

HESI RN MENTAL HEALTH 2019 EXAM

STUDY GUIDE

1. A female client who is wearing dirty clothes and has foul body odor, comes to the clinic reporting feeling scared because she is being stalked. What action is most important for the RN to take?

- A. Offer the client a safe place to relax before interviewing her.
- B. Ask the client to describe why she is being stalked.
- C. Recommend that the client talk with a social worker.
- D. Assure the client that the HCP will see her today.

2. During an annual physical by the occupational RN working in a corporate clinic, a male employee tells the RN that his high-stress job is causing trouble in his personal life. He further explains that he often gets so angry while driving to and from work that he has considered "getting even" with other drivers. How should the RN respond?

- A. "Anger is contagious and could result in major confrontation."
- B. "Try not to let your anger cause you to act impulsively."
- C. "Expressing your anger to a stranger could result in an unsafe situation."
- D. "It sounds as if there are many situations that make you feel angry."

3. A client who has agoraphobia (a fear of crowds) is beginning desensitization with the therapist, and the RN is reinforcing the process. Which intervention has the highest priority for this client's plan of care?

- A. Encourage substitution of positive thoughts and negative ones.
- B. Establish trust by providing a calm, safe environment.
- C. Progressively expose the client to larger crowds.
- D. Encourage deep breathing when anxiety escalates in a crowd.

4. Which nursing actions are likely to help promote the self-esteem of a male client with moderate depression?

- A. Ask the client what his long term goals are.
- B. Discuss the challenges of his medical condition.
- C. Include the client in determining treatment protocol.
- D. Encourage the client to engage in recreational therapy.
- E. Provide opportunities for the client to discuss his concerns

5. A client with depression remains in bed most of the day, and declines activities. Which nursing problem has the greatest priority for this client?

- A. Loss of interest in diversional activity.
- B. Social isolation.
- C. Refusal to address nutritional needs.
- D. Low self-esteem.

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