

Mental Health CMS Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. In an older adult with heart failure, which observation most strongly suggests delirium rather than dementia?**
 - A. Persistent apathy**
 - B. Fluctuating level of consciousness and attention**
 - C. Consistent orientation**
 - D. Gradual memory loss**

- 2. Which scenario best demonstrates somatization?**
 - A. A client reports chest pain with no medical explanation.**
 - B. A client reports physical symptoms without medical explanation.**
 - C. A client channels anger into painting.**
 - D. A client repeats rituals to reduce anxiety.**

- 3. In urgent care, which client is at risk for a maturational crisis?**
 - A. A client who recently retired from a longtime job**
 - B. A client who was sexually assaulted**
 - C. A client who lost her home in a fire**
 - D. A client who is in the process of getting a divorce**

- 4. To promote sleep in a client with depression, which instruction should the nurse give?**
 - A. Drink a glass of wine 1 hour before bed**
 - B. Eat a meal just prior to bedtime**
 - C. You should limit yourself to two caffeinated beverages per day**
 - D. You should take a nap after lunch**

- 5. A nurse is monitoring a client with major depressive disorder who is taking amitriptyline. Which finding is an adverse effect of this medication?**
 - A. Urinary retention**
 - B. Hypertension**
 - C. Diarrhea**
 - D. Excessive salivation**

- 6. A nurse is asked by a colleague about a patient's psychiatric diagnosis. Which action demonstrates proper confidentiality?**
- A. Share details with the colleague if the patient consents**
 - B. Refuse; discuss only with the patient, maintaining confidentiality**
 - C. Provide a general statement without the patient's consent**
 - D. Post about the patient's condition on a unit whiteboard**
- 7. A client says, 'My family won't let me come home if I cannot control my anger.' Which response best addresses this situation?**
- A. Tell me about some changes you can make to control your anger.**
 - B. I understand your family's feelings regarding your anger.**
 - C. Why do you think your family feels that your anger is a concern?**
 - D. Do you feel that your medication is helping to control your anger?**
- 8. Which factor is NOT a risk factor for child abuse?**
- A. Acute bronchitis**
 - B. Bedwetting**
 - C. First-born child**
 - D. Autism spectrum disorder**
- 9. A client with borderline personality disorder has a history of childhood trauma. Which of the following is a risk factor?**
- A. History of childhood trauma**
 - B. Anxiety disorder**
 - C. Recent concussion**
 - D. Recent travel**

- 10. A nurse is collecting data from a client regarding the client's sexual behavior. The client laughs and makes an inappropriate sexual comment. Which of the following is an appropriate response by the nurse?**
- A. That is very inappropriate. Why would you say that?**
 - B. I am concerned by your response. Can you explain your comment?**
 - C. You shouldn't laugh about this. This is a serious topic.**
 - D. I don't approve of that comment. We will discuss this later.**

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Answers

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

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Explanations

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1. In an older adult with heart failure, which observation most strongly suggests delirium rather than dementia?

A. Persistent apathy

B. Fluctuating level of consciousness and attention

C. Consistent orientation

D. Gradual memory loss

Delirium presents as an acute, fluctuating disturbance of attention and consciousness, developing over hours to days and changing in level of arousal. In an older adult with heart failure, this pattern is the most telling sign because delirium tends to cause rapid shifts—from alert and attentive to drowsy or confused—rather than a steady, progressive decline. Dementia, by contrast, is a chronic, gradual loss of function, where memory impairment and orientation deteriorate slowly and attention remains relatively stable until later stages. Apathy can occur with dementia or depression; consistent orientation and gradual memory loss point more toward dementia than delirium. So the hallmark observation that points to delirium is the fluctuating level of consciousness and attention.

2. Which scenario best demonstrates somatization?

A. A client reports chest pain with no medical explanation.

B. A client reports physical symptoms without medical explanation.

C. A client channels anger into painting.

D. A client repeats rituals to reduce anxiety.

Somatization involves expressing psychological distress through physical symptoms that lack a medical explanation. The scenario describing physical symptoms with no medical justification fits this pattern best, because it highlights symptoms that cannot be traced to a medical condition and seem to reflect underlying psychological factors rather than a discernible organic cause. This contrasts with the other scenarios: using art to channel anger is a coping strategy that addresses emotions directly, and repeating rituals to reduce anxiety resembles obsessive-compulsive behaviors rather than medically unexplained physical symptoms.

3. In urgent care, which client is at risk for a maturational crisis?

- A. A client who recently retired from a longtime job**
- B. A client who was sexually assaulted**
- C. A client who lost her home in a fire**
- D. A client who is in the process of getting a divorce**

Maturation (developmental) crises arise from normal life-stage transitions that require relearning roles and identities. Retirement fits this pattern because it marks a major shift in daily structure, purpose, and self-image. A person must redefine who they are without the long-held work role, and if coping resources, routines, or social support are weak, distress can occur and meet criteria for a crisis. The other scenarios reflect situational crises triggered by external events—trauma from assault, a disaster like losing a home, or upheaval from divorce. These are not typical developmental milestones, though they can be severely impactful and require supportive intervention. In urgent care, the focus would be on assessing coping strategies, safety, and connecting the person with resources and follow-up to ease the transition inherent in retirement.

4. To promote sleep in a client with depression, which instruction should the nurse give?

- A. Drink a glass of wine 1 hour before bed**
- B. Eat a meal just prior to bedtime**
- C. You should limit yourself to two caffeinated beverages per day**
- D. You should take a nap after lunch**

Sleep quality is often a key factor in mood and energy for someone with depression, so choosing behaviors that minimize sleep disruption is important. Caffeine is a stimulant that blocks adenosine, a chemical that helps us feel sleepy. Because caffeine can linger for many hours, consuming multiple caffeinated drinks can make it harder to fall asleep, increase awakenings during the night, and reduce the restorative quality of sleep. Limiting intake to two caffeinated beverages per day reduces this stimulant effect enough to help the person fall asleep more easily and sleep more soundly, which supports mood and daytime functioning. The other options tend to hinder sleep: alcohol may help with initial relaxation but disrupts sleep architecture and causes later awakenings; eating a meal right before bed can cause indigestion or discomfort that interferes with sleep; a nap after lunch can reduce the drive to sleep at night, making it harder to sleep when intended.

5. A nurse is monitoring a client with major depressive disorder who is taking amitriptyline. Which finding is an adverse effect of this medication?

- A. Urinary retention
- B. Hypertension
- C. Diarrhea
- D. Excessive salivation

The adverse effect is rooted in the anticholinergic action of tricyclic antidepressants like amitriptyline. By blocking muscarinic receptors, amitriptyline reduces detrusor muscle contraction and increases sphincter tone, which leads to urinary retention. This effect is common with TCAs, especially in older adults. Hypertension isn't typical and orthostatic hypotension is more likely; diarrhea would be unusual because anticholinergic effects tend to cause constipation, and excessive salivation is unlikely because secretions are decreased.

6. A nurse is asked by a colleague about a patient's psychiatric diagnosis. Which action demonstrates proper confidentiality?

- A. Share details with the colleague if the patient consents
- B. Refuse; discuss only with the patient, maintaining confidentiality
- C. Provide a general statement without the patient's consent
- D. Post about the patient's condition on a unit whiteboard

Confidentiality means protecting a patient's private health information and sharing it only with people who need to know for the patient's care, and only with the patient's consent when required. In this situation, discussing a psychiatric diagnosis with a colleague without the patient's explicit consent would violate that privacy boundary. The appropriate action is to refuse to disclose the diagnosis and to discuss the information only with the patient, honoring their right to control who knows about their mental health. If the patient explicitly consents, information can be shared with another clinician involved in their care, but the disclosure should still be limited to what is necessary for treatment. Publicly posting the diagnosis or providing only a vague general statement without consent would risk unnecessary exposure and stigma, breaching confidentiality.

7. A client says, 'My family won't let me come home if I cannot control my anger.' Which response best addresses this situation?
- A. Tell me about some changes you can make to control your anger.
 - B. I understand your family's feelings regarding your anger.
 - C. Why do you think your family feels that your anger is a concern?**
 - D. Do you feel that your medication is helping to control your anger?

Opening up the conversation to the client's own view of why others are concerned is the key here. The best response invites the client to reflect on why the family sees anger as an issue, which helps you understand the meaning the client assigns to those concerns, how anger affects relationships, and any safety considerations. This builds rapport, reduces defensiveness, and gathers essential context for planning help with anger management and potential safety steps. Telling the client about changes to make jumps ahead to solutions without understanding the family's perspective. Simply validating the family's feelings acknowledges them but doesn't elicit the client's side of the story. Asking whether the medication helps focuses on treatment without addressing the relational and safety dynamics at play.

8. Which factor is NOT a risk factor for child abuse?
- A. Acute bronchitis**
 - B. Bedwetting
 - C. First-born child
 - D. Autism spectrum disorder

The main idea here is that risk factors for child abuse are about caregiver stress, family dynamics, and certain child vulnerabilities, not about unrelated medical illnesses. Acute bronchitis is a respiratory infection the child has, and it does not change the likelihood of abuse or the child's vulnerability. In contrast, the other factors relate more directly to potential risk: being the first-born can reflect parental inexperience and stress; autism spectrum disorder is a disability that can increase caregiver burden and create communication challenges that can heighten vulnerability; bedwetting can be a source of family stress or signaling distress that, in a stressful environment, may contribute to unsafe handling or neglect. So acute bronchitis isn't a risk factor, making it the best answer.

9. A client with borderline personality disorder has a history of childhood trauma. Which of the following is a risk factor?

- A. History of childhood trauma**
- B. Anxiety disorder**
- C. Recent concussion**
- D. Recent travel**

Childhood trauma is a major risk factor for borderline personality disorder because early abusive or neglectful experiences disrupt the development of secure attachments and healthy emotion regulation. This sets the stage for lasting instability in mood, self-image, and relationships, which are central features of BPD. While anxiety disorders can co-occur, they do not by themselves increase the risk of developing BPD in the same way early trauma does. A recent concussion is a physical injury with no established link to causing BPD, and recent travel has no relevance to BPD risk. Thus, history of childhood trauma best explains the risk factor in this scenario.

10. A nurse is collecting data from a client regarding the client's sexual behavior. The client laughs and makes an inappropriate sexual comment. Which of the following is an appropriate response by the nurse?

- A. That is very inappropriate. Why would you say that?**
- B. I am concerned by your response. Can you explain your comment?**
- C. You shouldn't laugh about this. This is a serious topic.**
- D. I don't approve of that comment. We will discuss this later.**

When data gathering about sexual behavior, it's important to respond in a way that stays therapeutic, nonjudgmental, and focused on understanding the client's perspective. The best response acknowledges the client's reaction without shaming them and invites further explanation. Saying you're concerned by the response and asking the client to explain the comment shows care for how the client is processing the situation, maintains rapport, and keeps the door open for clarifying intent or context. This approach supports continued data collection, helps the nurse assess safety or need for guidance, and minimizes defensiveness. Other responses derail the conversation by judging or shaming the client, which can cause the client to withdraw or give less honest information. Scolding or declaring the topic inappropriate signals moral judgments, while disapproving the comment creates a power imbalance and blocks open communication.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://mentalhealthcms.examzify.com>

We wish you the very best on your exam journey. You've got this!

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