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2nd Year



GNM Exam Excellence Solved Papers

Mental Health Nursing

2025-2015

As Per the INC Syllabus

Asha Kapoor
Arti Kapoor

JAYPEE

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AUGUST 2024

MENTAL HEALTH NURSING

Time: 3 hrs. **Maximum Marks:** 75

Note: Attempt all the questions in serial order.

Q1. Define the following terms: **(2 × 5 = 10)**

a. Delusion
b. Phobia
c. Schizophrenia
d. Agitation
e. Ego

Q2. a. Define depression. **(2 + 5 + 8 = 15)**
b. Mention signs and symptoms of a patient with depression.
c. Write the nursing management of the patient with depression.

Q3. Write the role of psychiatric nurse in the following: **(5 + 5 + 5 = 15)**

a. ECT
b. Prevention of suicidal tendency
c. National Mental Health Programme

Q4 a. Define hysteria **(2 + 3 + 5 = 10)**
b. Enlist signs and symptoms of hysteria
c. Describe the nursing management of hysteria

Q5 Write short notes on any five of the following: **(5 × 5 = 25)**

a. Restraining
b. Occupation therapy
c. Communication
d. Eating disorders
e. Preventive measures of mental illnesses
f. Antipsychotic drugs

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Q1. Define the following terms:

a. Delusion
b. Phobia
c. Schizophrenia
d. Agitation
e. Ego

Ans:

Definition of the following terms:

a. Delusion

A delusion is a false, fixed belief that is not based on reality and cannot be changed even when proven wrong by evidence.

b. Phobia

A phobia is an intense and irrational fear of a specific object, situation, or activity that leads to avoidance behavior.

c. Schizophrenia

Schizophrenia is a chronic mental disorder characterized by disturbances in thought, perception, emotion, and behavior, often including delusions and hallucinations.

d. Agitation

Agitation is a state of restlessness, irritability, or emotional excitement often seen in patients with anxiety, stress, or psychiatric illness.

e. Ego

Ego is the part of the personality that mediates between the individual's basic desires (id), moral standards (superego), and reality.

Q2. a. Define depression.
b. Mention signs and symptoms of a patient with depression.
c. Write the nursing management of the patient with depression.

Ans:

a. Depression

Depression is a mental health disorder characterized by persistent feelings of sadness, hopelessness, and a lack of interest in daily activities. It can affect how a person thinks, feels, and behaves, often leading to physical symptoms and difficulty in functioning in everyday life.

b. Signs and Symptoms of a Patient with Depression

- Persistent sadness or feeling "empty" most of the day.
- Loss of interest in activities once enjoyed (anhedonia).

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- Fatigue or lack of energy, even after rest.
- Changes in appetite—either loss of appetite or overeating.
- Sleep disturbances—insomnia or oversleeping (hypersomnia).
- Feelings of worthlessness or excessive guilt.
- Difficulty concentrating or making decisions.
- Suicidal thoughts or self-harm tendencies.
- Physical symptoms like headaches, body aches, and digestive problems without clear cause.
- Irritability or frustration, even over small issues.

c. Nursing Management of a Patient with Depression

- **Assessment:**
  - Conduct a thorough assessment, including the patient's mental health history, symptoms, and any history of suicide or self-harm.
  - Identify the severity of depression using standardized tools like the beck depression inventory.
- **Medication management:**
  - Administer prescribed antidepressants (SSRIs, SNRIs, or other classes) as per the doctor's instructions.
  - Monitor for side effects and assess the effectiveness of medications.
- **Psychosocial support:**
  - Provide emotional support and build trust, encouraging the patient to express their feelings.
  - Offer active listening and validation of their emotions.
- **Therapeutic communication:**
  - Use nonjudgmental, compassionate communication to help the patient feel safe and understood.
  - Encourage the patient to talk about their thoughts and feelings, including any suicidal ideation.
- **Encourage physical activity:** Encourage light physical activity, such as walking or gentle exercise, which can help improve mood and energy levels.
- **Establish a routine:** Help the patient establish a daily routine that includes meals, sleep, and activities, to give structure to their day.
- **Monitor for safety:**
  - Closely monitor the patient for suicidal tendencies, especially in the early stages of treatment.
  - Ensure a safe environment, especially if the patient has expressed suicidal thoughts.
- **Referral to therapy:** Refer the patient for cognitive-behavioral therapy (CBT), psychotherapy, or other counseling services to help them manage negative thoughts and feelings.
- **Education:** Educate the patient and their family about the nature of depression, treatment options, and the importance of adherence to medication and follow-up care.
- **Follow-up care:** Schedule regular follow-up visits to monitor progress, assess medication effectiveness, and ensure continued support.

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Q3. Write the role of psychiatric nurse in the following:

a. ECT
b. Prevention of suicidal tendency
c. National Mental Health Programme

Ans:

a. Role of Psychiatric Nurse in Electroconvulsive Therapy (ECT)

- **Preprocedure care:**
  - Assess the patient's medical and mental health history.
  - Explain the procedure to the patient and ensure informed consent is obtained.
  - Prepare the patient physically by checking vitals and administering preprocedure medications as prescribed.
- **During the procedure:**
  - Monitor the patient's vitals (heart rate, oxygen levels) during the procedure.
  - Assist the anesthesiologist and ensure the patient is safely positioned and secured.
  - Ensure the proper administration of anesthesia.
- **Postprocedure care:**
  - Observe the patient for any immediate side effects such as confusion, memory loss, or physical discomfort.
  - Provide reassurance and emotional support after the procedure.
  - Monitor vital signs and report any adverse reactions to the healthcare team.

b. Role of Psychiatric Nurse in Prevention of Suicidal Tendency

- **Assessment:**
  - Regularly assess the patient for suicidal thoughts, plans, and risk factors (such as history of attempts, depression, or substance abuse).
  - Use screening tools and maintain open communication with the patient to detect warning signs.
- **Creating a safe environment:**
  - Ensure the patient's environment is free from harmful objects or substances.
  - Observe the patient closely, especially during high-risk periods.
- **Emotional support:**
  - Build a therapeutic, nonjudgmental relationship with the patient.
  - Provide a safe space for the patient to express feelings and frustrations.
- **Family and social support:**
  - Involve family members in the care process and educate them about warning signs.
  - Encourage strong social support networks to reduce feelings of isolation.
- **Referral and follow-up:**
  - Refer to mental health specialists or support groups for ongoing treatment.
  - Arrange regular follow-up care and check-ins to monitor the patient's progress.

c. Role of Psychiatric Nurse in National Mental Health Programme (NMHP)

- **Patient care:** Provide direct mental health care services at hospitals or community centers in line with NMHP guidelines.

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- **Awareness and education:**
  - Educate the community about mental health issues and reduce stigma through outreach programs.
  - Teach patients and their families about mental illness, available resources, and treatment options.
- **Screening and referrals:** Screen patients for mental health conditions and refer them to the appropriate services within the NMHP framework.
- **Collaboration:** Work with healthcare teams, including social workers and psychologists, to ensure comprehensive care for patients.
- **Training and capacity building:**
  - Train other healthcare professionals on the identification and management of mental health issues in line with NMHP objectives.
  - Participate in continuing education to stay updated on mental health practices.

Q4. a. Define hysteria
b. Enlist signs and symptoms of hysteria
c. Describe the nursing management of hysteria

Ans:

a. Hysteria

Hysteria, now known as conversion disorder, is a mental health condition where emotional distress or psychological conflicts are expressed through physical symptoms, such as paralysis, blindness, or seizures, with no medical cause.

b. Signs and Symptoms of Hysteria

- **Motor symptoms:**
  - Sudden loss of ability to move limbs (paralysis)
  - Abnormal gait or coordination (ataxia)
  - Tremors or shaking without a physical cause
- **Sensory symptoms:**
  - Blindness or double vision without any organic cause
  - Loss of speech (aphonia)
  - Numbness or tingling sensations in parts of the body
- **Seizure-like symptoms:**
  - Nonepileptic seizures (without abnormal brain activity)
  - Fainting or loss of consciousness
- **Other symptoms:**
  - Sudden inability to swallow or speak clearly
  - Loss of sensation in a body part (like a limb)

c. Nursing Management of Hysteria

- **Build trust and rapport:**
  - Establish a nonudgmental, calm, and supportive environment.
  - Encourage open communication and active listening.

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- **Reassure the patient:**
  - Reassure the patient that the symptoms are real but not caused by any physical illness.
  - Address any fears or misunderstandings the patient may have.
- **Psychological support:**
  - Assist in identifying and managing stress, trauma, or emotional factors causing the symptoms.
  - Encourage relaxation techniques and stress management.
- **Promote normal functioning:**
  - Encourage the patient to engage in normal activities and avoid unnecessary rest or isolation.
  - Help the patient to gradually return to daily activities without focusing too much on symptoms.
- **Collaborate with mental health professionals:**
  - Involve a psychologist or psychiatrist for psychotherapy (e.g., cognitive behavioral therapy).
  - Ensure medication management for any co-existing mental health conditions (like anxiety or depression).
- **Patient education:**
  - Educate the patient and family members about the nature of hysteria and its management.
  - Encourage coping strategies and stress reduction techniques.

Q5. Write short notes on any five of the following:

a. Restraining
b. Occupation therapy
c. Communication
d. Eating disorders
e. Preventive measures of mental illnesses
f. Antipsychotic drugs

Ans:

a. Restraining

Restraining refers to the use of physical or mechanical methods to limit a patient's movement to prevent harm to themselves or others. It is generally considered a last resort in managing patients with severe behavioral issues or when a person is at risk of self-harm or harming others.

Types of Restraining

1. **Physical restraint:** The direct physical use of force to prevent a patient from moving, typically by healthcare staff.
2. **Mechanical restraint:** The use of devices (like straps, belts, or cuffs) to restrict a patient's movement.
3. **Chemical restraint:** The use of medication to sedate or control a patient's behavior.

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When is Restraint Used?

- To prevent immediate harm to the patient or others (e.g., in cases of violent behavior or self-harm).
- When other methods, like verbal de-escalation or offering alternatives, have failed.

Role of Psychiatric Nurse in Restraining

- **Assessment:** Evaluate if restraint is necessary, considering the patient's safety, mental state, and the severity of the situation.
- **Implementation:** Apply restraint methods safely and with minimal discomfort to the patient, ensuring that it is done according to institutional guidelines.
- **Monitoring:** Continuously monitor the patient's physical and emotional state while restrained, ensuring their well-being.
- **Documentation:** Record the use of restraint, including the reasons for it, duration, and the patient's response.
- **Postrestraint care:** Provide support and reassurance after the restraint, including assessing for any injuries and offering emotional support.

Ethical Considerations

- Restraint should only be used when absolutely necessary and with the patient's dignity in mind.
- The use of restraint must comply with legal and ethical standards to protect the patient's rights.

b. Occupational Therapy

Occupational therapy is a type of treatment that helps individuals with mental, emotional, or physical problems to regain independence and improve their ability to perform daily activities through purposeful work and recreational tasks.

Objectives

- To develop and restore daily living and social skills.
- To improve self-care, confidence, and independence.
- To reduce emotional stress and support mental well-being.
- To provide meaningful and structured routine.

Indications

- Mental illnesses like depression, schizophrenia, anxiety disorders.
- Developmental disorders like autism or ADHD.
- Substance abuse and addiction recovery.
- Neurological conditions such as dementia or head injury.
- Patients with long-term hospitalization or lack of motivation.

Activities Used

- Drawing, painting, and crafts
- Cooking, cleaning, and gardening

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- Group games and social skills training
- Light office work and memory games

Role in Mental Health

- Encourages creativity and self-expression
- Improves focus and concentration
- Builds social interaction and communication skills
- Helps reduce negative thoughts and behavior.

c. Communication

Communication is the process of sending and receiving messages to convey information, thoughts, or feelings between individuals or groups.

Types of Communication

1. **Verbal:** Using spoken or written words.
2. **Nonverbal:** Using body language, facial expressions, gestures, and posture.
3. **Visual:** Using charts, diagrams, or pictures.
4. **Electronic:** Using phones, emails, or text messages.

Elements of Communication

- **Sender:** The person who initiates the message.
- **Message:** The information, idea, or feeling being communicated.
- **Encoding:** The process of converting the message into a form that can be understood (e.g., words, gestures).
- **Channel:** The medium through which the message is transmitted (e.g., face-to-face, phone, email).
- **Receiver:** The person who receives and interprets the message.
- **Decoding:** The process of interpreting or making sense of the received message.
- **Feedback:** The response from the receiver that helps the sender know whether the message was understood correctly.
- **Noise:** Any disturbance or barrier that affects the clarity of the message (e.g., physical distractions, misunderstandings).

Importance in Nursing

- Builds trust with patients.
- Helps in understanding patient needs.
- Promotes teamwork with other healthcare staff.
- Ensures safe and effective care delivery.
- Reduces misunderstandings and errors.

d. Eating Disorders

Eating disorders are mental health conditions characterized by unhealthy eating habits and an obsession with body image and weight. Key types include:

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Types of Eating Disorders

1. **Anorexia nervosa:** Severe food restriction, intense fear of weight gain, and extreme thinness.
2. **Bulimia nervosa:** Repeated binge eating followed by purging (vomiting, laxatives, fasting).
3. **Binge eating disorder (BED):** Frequent overeating without purging, often linked to guilt and obesity.
4. **Avoidant/restrictive food intake disorder (ARFID):** Avoidance of certain foods or textures, causing nutritional deficiency.
5. **Pica:** Persistent eating of nonfood items (e.g., dirt, paper, chalk).
6. **Orthorexia:** Obsession with only eating "healthy" or "clean" foods, leading to imbalanced nutrition.

Treatment of Eating Disorders

- **Psychotherapy:**
  - Cognitive behavioral therapy (CBT)
  - Family-based therapy (FBT), especially in adolescents
  - Interpersonal therapy (IPT)
- **Nutritional counseling:**
  - Restoring healthy eating habits
  - Developing balanced meal plans
- **Medical monitoring:**
  - Regular assessment of weight, vitals, and lab values
  - Hospitalization for severe cases (e.g., malnutrition, electrolyte imbalance)
- **Medications:**
  - Antidepressants (e.g., SSRIs)
  - Antipsychotics (for anorexia in some cases)
  - Appetite suppressants (under careful supervision)
- **Support groups and education:**
  - Peer support and group therapy
  - Education for patient and family on eating disorder recovery
- **Multidisciplinary approach:** Involves doctors, nurses, psychologists, dietitians, and social workers

e. Preventive Measures of Mental Illnesses

Preventive measures of mental illnesses can be categorized into primary, secondary, and tertiary levels of prevention.

1. Primary Prevention

Aim: To reduce the incidence of mental illness by addressing risk factors before any signs appear.

- **Mental health education and awareness:** Promote knowledge about mental health through schools, media, and community programs.
- **Stress management techniques:** Encourage mindfulness, relaxation techniques, yoga, and physical activity.

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- **Healthy lifestyle habits:** Balanced diet, adequate sleep, regular exercise, and avoiding substance abuse.
- **Positive parenting and early childhood care:** Secure attachment, emotional support, and responsive parenting.
- **School-based mental health programs:** Life skills education, antibullying programs, and social-emotional learning.
- **Reducing stigma:** Normalize seeking help and reduce discrimination against individuals with mental illnesses.

2. Secondary Prevention

Aim: Early detection and prompt intervention to prevent progression.

- **Screening programs:** Regular screening for anxiety, depression, or substance abuse in schools and workplaces.
- **Early identification and treatment:** Timely psychiatric and psychological support for those showing early symptoms.
- **Crisis intervention services:** Helplines, walk-in clinics, and mobile mental health units.
- **Psychoeducation for at-risk groups:** For adolescents, caregivers, postpartum women, or individuals with family history of mental illness.

3. Tertiary Prevention

Aim: To reduce disability and enhance rehabilitation in those already diagnosed.

- **Continuity of care:** Regular follow-up and adherence to treatment plans.
- **Rehabilitation services:** Vocational training, social skills training, and occupational therapy.
- **Support groups and peer counseling:** Helps reduce isolation and improve coping strategies.
- **Family therapy and community support:** Involving families in care and leveraging community resources for support.

f. Antipsychotic Drugs

Definition: Antipsychotic drugs are medications used to manage psychotic disorders like schizophrenia, mania, and severe behavioral disturbances by reducing delusions, hallucinations, and disorganized thinking.

Classification

- **Typical (first generation):**
  - *Examples*: Chlorpromazine, Haloperidol, Fluphenazine.
  - *Action*: Block dopamine (D2) receptors.
  - Effective for positive symptoms.
  - *Side effects*: EPS, tardive dyskinesia, sedation.
- **Atypical (second generation):**
  - *Examples*: Clozapine, Risperidone, Olanzapine, Quetiapine.
  - *Action*: Block dopamine and serotonin receptors.
  - Effective for positive and negative symptoms.
  - *Side effects*: weight gain, diabetes, agranulocytosis (clozapine).

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Uses

- Schizophrenia
- Acute mania, bipolar disorder
- Severe agitation, delusional disorders

Nursing Responsibilities

- Administer as prescribed, ensure compliance.
- Monitor side effects (EPS, metabolic changes).
- Educate patient/family about drug adherence and avoiding alcohol.
- For clozapine—monitor WBC count regularly.

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Asha Kapoor is an accomplished nursing academician and Associate Professor at Baba Farid University of Health Sciences (BFUHS), Punjab—one of the leading health sciences universities in India.

She holds a PhD in Nursing Sciences from BFUHS and a master's degree in nursing from the prestigious Christian Medical College (CMC), Ludhiana.

With over 20 years of extensive experience in nursing education and clinical practice, she has made significant contributions to teaching, curriculum development, and student's mentorship. Her areas of interest include nursing education, clinical training, and examination-oriented teaching methodologies. She is widely recognized for her commitment to academic excellence and her ability to simplify complex concepts for student learning.

Arti Kapoor is a dedicated nursing professional and Faculty College of Nursing at AIIMS Jodhpur, one of India's premier institutes of medical education and research.

She holds a PhD in Nursing Sciences from Baba Farid University of Health Sciences (BFUHS), Punjab, and brings nearly two decades of experience in nursing education and clinical practice. She has been actively involved in teaching, academic mentoring, and the development of student-centered learning resources.

Her academic approach emphasizes clarity, conceptual understanding, and examination-oriented preparation, making her a valued educator among nursing students.

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