvement in care.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

7. Which organization publishes required patient safety practices for Canadian hospitals?
- Canadian Nurses Association
 - Canadian Medical Association
 - Accreditation Canada
 - Provincial College of Nurses

ANS: C

Accreditation Canada publishes required patient safety practices for Canadian hospitals.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Outcome Evaluation

MSC: Client Needs: Safe Effective Care Environment

8. A nurse inspects an inpatient psychiatric unit and finds that exits are free of obstructions, no one is smoking, and the janitor's closet is locked. These observations relate to which of the following?
- Coordinating care of patients
 - Management of milieu safety
 - Management of the interpersonal climate
 - Use of therapeutic intervention strategies

ANS: B

Nursing staff are responsible for all aspects of milieu management. The observations mentioned in this question directly relate to the safety of the unit. The other options, although part of the nurse's concerns, are unrelated to the observations cited.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Outcome Evaluation

MSC: Client Needs: Safe Effective Care Environment

9. Which patient is considered a priority to admit and begin treatment as soon as possible?
- An individual who is feeling anxiety after the death of their spouse 10 years ago
 - An individual who self-inflicted a superficial cut on the forearm after a family argument
 - An individual experiencing dry mouth and tremor related to taking haloperidol (Haldol)
 - An individual who delivered a baby 1 month ago is crying and is hearing voices to harm their baby

ANS: D

Inpatient psychiatric care has undergone significant change over the past half-century. Consequences of deinstitutionalization have included a reduction in long-stay psychiatric beds, decreased length of hospital stay, increased use of crisis services, an increased number of individuals with mental illness who are homeless, or in the penitentiary system. Fewer psychiatric inpatient beds mean that acuity within psychiatric facilities has been increasing, wait times for admissions are increasing, and admission is commonly reserved for those people who are acutely suicidal, actively homicidal, or extremely disabled and in need of short-term acute care. The admission criteria begin with the premise that the person is suffering from a mental illness and include evidence of one or more of the following high risk of harming self, high risk of harming others, and inability to care for basic needs, which will likely cause substantial mental or physical deterioration or physical serious physical impairments. An individual who delivered a baby 1 month ago, who is hearing voices to harm their baby, is a serious risk to their baby and requires admission and stabilization for potential post-partum psychosis. The individual experiencing dry mouth and tremor is likely experiencing extrapyramidal side effects related to their Haldol. While important to treat, this can be treated in any health care setting with benztropine (Cogentin) and follow-up. An individual who self-inflicted a superficial cut on their forearm after an argument needs to be assessed for risk of harming self. If no imminent risk, could be treated in the community in partial hospitalization programs and followed up with case management services. An individual who is feeling anxiety after the death of their spouse 10 years ago would require assessment to assess if there are new triggers for anxiety, or if this is unresolved grief. Medication could be suggested along with grief counselling, partial hospitalization programming, and case management.

DIF: Cognitive Level: Analyze (Analysis)
TOP: Nursing Process: Outcome Evaluation
MSC: Client Needs: Safe Effective Care Environment

10. A nurse reviewing medical records finds which of the following a violation of patients' rights?
- A patient not allowed to send letters to their family.
 - A patient's belongings were searched at admission.
 - A patient with suicidal ideation was placed on continuous observation.
 - Physical restraint was used after a patient was assaultive toward a staff member.

ANS: A

The patient has the right to send and receive communication and encouraging patient autonomy and community connectedness will support patient recovery. Inspecting patients' belongings is a safety measure. Patients have the right to a safe environment, including the right to be protected against impulses to harm self.

DIF: Cognitive Level: Apply (Application)
TOP: Nursing Process: Outcome Evaluation
MSC: Client Needs: Safe Effective Care Environment

11. Clinical pathways are used by the multidisciplinary team in managed care settings to do which of the following?
- Stabilize aggressive patients.
 - Identify obstacles to effective care.
 - Relieve nurses of planning responsibilities.
 - Streamline the care process and improve outcomes.