

Mental Health Ticket To Enter Unit 3

1. Who is at a higher risk for suicide? What places a client at risk for Suicide?
 - a. Individuals with a history of suicide attempts, depression, substance use disorders, chronic or terminal illness, veterans, LGBTQ, and those with family history of suicide.
 - b. Hopelessness, social isolation, access to lethal means, recent losses, history of trauma/abuse, impulsivity, and untreated mental illness.
2. A client has a history of suicide attempts and is currently at a high risk of suicide. What would you need to implement or evaluate to assure safety? What question would you ask the patient?
 - a. Never left alone 1:1
 - b. Remove sharps, belts, medications, or other lethal objects
 - c. Develop a safety plan and involve support system
 - d. Frequent reassessment of mood/intent
 - e. Are you thinking about hurting yourself right now?"
3. T or F: A high school student recently completed suicide. Other high school students who attend this school are not at an increased risk of suicide.
 - a. False
4. What is the Columbia Assessment and what does it measure?
 - a. tool that measures suicidal ideation, intent, and behaviors. It helps identify risk level and needed interventions.
5. T or F: A client comes to the primary care provider and the nurse does a PHQ-9. The score is 12. The nurse does not need to ask if the patient is suicidal.
 - a. False
6. A client is having passive thoughts of suicide, depression, and feelings of hopelessness. "I'm useless, I shouldn't have survived". Which answer is the best open-ended statement?
 - a. Why do you feel this way? You have so much to live for.
 - b. What I hear you saying is you feel like you have no value.
 - c. It's normal to have feelings of hopelessness when you are depressed.
 - d. Many patients feel that way when they are depressed.
7. What is seasonal affective disorder and what is helpful for treatment?
 - a. A form of depression that occurs seasonally, usually in winter, related to decreased sunlight.
 - b. Trx: Light therapy (phototherapy), antidepressants, increased physical activity, vitamin D supplementation, and psychotherapy.
 - c.

8. You are instructed by the provider to teach the patient and their family about major depressive disorder. What should you educate?

- a. Depression is a medical illness, not weakness or laziness.
- b. Symptoms include changes in sleep, appetite, energy, concentration, and mood.
- c. Treatment may involve medication, therapy, lifestyle changes, and social support.
- d. It is treatable, but relapse can occur, so ongoing follow-up and adherence are important.

9. T or F: A patient has a change in behavior after multiple days of treatment in the inpatient setting after starting on an antidepressant. You noticed the person went from poor hygiene and sadness to now clean, cheerful, relaxed, and no longer depressed. The nurse knows this person is at an increased risk of suicide and needs to monitor the patient by implementing safety checks.

True

10. What is Sigecaps?

- a. **S** – Sleep disturbance (insomnia or hypersomnia)
- b. **I** – Interest decreased (anhedonia)
- c. **G** – Guilt or worthlessness
- d. **E** – Energy decreased/fatigue
- e. **C** – Concentration difficulties
- f. **A** – Appetite/weight changes
- g. **P** – Psychomotor changes (agitation or retardation)
- h. **S** – Suicidal thoughts

11. What are the symptoms of depression in adolescents? What are somatic symptoms?

- a. irritability, anger, withdrawal from friends/family, decline in school performance, risky behaviors, low self-esteem, substance use.
- b. Somatic symptoms: physical complaints without clear medical cause (e.g., headache, stomachache, fatigue, changes in sleep/appetite)

12. What is postpartum depression and when does it begin? What is postpartum blues and when does it begin?

- a. Clinical depression beginning within 4 weeks to 12 months after childbirth.

13. What is Electroconvulsive Therapy (ECT)? What education would you give the patient?

- a. A treatment for severe depression, mania, or catatonia involving brief electrical stimulation of the brain under anesthesia.
- b. Education:
 - i. Performed under general anesthesia with a muscle relaxant
 - ii. Usually given 2–3 times/week for 6–12 treatments
 - iii. Side effects: temporary memory loss, confusion, headache
 - iv. Not painful (patient is asleep)

v. Effective for treatment-resistant depression

14. What is the difference between bipolar 1 and bipolar 2 disorder?

- a. Bipolar I: At least one manic episode. Mania is severe, often requires hospitalization.
- b. Bipolar II: At least one hypomanic episode and one major depressive episode. No full mania.

15. What is the therapeutic range while taking Lithium? What are the signs and symptoms of Lithium toxicity?

- a. Therapeutic range: 0.6-1.2 mEq/L, up to 1.5 mEq/L for acute mania.
- b. Toxicity signs:
 - i. Early: nausea, vomiting, diarrhea, tremor, thirst, polyuria
 - ii. Severe: confusion, ataxia, seizures, arrhythmias, coma, death

16. What is Steven-Johnson syndrome? What mood stabilizer can cause this?

- a. A rare, life-threatening skin reaction with painful rash, blistering, mucosal involvement.
- b. Caused by: Lamotrigine (Lamictal) most commonly among mood stabilizers.

17. What are some symptoms of mania?

- a. Elevated or irritable mood
- b. Decreased need for sleep
- c. Pressured speech, rapid talking
- d. Flight of ideas, racing thoughts
- e. Grandiosity, inflated self-esteem
- f. Impulsivity, risky behaviors (spending, sex, drugs)
- g. Distractibility

18. A patient on the floor with bipolar 1 disorder is experiencing mania. What are some nursing interventions the nurse should implement in the plan of care?

- a. Provide a **safe environment** (reduce stimuli, prevent injury)
- b. Set firm, consistent limits on behavior
- c. Use calm, non-competitive communication
- d. Promote sleep and rest periods
- e. Offer finger foods (since sitting for meals may be hard)
- f. Monitor hydration and nutrition
- g. Avoid power struggles

19. What is the difference between tangential thoughts and flight of ideas?

- a. Tangential thoughts: The person goes off-topic and never returns to the main point.

- b. Flight of ideas: Rapidly jumping from one topic to another, with connections between ideas, often seen in mania.

20. What medical conditions can contribute to symptoms like mental health disorders?

- a. Hypothyroidism/hyperthyroidism
- b. Vitamin B12 deficiency
- c. Neurological disorders, Infections
- d. Chronic illnesses
- e. Substance use or withdrawal.