eebrothers.com, for detailed information on nursing books, visit our website www.jaypeebrothers.com, for detailed information on nursing books



Solved Question Papers of
MENTAL HEALTH NURSING
for BSc Nursing 3rd Year

(Fully Solved Papers 2016–2007) | *As per INC Syllabus*



Rajendra Prasad Seervi
Abhishek Soni

JAYPEE

Contents

1.	**Solved Question Paper – March 2016**	**1**
2.	**Solved Question Paper – July 2013**	**13**
3.	**Solved Question Paper – July 2011**	**40**
4.	**Solved Question Paper – July 2010**	**64**
5.	**Solved Question Paper – July 2009**	**119**
6.	**Solved Question Paper – July 2008**	**144**
7.	**Solved Question Paper – July 2007**	**157**
Index		**181**

July 2009

Mental Health Nursing

QUESTIONS PAPER

Q.1. Define mental health and mental illness. Describe mental health services.

Q.2. Write short notes on any two:
a. Admission of mentally ill person.
b. Psychiatric team
c. Milieu therapy

Q.3 Write short notes on:
a. Psychotherapy
b. Behavior therapy

Q.4 Describe the management of patient suffering with catatonic schizophrenia.

Q.5 Write short notes on any two:
a. Phobia
b. Crisis intervention
c. Nurse patient relationship (NPR)

Q.6 Write short notes on any two:
a. Rehabilitation of psychiatric patient
b. Principles of psychiatric nursing
c. Mental retardation
d. Drug addiction

JAYPEE BROTHERS

EXPLANATION

Q.1. Define mental health and mental illness. Describe mental health services.

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.

Mental illness is a recognized, medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors and can be managed using approaches comparable to those applied to physical disease (i.e. prevention, diagnosis, treatment and rehabilitation).

Mental Health Services

Mental health services are delivered through mental hospitals at central, state and district level.

Central Level

National level hospital such as NIMHANS, Bangaluru.

State Level

- State level hospitals such as Mental Hospital (psychiatric Center), shastri nagar, Jodhpur
- National mental health program.

District Level

- General Hospital (Psychiatric department)
- District mental health program.

Local Level

- Primary health centers
- Community mental health centers
- Sub-centers.

National Mental Health Programme

Recognizing that persons with mental illness constitute a vulnerable section of society and are subject to discrimination in our society;

JAYPEE BROTHERS

Families bear disproportionate financial, physical, mental, emotional and social burden of providing treatment and care for their relatives with mental illness; Persons with mental illness should be treated like other persons with health problems and the environment around them should be made conducive to facilitate recovery rehabilitation and full participation in society. The Government of India launched the National Mental Health Programme (NMHP) in 1982, keeping in view the heavy burden of mental illness in the community, and the absolute inadequacy of mental health care infrastructure in the country to deal with it.

Objectives

- To ensure availability and accessibility of minimum mental health care for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of population.
- To encourage application of mental health knowledge in general health care and in social development.
- To promote community participation in the mental health services development and to stimulate efforts towards self-help in the community.

Aims

- Prevention and treatment of mental and neurological disorders and their associated disabilities.
- Use of mental health technology to improve general health services.
- Application of mental health principles in total national development to improve quality of life.

Strategies

- Integration mental health with primary health care through the NMHP.
- Provision of tertiary care institutions for treatment of mental disorders.
- Eradicating stigmatisation of mentally ill patients and protecting their rights through regulatory institutions like the Central Mental Health Authority, and State Mental Health Authority.

JAYPEE BROTHERS

Mental Health Care

- The mental morbidity requires priority in mental health treatment
- Primary health care at village and subcenter level
- At Primary Health Center level
- At the District Hospital level
- Mental Hospital and teaching Psychiatric Units.

District Mental Health Program

Components

- Training programs of all workers in the mental health team at the identified Nodal Institute in the State.
- Public education in the mental health to increase awareness and reduce stigma.
- For early detection and treatment, the OPD and indoor services are provided.
- Providing valuable data and experience at the level of community to the state and center for future planning, improvement in service and research.
- Agencies like World Bank and WHO have been contacted to support various components of the program. Funds are provided by the Govt. of India to the state governments and the nodal institutes to meet the expenditure on staff, equipments, vehicles, medicine, stationary, contingencies, training, etc. for initial 5 years and thereafter they should manage themselves. Govt. of India has constituted central Mental Health Authority to oversee the implementation of the Mental Health Act 1986. It provides for creation of state Mental Health Authority also to carry out the said functions.
- The National Human Rights Commission also monitors the conditions in the mental hospitals along with the government of India and the states are currently acting on the recommendation of the joint studies conducted to ensure quality in delivery of mental care.

Thrust Areas for 10th Five Year Plan

- District mental health program in an enlarged and more effective form covering the entire country.

JAYPEE BROTHERS

- Streamlining/modernization of mental hospitals in order to modify their present custodial role.
- Upgrading department of psychiatry in medical colleges and enhancing the psychiatry content of the medical curriculum at the undergraduate as well as postgraduate level.
- Strengthening the Central and State Mental Health Authorities with a permanent secretariat. Appointment of medical officers at state headquarters in order to make their monitoring role more effective.
- Research and training in the field of community mental health, substance abuse and child/adolescent psychiatric clinics.

Q.2. Write short notes on any two:

a. Admission of mentally ill person.

b. Psychiatric team

c. Milieu therapy

A. ADMISSION OF MENTALLY ILL PERSON

Voluntary Admission to Hospital

Anyone 16 or older can ask to be admitted for treatment to a psychiatric unit in a general hospital or a psychiatric hospital. A doctor who examines them and believes they need psychiatric treatment can admit them to hospital. People under 16 need a parent or guardian to apply for them.

Hospitals can treat voluntary patients only if the patient consents to the specific treatment. If they are incapable of consenting, someone else can act as a temporary substitute decision maker (TSDM) to consent for them. It could be their spouse, child, parent, brother or sister, grandparent, grandchild, a person related to them by birth or adoption, a close friend, or a person immediately related to them by marriage – in that order. The TSDM must be at least 19 years old, must get along with the patient, and must have been in contact with the patient in the past 12 months.

Voluntary patients can just tell the nurse in charge that they want to leave (or be discharged), and in most cases, they will be free to go. The hospital may ask the person to sign a 'Discharge against Medical Advice' form.

JAYPEE BROTHERS

Involuntary Admission to Hospital

The rules for hospitalizing a person against their will are stricter. A person can become an involuntary patient by doctor's certificate or court order. As well, the police can take a person to hospital in an emergency—see below for details.

While a voluntary patient may be admitted to any hospital with psychiatric services, involuntary patients can be admitted only to certain hospitals in BC. If a hospital does not have a bed available, they may not be able to admit a person. In that case, the person would be sent, under supervision, to another hospital that has room.

Doctor's Certificate

This is the most common way people are hospitalized against their will. A doctor who believes a person has a mental disorder, as defined in the *Mental Health Act*, can complete a certificate to admit the person to hospital, even if the person does not want to be hospitalized or treated. The doctor must believe the person needs to be hospitalized for psychiatric treatment, to prevent substantial mental or physical decline, or to protect the person or other people. The mental disorder must seriously impair the person's ability to react appropriately to their environment or to get along with others. The person does not have to be dangerous to be admitted involuntarily.

Court Order

Anyone, including family members and neighbors, who reasonably believes a person has a mental disorder and needs to be hospitalized can apply to court. The court can issue a warrant that allows the police to take the person to hospital, where they will be assessed.

Police Action in an Emergency

The police can act in an emergency when family members or health professionals need help getting a person to see a doctor. If the police believe a person has a mental disorder and their behavior is likely to endanger their own safety or the safety of others, the police can immediately take the person to a doctor—usually in a hospital. If the person needs to be hospitalized, a doctor will complete a certificate to admit them.

JAYPEE BROTHERS

B. PSYCHIATRIC TEAM

(See paper 2010 Q. 2a)

C. MILIEU THERAPY

- Milieu is the French word for 'middle' – in English translation, the word milieu means 'surroundings, or environment.'
- Milieu therapy is the treatment of mental disorder or maladjustment by making substantial changes in a patient's immediate life circumstances and environment in a way that will enhance the effectiveness of other forms of therapy.
- The goal of milieu therapy is to manipulate the environment so that all aspects of the client's hospital experience are considered therapeutic.
- Within this therapeutic community setting the client is expected to learn adaptive coping, interaction and relationship skills that can be generalized to other aspects of his or her life.

Meaning

The word milieu is French for 'middle'. The English translation of the word is surroundings or environment. Milieu therapy is the scientific planning of an environment for therapeutic purposes.

Definition

A scientific structuring of the environment in order to effect behavioral changes and to improve the psychological health and functioning of the individual (Skinner, 1979).

Goals of Milieu Therapy

- Manipulate the environment so that all aspects of client's hospital experience are considered therapeutic.
- Client is expected to learn adaptive coping, interaction and relationship skills that can be generalized to other aspects of his or her life.
- Achieving client autonomy.

Principles of Milieu Therapy

- To promote a fundamental respect for individuals (both clients and staff).

JAYPEE BROTHERS

- To use opportunities for communication between client and staff for maximum therapeutic benefit.
- To encourage clients to act at a level equal to their ability and to enhance their self-esteem (autonomy is reinforced).
- To promote socialization.
- To provide opportunities for clients to be part of unit management.
- Individuals are held responsible for own actions.
- Peer pressure is utilized to reinforce rules and regulations.
- Team approach is used.
- Group discussions and temporary seclusions are favored approaches for acting out behavior.
- The nurses function is to act in ways that consistently promote these goals.

Q.3. Write short notes on:
a. Psychotherapy
b. Behavior therapy

A. PSYCHOTHERAPY

Psychotherapy is a process focused on helping you heal and learn more constructive ways to deal with the problems or issues within your life. It can also be a supportive process when going through a difficult period or under increased stress, such as starting a new career or going through a divorce.

Generally psychotherapy is recommended whenever a person is grappling with a life, relationship or work issue or a specific mental health concern, and these issues or concerns are causing the individual a great deal of pain or upset for longer than a few days. There are exceptions to this general rule, but for the most part, there is no harm to going into therapy even if you are not entirely certain you would benefit from it. Millions of people visit a psychotherapist every year, and most research shows that people who do so benefit from the interaction. Psychotherapy is usually time-limited and focuses on specific goals you want to accomplish.

Most psychotherapy tends to focus on problem solving and is goal-oriented. That means at the onset of treatment, you and your therapist decide upon which specific changes you would like to make in your life. These goals will often be broken down into smaller attainable objectives and put into a formal treatment plan. Most psychotherapists today work on and focus on helping

JAYPEE BROTHERS

you to achieve those goals. This is done simply through talking and discussing techniques that the therapist can suggest that may help you better navigate those difficult areas within your life. Often psychotherapy will help teach people about their disorder, too, and suggest additional coping mechanisms that the person may find more effective.

Most psychotherapy today is short-term and lasts less than a year. Most common mental disorders can often be successfully treated in this time frame, often with a combination of psychotherapy and medications.

Psychotherapy is most successful when the individual enters therapy on their own and has a strong desire to change. If you do not want to change, change will be slow in coming. Change means altering those aspects of your life that are not working for you any longer, or are contributing to your problems or ongoing issues. It is also best to keep an open mind while in psychotherapy, and be willing to try out new things that ordinarily you may not do. Psychotherapy is often about challenging one's existing set of beliefs and often, one's very self. It is most successful when a person is able and willing to try to do this in a safe and supportive environment.

Common Types of Psychotherapy

- Behavior Therapy
- Cognitive Therapy
- Interpersonal Therapy
- Psychodynamic Therapy
- Family Therapy
- Group Therapy
- Frequently Asked Questions (FAQs) about Psychotherapy
- Understanding Different Approaches to Psychotherapy

B. BEHAVIOR THERAPY

(See paper 2010 Q. 4d)

Q.4. Describe the management of patient suffering with catatonic schizophrenia.

Catatonic Schizophrenia

- It is a rare disease form in which the patient tends to remain in a fixed stupor or position for long periods, periodically yielding to brief spurts of extreme excitement.

JAYPEE BROTHERS

- Many catatonic schizophrenia have an increased potential for destructive, violent behavior when agitated.

Signs and Symptoms

- Remaining mute; refusal to move about or tend to personal needs.
- Exhibiting bizarre mannerisms, such as facial grimacing and sucking mouth movements.
- Rapid swing between stupor and excitement (extreme psychomotor agitation with excessive, senseless, or incoherent shouting or talking).
- Bizarre posture such as holding the body (especially the arms and legs) rigidly in one position for a long time.
- Diminished sensitivity to painful stimuli.
- Echolalia (repeating words or phrases spoken by others).
- Echopraxia (imitating other's movements).

Diagnosis

- Ruling out other possible causes of the patient's symptoms.
- Meeting the DSM-IV-TR criteria.

Treatment

- ECT and benzodiazepines (such as diazepam or lorazepam) for catatonic schizophrenia.
- Avoiding conventional antipsychotic drugs (they may worsen catatonic symptoms).
- Investigating atypical antipsychotic drugs to treat catatonic schizophrenia (requires further evaluation).

Nursing Interventions

- Spend time with the patient even if he is mute and unresponsive, to promote reassurance and support.
- Remember that, despite appearances, the patient is acutely aware of his environment, assume the patient can hear – speak to him directly and do not talk about him in his presence.
- Emphasize reality during all patient contacts, to reduce distorted perceptions (for example, say, 'The leaves on the trees are changing colors and the air is cooler, It's fall')
- Verbalize for the patient the message that his behavior seems to convey, encourage him to do the same.

JAYPEE BROTHERS

- Tell the patient directly, specifically, and concisely what needs to be done; do not give him choices (for example, say, 'It's time to eat, lets go')
- Assess for signs and symptoms of physical illness; keep in mind that if he is mute he would not complain of pain or physical symptoms.
- Remember that if he is in bizarre posture, he may be at risk for pressure ulcers or decreased circulation.
- Provide range-of-motion exercises.
- Encourage to ambulate every 2 hours.
- During periods of hyperactivity, try to prevent him from experiencing physical exhaustion and injury.
- As appropriate, meet his needs for adequate food, fluid, exercise, and elimination; follow orders with respect to nutrition, urinary catheterization, and enema use.
- Stay alert for violent outbursts; if these occur, get help promptly to intervene safely for yourself, the patient, and others.

Diagnostic Test

- Clinical diagnosis is developed on historical information and thorough mental status examination.
- No laboratory findings have been identified that are diagnostic of schizophrenia.
- Routine battery of laboratory test may be useful in ruling out possible organic etiologies, including CBC, urinalysis, liver function tests, thyroid function test, RPR, HIV test, serum ceruloplasmin (rules out an inherited disease, Wilson's disease, in which the body retains excessive amounts of copper), PET scan, CT scan, and MRI.
- Rating scale assessment:
  - Scale for the assessment of negative symptoms.
  - Scale for the assessment of positive symptoms.
  - Brief psychiatric rating scale.

Treatments and Medications

Currently, there is no method for preventing schizophrenia and there is no cure. Minimizing the impact of disease depends mainly on early diagnosis and, appropriate pharmacological and psychosocial treatments. Hospitalization may be required to stabilize ill persons during an acute episode. The need for hospitalization will

JAYPEE BROTHERS

depend on the severity of the episode. Mild or moderate episodes may be appropriately addressed by intense outpatient treatment. A person with schizophrenia should leave the hospital or outpatient facility with a treatment plan that will minimize symptoms and maximize quality of life.

A comprehensive treatment program can include:

- Antipsychotic medication
- Education and support, for both ill individuals and families
- Social skills training
- Rehabilitation to improve activities of daily living
- Vocational and recreational support
- Cognitive therapy.

Medication is one of the cornerstones of treatment. Once the acute stage of a psychotic episode has passed, most people with schizophrenia will need to take medicine indefinitely. This is because vulnerability to psychosis does not go away, even though some or all of the symptoms do. In North America, atypical or second generation antipsychotic medications are the most widely used. However, there are many first-generation antipsychotic medications available that may still be prescribed. A doctor will prescribe the medication that is the most effective for the ill individual.

Another important part of treatment is psychosocial programs and initiatives. Combined with medication, they can help ill individuals effectively manage their disorder. Talking with your treatment team will ensure you are aware of all available programs and medications.

In addition, persons living with schizophrenia may have access to or qualify for income support programs/initiatives, supportive housing, and/or skills development programs, designed to promote integration and recovery.

Q.5. Write short notes on any two:

a. Phobia

b. Crisis intervention

c. Nurse patient relationship (NPR)

A. PHOBIA

A **phobia** is, when used in the context of clinical psychology, a type of anxiety disorder, usually defined as a persistent fear of an object or situation in which the sufferer commits to great lengths

JAYPEE BROTHERS

for detailed information on nursing books, visit our website www.jaypeebrothers.com, for detailed information on nursing books, visit our website

Solved Question Papers of
MENTAL HEALTH NURSING
for BSc Nursing 3rd Year

Solved Question Papers of Mental Health Nursing for BSc Nursing 3rd year is compiled with the objective of providing simple, concise, comprehensive and easily understandable course material.

The book also contains the latest syllabus prescribed by RUHS, Jaipur, and INC, Delhi for BSc Nursing 3rd year.

Ever since our time as students, there has never been a good guidebook available to help the students to compete in examinations, which formed the basis of our compiling this book to enable students to score well in examinations.

In order to help the student overcome the limitations of learning, we endeavor to provide them a solution-oriented, easy to understand and self-explanatory book consisting of flowcharts, attractive diagrams and questions appearing in examination during last 10 years. This would definitely help the students to equip themselves better.

Hope this book will give confidence to the students, by providing better solution for examinations and help in understanding the subject clinically as well as from the theoretical point of view.

Readers are welcome to give suggestions and comments for future editions.



Rajendra Prasad Seervi is currently working as Clinical Instructor-cum-Staff Nurse at Maa Ganga Trauma Centre of Mathura Das Mathur Hospital under Dr Sampurnanand Medical College and Hospital, Jodhpur, Rajasthan, India. He completed his BSc Nursing in 2011 from SLBS College of Nursing, Jodhpur, Rajasthan, India. Many interesting articles and literature are also published by him about various health problems inside as well as outside the hospitals. He has also earned experience as a visiting faculty in Nursing Department at Maulana Azad University, Jodhpur, Rajasthan, India. He has authored different subject books for BSc Nursing from the same publisher.



Abhishek Soni is currently working as Clinical Instructor-cum-Staff Nurse at Trauma ICU under Dr Sampurnanand Medical College and Hospital, Jodhpur, Rajasthan, India. He completed his BSc Nursing in 2011 from SLBS College of Nursing, Jodhpur, Rajasthan, India. He successfully completed his MA (Clinical Psychology) from IGNOU, New Delhi, India. He was the university topper throughout his four years during UG from Rajasthan University of Health Sciences, Jaipur, Rajasthan, India and was awarded with 'Gold Medal'. He has a lot of experience about ideal care of patient in various departments of PGIMER and GMCH, Chandigarh, India. He has also authored different subject books for BSc Nursing from the same publisher.

Available at all medical bookstores
or buy online at www.jaypeebrothers.com

JAYPEE BROTHERS
Medical Publishers (P) Ltd.
www.jaypeebrothers.com

Join us on facebook.com/JaypeeMedicalPublishers

ISBN 978-93-86261-58-8
9 789386 261588