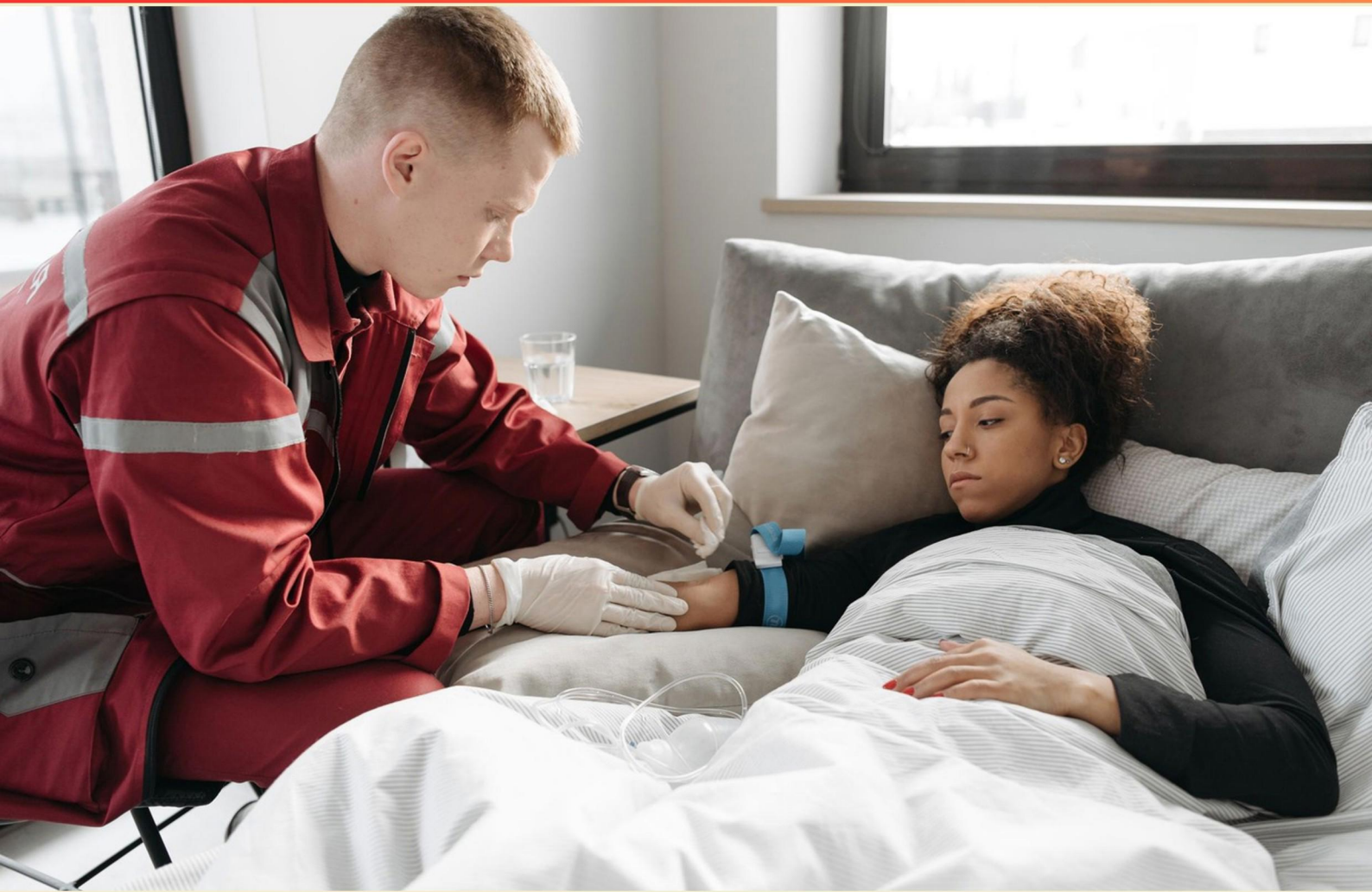


MENTAL HEALTH NURSING PSYCHOSIS PRACTICE TEST (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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. How can nurses spot a potential relapse in a patient with psychosis?**
 - A. By observing physical appearances only.
 - B. By monitoring for changes in behavior, mood, and adherence to treatment.
 - C. By assessing the patients' knowledge of their medications.
 - D. By solely relying on patient self-reports.
- 2. Which extrapyramidal side effect may develop in a client prescribed a typical antipsychotic medication for paranoid schizophrenia?**
 - A. Akathisia
 - B. Dystonia
 - C. Tardive dyskinesia
 - D. Parkinsonism
- 3. What term describes the communication style exhibited by a client using phrases like "Sky, flower, angry, green, opposite, blanket"?**
 - A. Word Salad
 - B. Clang Association
 - C. Flight of Ideas
 - D. Neologism
- 4. Which of these symptoms is indicative of negative symptoms in psychosis?**
 - A. Hallucinations
 - B. Delusions
 - C. Apathy
 - D. Mania
- 5. Which disorder is characterized by strong false beliefs despite evidence to the contrary?**
 - A. Paranoid schizophrenia
 - B. Delusional disorder
 - C. Generalized anxiety disorder
 - D. Post-traumatic stress disorder

- 6. What symptom is often the defining characteristic of psychosis?**
- A. Inability to perform daily activities
 - B. Altered perceptions of reality
 - C. Difficulty in speech
 - D. Increased energy levels
- 7. What does the term "first episode psychosis" refer to?**
- A. The first time a patient is treated for psychosis
 - B. The initial occurrence of psychotic symptoms in an individual
 - C. The last episode of psychosis experienced
 - D. The episode with the most severe symptoms
- 8. How should a nurse document a client's claim about foreign agents infiltrating the news media and attempting to silence him?**
- A. Psychotic symptoms
 - B. Delusions of persecution
 - C. Hallucinations
 - D. Paranoid ideation
- 9. Which antidepressant may cause hyponatremia in a client?**
- A. Citalopram
 - B. Paroxetine
 - C. Venlafaxine
 - D. Fluoxetine
- 10. What first-line medications may benefit a client who is afraid and has palpitations?**
- A. Fluoxetine, Duloxetine
 - B. Sertraline, Venlafaxine
 - C. Fluoxetine, Sertraline
 - D. Paroxetine, Mirtazapine

Answers

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

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Explanations

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1. How can nurses spot a potential relapse in a patient with psychosis?

- A. By observing physical appearances only.
- B. By monitoring for changes in behavior, mood, and adherence to treatment.**
- C. By assessing the patients' knowledge of their medications.
- D. By solely relying on patient self-reports.

Nurses can identify a potential relapse in a patient with psychosis by monitoring for changes in behavior, mood, and adherence to treatment because these factors are critical indicators of mental health stability. Changes in behavior often reflect shifts in a patient's mental state, and fluctuations in mood can signal the onset of distress or an emerging episode of psychosis. Additionally, adherence to treatment is crucial; when patients deviate from their medication regimen or therapy, it can lead to a deterioration in their condition. Nurses who are attuned to these changes can intervene early, which can help prevent full-blown relapses. In contrast, focusing solely on physical appearances may not provide a comprehensive view of a patient's mental health. While understanding a patient's knowledge of their medications is important for education and empowerment, it doesn't give a direct indication of their current mental state. Similarly, relying solely on patient self-reports can lead to an incomplete picture, as patients may not always recognize physiological or psychological changes that indicate a relapse. Therefore, a holistic approach that incorporates multiple observations and assessments is essential for effectively managing and preventing relapses in psychosis.

2. Which extrapyramidal side effect may develop in a client prescribed a typical antipsychotic medication for paranoid schizophrenia?

- A. Akathisia**
- B. Dystonia
- C. Tardive dyskinesia
- D. Parkinsonism

The development of akathisia is significant when considering clients on typical antipsychotic medications for conditions like paranoid schizophrenia. Akathisia is characterized by a feeling of inner restlessness and an uncontrollable need to be in constant motion. This side effect can emerge due to the dopamine antagonistic properties of typical antipsychotics, which disrupt the balance of neurotransmitters in the brain. While akathisia is one possible extrapyramidal side effect, it is important to note that other side effects, such as dystonia, tardive dyskinesia, and parkinsonism, may also occur, especially with long-term use of these medications. Dystonia involves abnormal muscle contractions and postures, parkinsonism presents with symptoms similar to Parkinson's disease (like tremors and rigidity), and tardive dyskinesia is characterized by involuntary movements. Each of these effects arises from the impact of antipsychotic medications on the extrapyramidal system, yet akathisia is particularly notable for its manifestation of restlessness, which distinctly affects a person's behavior and comfort level. Understanding the nuances of these side effects is crucial for nursing practice, as it enables healthcare providers to monitor, identify, and manage complications effectively, ensuring

3. What term describes the communication style exhibited by a client using phrases like "Sky, flower, angry, green, opposite, blanket"?

- A. Word Salad**
- B. Clang Association
- C. Flight of Ideas
- D. Neologism

The term that best describes the communication style exhibited by a client using phrases like "Sky, flower, angry, green, opposite, blanket" is "Word Salad." This term refers to a jumble of words or phrases that lack meaningful context or logical connection, making it difficult for others to understand. In this example, the client is stringing together seemingly unrelated words that do not form coherent sentences or thoughts, which is a hallmark of word salad. This communication pattern is often associated with specific mental health disorders, such as schizophrenia, where disorganized thinking and speech are evident. The disarray of thoughts can manifest in speech that appears nonsensical to those listening, even if the individual might believe they are communicating something coherent. In contrast, other terms like clang association involve the use of words based on sound rather than meaning, while flight of ideas refers to rapid shifts in conversation topics based on the associations of ideas rather than random words. Neologism involves the creation of new words that may have meaning for the individual but are nonsensical to others. Understanding these distinctions helps mental health professionals accurately assess and respond to clients' communication styles.

4. Which of these symptoms is indicative of negative symptoms in psychosis?

- A. Hallucinations
- B. Delusions
- C. Apathy**
- D. Mania

Negative symptoms in psychosis refer to a reduction or absence of normal emotional responses or behaviors that are typically present in healthy individuals. Apathy, as indicated in the correct answer, is characterized by a lack of motivation, interest, or emotional engagement. Individuals experiencing apathy may not participate in social interactions or may show a diminished ability to experience pleasure or initiate activities, which are crucial for their daily functioning and overall quality of life. In contrast, hallucinations and delusions are classified as positive symptoms. Hallucinations involve perceiving things that are not present, such as hearing voices or seeing things that others do not. Delusions involve strongly held beliefs that are contrary to reality, such as beliefs of persecution or grandeur. Mania, typically associated with mood disorders, involves elevated mood and increased energy, which does not fall under the umbrella of negative symptoms. Understanding the distinction between negative and positive symptoms is essential for appropriate assessment and treatment planning in mental health care.

5. Which disorder is characterized by strong false beliefs despite evidence to the contrary?

- A. Paranoid schizophrenia
- B. Delusional disorder**
- C. Generalized anxiety disorder
- D. Post-traumatic stress disorder

The disorder characterized by strong false beliefs despite evidence to the contrary is delusional disorder. This condition specifically features the presence of one or more delusions, which are fixed false beliefs that are resistant to reason or confrontation with actual facts. Individuals with delusional disorder firmly hold onto their beliefs even when convincingly challenged with evidence that contradicts them, which distinguishes it from other mental health issues where reality testing may still be somewhat intact. In contrast, paranoid schizophrenia involves not only delusions but also encompasses a broader range of symptoms, including hallucinations and disorganized thinking. Generalized anxiety disorder is characterized by excessive anxiety and worry about various aspects of life but does not typically include delusions. Post-traumatic stress disorder is primarily associated with the experience of trauma, leading to symptoms such as flashbacks or severe anxiety, rather than the persistent delusions seen in delusional disorder. Thus, delusional disorder uniquely identifies the central symptom of firmly held false beliefs.

6. What symptom is often the defining characteristic of psychosis?

- A. Inability to perform daily activities
- B. Altered perceptions of reality**
- C. Difficulty in speech
- D. Increased energy levels

The defining characteristic of psychosis is an altered perception of reality. Individuals experiencing psychosis may encounter delusions, hallucinations, or disorganized thinking, leading to a significant disconnect from what is considered real. This alteration can manifest in various ways, such as hearing voices, seeing things that are not there, or holding strong beliefs that conflict with reality. While the inability to perform daily activities, difficulty in speech, and increased energy levels can be associated with other mental health conditions or symptoms, they do not specifically define psychosis. The crux of psychosis lies in this fundamental shift in the individual's perception, making it central to understanding and identifying the condition effectively.

7. What does the term "first episode psychosis" refer to?

- A. The first time a patient is treated for psychosis
- B. The initial occurrence of psychotic symptoms in an individual**
- C. The last episode of psychosis experienced
- D. The episode with the most severe symptoms

The term "first episode psychosis" specifically refers to the initial occurrence of psychotic symptoms in an individual. This is a critical time in mental health care because it marks the onset of a potentially severe mental health condition, which may include symptoms such as hallucinations, delusions, disorganized thinking, and impaired functioning. Recognizing this first episode is essential for timely intervention and treatment, which can significantly improve long-term outcomes for individuals experiencing psychosis. Identifying the initial appearance of these symptoms allows healthcare professionals to provide appropriate support and establish a treatment plan to manage the condition effectively. Early intervention has been shown to reduce the duration and impact of the episode, thus enhancing the individual's overall recovery trajectory.

8. How should a nurse document a client's claim about foreign agents infiltrating the news media and attempting to silence him?

- A. Psychotic symptoms
- B. Delusions of persecution**
- C. Hallucinations
- D. Paranoid ideation

The documentation of a client's claim about foreign agents infiltrating the news media and attempting to silence him is most appropriately categorized as "delusions of persecution." This classification is correct because the claim reflects a false belief that one is being targeted and harmed by external forces, which is a hallmark of persecutory delusions. Delusions are fixed false beliefs that remain unchanged even when confronted with contradictory evidence. In this case, the client's belief in foreign agents is not based in reality, suggesting a significant distortion in thought processes typically associated with psychotic disorders. Delusions of persecution specifically refer to the belief that one is being targeted for harm by others, which directly correlates with the client's assertion of being silenced due to infiltration. While other terms like psychotic symptoms, hallucinations, and paranoid ideation pertain to aspects of psychosis or anxiety, they don't capture the specificity of the client's belief. Psychotic symptoms encompass a broader range of experiences, hallucinations refer to sensory experiences without external stimuli, and paranoid ideation describes feelings of suspicion or distrust that may not reach the level of delusion. Therefore, "delusions of persecution" accurately encapsulates the nature of the client's claim.

9. Which antidepressant may cause hyponatremia in a client?

- A. Citalopram
- B. Paroxetine**
- C. Venlafaxine
- D. Fluoxetine

Paroxetine is known to be associated with the risk of hyponatremia, particularly in older adults. This phenomenon may occur due to the drug's impact on the body's balance of sodium, which can lead to a decreased serum sodium concentration. Hyponatremia can result in various neurological symptoms, ranging from mild confusion to more severe conditions such as seizures or coma. The pharmacological action of paroxetine, an SSRI (selective serotonin reuptake inhibitor), can contribute to the release of antidiuretic hormone (ADH), which may result in the body retaining excess water. This water retention dilutes the sodium levels in the bloodstream, leading to hyponatremia. While other SSRIs like citalopram and fluoxetine may have some risk for hyponatremia, paroxetine has a more established link to this side effect based on clinical observations and studies. Venlafaxine, while having its own side effects, is an SNRI (serotonin-norepinephrine reuptake inhibitor) and does not have the same significant association with hyponatremia as paroxetine. Therefore, paroxetine is recognized in clinical practice for its potential to cause this electrolyte imbalance.

10. What first-line medications may benefit a client who is afraid and has palpitations?

- A. Fluoxetine, Duloxetine
- B. Sertraline, Venlafaxine
- C. Fluoxetine, Sertraline**
- D. Paroxetine, Mirtazapine

The selection of fluoxetine and sertraline as first-line medications for a client experiencing fear and palpitations aligns with established guidelines for treating anxiety disorders, including generalized anxiety disorder and panic disorder. Both of these medications belong to the class of selective serotonin reuptake inhibitors (SSRIs), which are widely recognized for their efficacy in alleviating anxiety symptoms. SSRIs work by increasing serotonin levels in the brain, which can help stabilize mood and reduce anxiety-related symptoms, including physical manifestations such as palpitations. The calming effect of these medications can help patients manage their fear responses and associated physiological symptoms. While other options present different combinations of medications, they do not focus on those that are primarily indicated for anxiety and panic symptoms as effectively as fluoxetine and sertraline do. This makes them less suitable as first-line choices in this scenario.

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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://mentalhealthnursingpsychosis.examzify.com>

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

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