

Mental Health Ticket To Enter Unit 3

1. Who is at a higher risk for suicide? What places a client at risk for Suicide?

Higher risk groups include: white males, adolescents, elderly adults, veterans, people with depression, bipolar disorder, substance use disorder, previous suicide attempts, and those with access to firearms.

Risk factors include: prior attempts, family history of suicide, hopelessness, recent loss, chronic illness, social isolation, substance abuse, major life stressors, and access to lethal means.

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?

Implement suicide precautions, 1:1 observation, remove harmful objects, frequent safety checks, a safe environment, and develop a safety plan.

Ask directly: “Are you thinking about killing yourself?” or “Do you have a plan to harm yourself?”

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.

False.

4. What is the Columbia Assessment, and what does it measure?

The Columbia-Suicide Severity Rating Scale (C-SSRS) assesses suicide risk. It measures suicidal ideation, severity of thoughts, behaviors, intent, and past attempts.

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.

False. A PHQ-9 score of 12 indicates moderate depression. The nurse must assess for suicidal ideation.

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?

b. What I hear you saying is you feel like you have no value.

7. What is seasonal affective disorder, and what is helpful for treatment?

Seasonal Affective Disorder (SAD) is depression related to seasonal changes, usually occurring in fall/winter due to decreased sunlight.

Treatment includes light therapy, antidepressants (SSRIs), vitamin D, exercise, and psychotherapy.

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

- a. Signs and symptoms (sadness, sleep changes, appetite changes, hopelessness).
- b. Importance of medication adherence and not stopping abruptly.
- c. Suicide warning signs and when to seek help.
- d. Importance of therapy, support system, healthy lifestyle habits.

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 being 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. Energy may improve before mood improves, increasing suicide risk.

10. What is SigeCaps?

SIGECAPS is a mnemonic for depression symptoms:

S – Sleep changes

I – Interest decreased

G – Guilt

E – Energy low

C – Concentration poor

A – Appetite changes

P – Psychomotor changes

S – Suicidal ideation

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

Adolescents may show irritability, anger, poor school performance, withdrawal, substance use, and risk-taking behavior.

Somatic symptoms are physical complaints like headaches, stomachaches, fatigue, and body aches.

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

Postpartum depression is a major depressive episode occurring during pregnancy or within 4 weeks to up to 1 year after delivery.

Postpartum blues begin 2–3 days after delivery, peak around day 5, and resolve within 2 weeks.

Symptoms include mood swings, crying, and anxiety.

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

ECT is a procedure where controlled electrical currents are passed through the brain to induce a brief seizure to treat severe depression or bipolar disorder.

Education: NPO before procedure, short anesthesia used, temporary memory loss may occur, confusion possible after, monitor vitals, requires multiple sessions.

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

Bipolar 1: At least one full manic episode (may require hospitalization).

Bipolar 2: Hypomania (less severe than mania) plus major depressive episodes. No full manic episode.

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

Therapeutic range: 0.6–1.2 mEq/L.

Toxicity signs: nausea, vomiting, diarrhea, tremors, confusion, ataxia, slurred speech, seizures, and severe tremors.

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

Stevens-Johnson syndrome is a severe, life-threatening skin reaction with rash, blistering, and skin peeling.

Lamotrigine (Lamictal) can cause this.

17. What are some symptoms of mania?

Elevated mood, decreased need for sleep, grandiosity, rapid speech, flight of ideas, impulsivity, risky behaviors, 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?

Provide a low-stimulation environment, set firm limits, redirect behavior, monitor nutrition and hydration, offer high-calorie finger foods, ensure safety, administer prescribed medications, and reduce environmental stimuli.

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

Tangential: Starts answering but never returns to the original question.

Flight of ideas: Rapid, pressured shifting from topic to topic with loose connections.

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

Thyroid disorders, vitamin B12 deficiency, anemia, brain tumors, infections, electrolyte imbalances, diabetes, substance use, medication side effects, and neurological disorders.