

# HESI Mental Health Care Practice Exam (Sample)

## Study Guide



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**SAMPLE**

## **Questions**

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- 1. A client with obsessive-compulsive disorder washes her hands excessively. What defense mechanism is she using?**
  - A. Projection**
  - B. Displacement**
  - C. Undoing**
  - D. Introjection**
- 2. What is an important safety intervention for a patient with suicidal ideation?**
  - A. Allowing private time for reflection**
  - B. Continuous observation and removal of potential self-harm objects**
  - C. Encouraging the patient to express feelings alone**
  - D. Providing medication for relaxation**
- 3. What term describes the unconscious incorporation of another's values as one's own?**
  - A. Projection**
  - B. Introjection**
  - C. Identification**
  - D. Displacement**
- 4. A client hospitalized for aggressive behavior becomes angry. What is the priority nursing assessment?**
  - A. Extent of orientation to reality**
  - B. Range of expressed anger**
  - C. Degree of control over behavior**
  - D. Justification of anger**
- 5. What is the role of psychoeducation in empowering patients?**
  - A. Focusing on their coping mechanisms**
  - B. Providing a support group platform**
  - C. Educating them on mental illnesses**
  - D. Facilitating family therapy**

- 6. What is a primary goal of cognitive therapy?**
- A. To enhance art skills**
  - B. To prepare for employment**
  - C. To modify harmful thought patterns**
  - D. To improve physical health**
- 7. Which of these would be considered a negative thought pattern?**
- A. Positive affirmation**
  - B. Catastrophizing**
  - C. Constructive feedback**
  - D. Focused problem solving**
- 8. What does the term 'thought content' refer to in a mental status examination?**
- A. The logical organization of thoughts**
  - B. The subject matter of what the patient thinks**
  - C. The patient's emotional expression**
  - D. The duration of thoughts**
- 9. Which statement reflects a teenager's cognitive process according to Piaget related to their leukemia diagnosis?**
- A. "My smoking pot probably caused the leukemia."**
  - B. "I'm going to do my best to fight this awful disease."**
  - C. "Now I can't go to the prom because I have this stupid disease."**
  - D. "I know I got sick because I've been causing a lot of problems at home."**
- 10. What is thought blocking?**
- A. Sudden cessation of speech**
  - B. Inability to recall past events**
  - C. Continuous speech patterns**
  - D. Excessive talking without pause**

## **Answers**

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1. C
2. B
3. B
4. C
5. C
6. C
7. B
8. B
9. B
10. A

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## **Explanations**

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**1. A client with obsessive-compulsive disorder washes her hands excessively. What defense mechanism is she using?**

- A. Projection**
- B. Displacement**
- C. Undoing**
- D. Introjection**

The defense mechanism demonstrated by the client who excessively washes her hands is best identified as undoing. Undoing is a psychological defense mechanism in which an individual tries to counteract or negate feelings or thoughts that provoke anxiety through actions that symbolize the opposite. In this case, the act of hand washing serves as a ritualistic behavior to alleviate or counteract feelings of guilt, anxiety, or discomfort associated with intrusive thoughts or obsessions. By washing her hands excessively, the client attempts to "undo" her thoughts or feelings that she may perceive as negative or contaminated. This behavior is typical in individuals with obsessive-compulsive disorder, where compulsive actions are performed in hopes of mitigating the anxiety produced by obsessive thoughts. The hand washing is a concrete action that the client believes can reduce distress or prevent a feared consequence, reflecting the underlying dynamics of undoing.

**2. What is an important safety intervention for a patient with suicidal ideation?**

- A. Allowing private time for reflection**
- B. Continuous observation and removal of potential self-harm objects**
- C. Encouraging the patient to express feelings alone**
- D. Providing medication for relaxation**

The focus on continuous observation and the removal of potential self-harm objects is paramount in ensuring the safety of a patient with suicidal ideation. This intervention directly addresses the risk of self-harm by minimizing access to tools or means that could facilitate a suicide attempt. In a mental health setting, it is essential to create an environment where the individual is closely monitored to prevent impulsive actions that may occur during moments of crisis. Additionally, maintaining constant observation allows healthcare providers to respond immediately if the patient shows signs of distress or intent to harm themselves. This proactive approach is critical in safeguarding the patient while they seek treatment and explore coping strategies and therapeutic options. While allowing private reflection or encouraging the patient to express feelings can be valuable in different contexts, these options might inadvertently create opportunities for self-harm during unmonitored times. Similarly, providing medication for relaxation may be part of a treatment plan but does not directly address immediate safety concerns related to suicidal ideation. Thus, prioritizing monitoring and removing hazards effectively enhances the safety and wellbeing of the patient during a particularly vulnerable time.

**3. What term describes the unconscious incorporation of another's values as one's own?**

- A. Projection**
- B. Introjection**
- C. Identification**
- D. Displacement**

The concept referred to by the term that describes the unconscious incorporation of another's values as one's own is known as introjection. This psychological process occurs when an individual internalizes the beliefs, values, or attitudes of another person—often a significant figure such as a parent or authority figure—without being consciously aware of it. Through introjection, these external values become part of the individual's own value system. This mechanism plays a significant role in the formation of identity and can influence a person's thoughts and behaviors throughout their life. For example, a child may adopt their parent's values about honesty or education, making those values a central aspect of their own belief system. In therapy and mental health contexts, understanding this process can help professionals assess how these internalized beliefs may affect a person's behaviors and self-image. The other options describe different psychological mechanisms that do not specifically address the process of incorporating another's values. For instance, projection involves attributing one's own unacceptable thoughts or feelings to others, while identification relates more to forming a connection with another person by taking on characteristics or behaviors. Displacement, on the other hand, is a defense mechanism where emotions are redirected from the original source to a safer target.

**4. A client hospitalized for aggressive behavior becomes angry. What is the priority nursing assessment?**

- A. Extent of orientation to reality**
- B. Range of expressed anger**
- C. Degree of control over behavior**
- D. Justification of anger**

In the context of a hospitalized client exhibiting aggressive behavior, assessing the degree of control over behavior is paramount. When a client becomes angry, particularly in a psychiatric setting, understanding their ability to manage that anger is critical for ensuring both their safety and the safety of others. This assessment helps determine whether the client can express their feelings appropriately or if they are at risk of escalating to further aggressive actions. Understanding the level of control the client has over their behavior informs the nursing staff on how to proceed regarding interventions, safety measures, and therapeutic approaches. If a client shows limited control, it indicates an immediate need for intervention, such as de-escalation techniques or potentially medication management to prevent violence. While assessing the range of expressed anger, the extent of orientation to reality, and justification of anger are all valuable in understanding the client's emotional state, they do not directly address the immediate concerns surrounding safety and management of aggression. Hence, focusing on the degree of control over behavior allows for prompt and necessary actions to be taken to mitigate the risk of harm.

**5. What is the role of psychoeducation in empowering patients?**

- A. Focusing on their coping mechanisms**
- B. Providing a support group platform**
- C. Educating them on mental illnesses**
- D. Facilitating family therapy**

Psychoeducation plays a crucial role in empowering patients by educating them about mental illnesses. This education helps patients gain a better understanding of their conditions, symptoms, and the specific challenges they face. Being informed enables patients to make more informed decisions about their treatment options and encourages active participation in their own care. A well-informed patient is more likely to adhere to treatment plans and utilize coping strategies effectively. Additionally, education can reduce stigma, dispel myths surrounding mental health, and foster a sense of agency in patients. They learn about the nature of their illnesses, available treatments, and the importance of self-care, all of which contribute to improved self-management and well-being. This knowledge can lead to increased self-efficacy, as patients feel more capable of managing their conditions and navigating their healthcare. While coping mechanisms, support groups, and family therapy are valuable components of mental health care, they can be enhanced by a solid foundation of knowledge that psychoeducation provides. Educating patients on their mental health challenges is essential for empowerment and promotes a collaborative approach to treatment.

**6. What is a primary goal of cognitive therapy?**

- A. To enhance art skills**
- B. To prepare for employment**
- C. To modify harmful thought patterns**
- D. To improve physical health**

The primary goal of cognitive therapy is to modify harmful thought patterns. This form of therapy is built on the premise that an individual's thoughts significantly influence their emotions and behaviors. By identifying and challenging negative or distorted thinking, cognitive therapy helps clients develop healthier thought patterns, improving their emotional well-being and overall functioning. This approach is particularly effective for various mental health issues, including depression and anxiety, as it empowers individuals to recognize and alter unhelpful cognitive distortions, fostering a more positive and realistic perspective on their circumstances. Through techniques such as cognitive restructuring, clients learn to replace harmful thoughts with more balanced and rational ones, leading to improved emotional outcomes and behavioral changes. The other options focus on unrelated areas. Enhancing art skills, preparing for employment, and improving physical health do not align with the specific goals of cognitive therapy, which is primarily concerned with mental processes and emotional health.

**7. Which of these would be considered a negative thought pattern?**

- A. Positive affirmation**
- B. Catastrophizing**
- C. Constructive feedback**
- D. Focused problem solving**

Catastrophizing is indeed considered a negative thought pattern because it involves expecting the worst possible outcome in a situation or magnifying the consequences of a minor issue. This cognitive distortion can lead to increased anxiety, fear, and stress, as it prevents individuals from viewing situations realistically and can hinder problem-solving abilities. In contrast, positive affirmation promotes positive thinking and boosts self-esteem, allowing individuals to focus on their strengths. Constructive feedback is aimed at providing support for improvement and encourages personal growth. Focused problem solving involves addressing issues directly and effectively, leading to positive outcomes. Thus, these alternatives reflect healthy thought patterns or strategies, while catastrophizing detracts from one's mental well-being by fostering negative emotions and irrational fears.

**8. What does the term 'thought content' refer to in a mental status examination?**

- A. The logical organization of thoughts**
- B. The subject matter of what the patient thinks**
- C. The patient's emotional expression**
- D. The duration of thoughts**

The term 'thought content' in a mental status examination refers specifically to the subject matter of what the patient thinks. This encompasses the various themes, beliefs, ideas, and images that populate a person's thoughts. An assessment of thought content helps clinicians understand the patient's mental state, including any delusions, obsessions, or preoccupations that may be present. For example, a clinician would evaluate if the patient is experiencing paranoid thoughts, hallucinations, or other distortions of reality, which can significantly affect their mental health. Evaluating thought content is crucial for diagnosing conditions such as depression, anxiety disorders, schizophrenia, and other mental health issues. While other aspects of thought processes such as logical organization, emotional expression, and the duration of thoughts are important in a comprehensive mental status examination, they do not specifically define 'thought content,' which is strictly focused on the themes and subject matter of these thoughts.

9. Which statement reflects a teenager's cognitive process according to Piaget related to their leukemia diagnosis?
- A. "My smoking pot probably caused the leukemia."
  - B. "I'm going to do my best to fight this awful disease."**
  - C. "Now I can't go to the prom because I have this stupid disease."
  - D. "I know I got sick because I've been causing a lot of problems at home."

The chosen statement, which expresses the teenager's determination to fight the disease, aligns with Piaget's theory of cognitive development, particularly the stage of formal operations that typically emerges in adolescence. During this stage, individuals begin to think abstractly and engage in hypothetical reasoning. This cognitive advancement allows the teenager to consider the implications of their condition and develop a proactive and resilient mindset, which is reflective of maturity and problem-solving skills. In this context, the statement signifies an understanding of their illness and an intention to confront it, indicating a level of insight and the ability to plan for a positive outcome. This perspective illustrates the cognitive growth associated with adolescence, where individuals can think beyond their immediate feelings and recognize the importance of personal agency in facing challenges.

10. What is thought blocking?
- A. Sudden cessation of speech**
  - B. Inability to recall past events
  - C. Continuous speech patterns
  - D. Excessive talking without pause

Thought blocking is characterized by a sudden interruption in the flow of thoughts, which often leads to an abrupt cessation of speech. This phenomenon can occur in various mental health conditions, particularly in individuals experiencing psychosis or severe anxiety, where the individual may suddenly stop talking mid-sentence and appear to be lost in thought or unable to continue. This behavior is particularly significant because it highlights the disruption in cognitive processes and communication, which can affect a person's ability to engage in conversations or articulate their thoughts clearly. Those experiencing thought blocking may express frustration or confusion about their inability to continue their thoughts. In contrast to the other options, which describe different patterns of speech and cognition, thought blocking is specifically marked by this sudden disruption, making it a key sign of underlying psychological or cognitive issues.