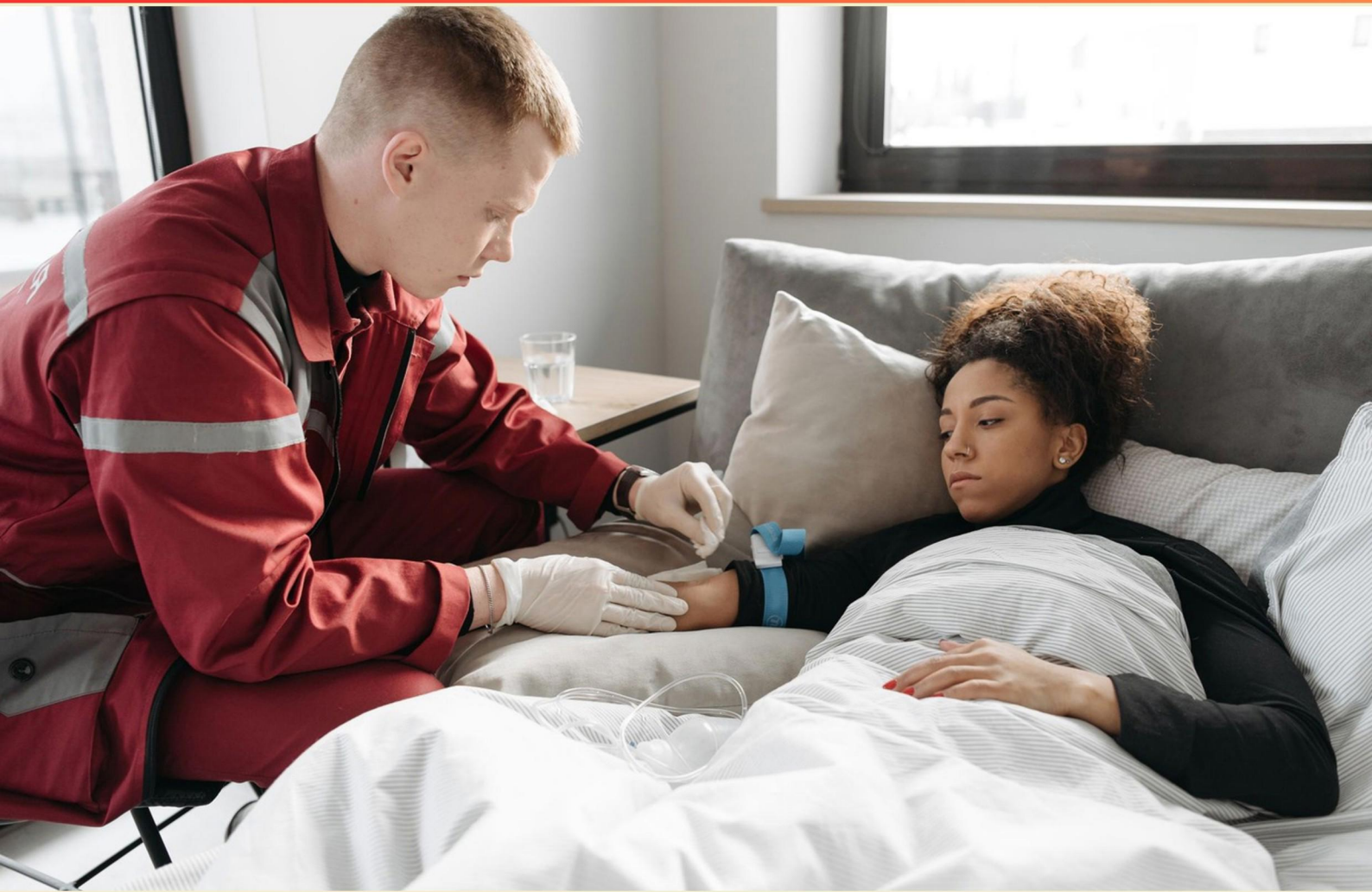


MENTAL HEALTH NURSING PSYCHOSIS PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://mentalhealthnursingpsychosis.examzify.com>



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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. Why is it important for nurses to understand the patient's perspective during treatment?**
 - A. It allows nurses to ignore the patient's lifestyle.
 - B. It promotes a more empathetic and effective therapeutic relationship.
 - C. It focuses only on physical symptoms.
 - D. It allows nurses to make independent decisions.
- 2. What atypical antipsychotic medication might require an ophthalmological appointment?**
 - A. Risperidone
 - B. Quetiapine
 - C. Clozapine
 - D. Olanzapine
- 3. What could be an essential aspect of care for clients experiencing hallucinations?**
 - A. Encouraging the client to fully confront their hallucinations
 - B. Utilizing reality orientation techniques
 - C. Minimizing contact with staff to prevent overstimulation
 - D. Assuming the client is aware of the hallucinations
- 4. What type of medication is clozapine?**
 - A. First-generation antipsychotic
 - B. Second-generation antipsychotic
 - C. Atypical antidepressant
 - D. Tricyclic antidepressant
- 5. What is the role of insight in psychosis recovery?**
 - A. Reduced insight leads to worse outcomes
 - B. Insight is irrelevant to treatment adherence
 - C. Greater insight can lead to improved treatment adherence and outcomes
 - D. Insanity prevents the development of insight

- 6. Which second-generation antidepressant can worsen uncontrolled angle closure glaucoma?**
- A. Duloxetine
 - B. Venlafaxine
 - C. Sertraline
 - D. Fluoxetine
- 7. Which late extrapyramidal side effect should the nurse be aware of when a client is on chlorpromazine?**
- A. Tremors
 - B. Worm like tongue
 - C. Bradykinesia
 - D. Restlessness
- 8. Define "substance-induced psychotic disorder."**
- A. Psychosis due to genetic factors
 - B. Psychosis occurring from drug intoxication or withdrawal
 - C. Psychosis related to mood disorders
 - D. Psychosis that occurs in a hospital setting
- 9. What is the primary action of neuroleptic drugs in the treatment of major thought disorders?**
- A. Enhancing serotonin production in the brain
 - B. Blocking access to dopamine receptors at the postsynaptic receptor site
 - C. Increasing dopamine reuptake in the synapse
 - D. Stimulating neurotransmitter release
- 10. What term describes the use of made-up words by a client with schizophrenia?**
- A. Neologisms
 - B. Paraphasia
 - C. Alogia
 - D. Logorrhea

Answers

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

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Explanations

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1. Why is it important for nurses to understand the patient's perspective during treatment?

- A. It allows nurses to ignore the patient's lifestyle.
- B. It promotes a more empathetic and effective therapeutic relationship.**
- C. It focuses only on physical symptoms.
- D. It allows nurses to make independent decisions.

Understanding the patient's perspective is essential for nurses as it fosters a more empathetic and effective therapeutic relationship. When nurses actively listen to and acknowledge a patient's experiences, thoughts, and feelings, they create an environment of trust. This rapport not only encourages open communication but also empowers patients, making them more likely to engage in their treatment. An empathetic approach allows nurses to tailor interventions that are personally meaningful and relevant to the patient, enhancing treatment adherence. It also helps nurses to recognize and address individual challenges that may affect the patient's mental health, resulting in more holistic care. By incorporating the patient's viewpoint, nurses can collaborate effectively with patients, which can lead to improved outcomes and overall satisfaction with care.

2. What atypical antipsychotic medication might require an ophthalmological appointment?

- A. Risperidone
- B. Quetiapine**
- C. Clozapine
- D. Olanzapine

Quetiapine is known to be associated with a range of ocular side effects, including the potential for cataracts and increased intraocular pressure. Because of these risks, it is recommended that patients taking quetiapine undergo regular ophthalmological evaluations to monitor their eye health. This proactive approach helps to identify any issues early and prevents complications that could lead to vision impairment. In contrast, while other atypical antipsychotics may have their own side effects and concerns, they are not specifically linked to the need for routine ophthalmological assessments in the same way as quetiapine. Therefore, quetiapine stands out as the medication that explicitly necessitates consideration for an eye specialist appointment.

3. What could be an essential aspect of care for clients experiencing hallucinations?

- A. Encouraging the client to fully confront their hallucinations
- B. Utilizing reality orientation techniques**
- C. Minimizing contact with staff to prevent overstimulation
- D. Assuming the client is aware of the hallucinations

Utilizing reality orientation techniques is an essential aspect of care for clients experiencing hallucinations because it helps ground the individual in the present moment and encourages them to distinguish between their perceptions and reality. Reality orientation involves providing consistent and clear information about the environment, time, and situation, which can mitigate confusion and anxiety associated with hallucinations. This approach fosters a supportive environment where clients feel safe and can engage more effectively in their treatment. Effective communication and reinforcing what is occurring in the client's environment can help them recognize the difference between their internal experiences and the reality surrounding them. This is crucial when addressing the impact of hallucinations on their daily functioning and providing reassurance. Other strategies, such as limiting interaction to prevent overstimulation or assuming the client's awareness of their hallucinations, may not effectively support the client's understanding or ability to cope with their experiences. It's also often unhelpful to encourage confrontation of hallucinations, which could increase distress rather than providing a path to understanding and managing the situation.

4. What type of medication is clozapine?

- A. First-generation antipsychotic
- B. Second-generation antipsychotic**
- C. Atypical antidepressant
- D. Tricyclic antidepressant

Clozapine is classified as a second-generation antipsychotic, which is important for treating management-resistant schizophrenia and reducing the risk of suicidal behavior in patients with this condition. Second-generation antipsychotics, also known as atypical antipsychotics, generally have a broader spectrum of action and typically cause fewer extrapyramidal side effects compared to first-generation antipsychotics. Clozapine's unique mechanism of action, which includes effects on serotonin and dopamine receptors, helps to address both positive and negative symptoms of schizophrenia. The distinction between first and second-generation antipsychotics is crucial because it influences treatment choices based on individual patient needs and responses to medication. Other types of medications listed, such as atypical antidepressants and tricyclic antidepressants, serve different purposes and are not primarily used for treating psychosis, making them less relevant in the context of this question.

5. What is the role of insight in psychosis recovery?

- A. Reduced insight leads to worse outcomes
- B. Insight is irrelevant to treatment adherence
- C. Greater insight can lead to improved treatment adherence and outcomes**
- D. Insanity prevents the development of insight

The role of insight in psychosis recovery is significant because greater insight into one's condition often facilitates a better understanding of the need for treatment and the importance of adhering to it. Individuals with greater insight are more likely to acknowledge their symptoms, recognize when they are experiencing a relapse, and actively participate in their treatment plan. This active engagement can lead to improved adherence to medication regimens and therapeutic interventions, which in turn enhances overall recovery outcomes. Studies have shown that individuals who have a better grasp of their mental health condition are often more motivated to seek help and stick with suggested treatments. They may also be more open to discussing their experiences with healthcare providers, which can lead to better adjustments in treatment approaches tailored to their needs. Consequently, insight acts as a critical component in fostering engagement and self-management in individuals coping with psychosis, contributing positively to their long-term recovery trajectory.

6. Which second-generation antidepressant can worsen uncontrolled angle closure glaucoma?

- A. Duloxetine**
- B. Venlafaxine
- C. Sertraline
- D. Fluoxetine

Duloxetine is known to potentially worsen uncontrolled angle-closure glaucoma due to its anticholinergic effects. Anticholinergic medications can cause pupil dilation, which may lead to an increase in intraocular pressure in individuals who have a predisposition to angle-closure glaucoma. This is particularly relevant for patients with already uncontrolled or untreated glaucoma, as the pupil dilation can exacerbate the condition, resulting in severe visual impairment or even permanent vision loss if not managed appropriately. Understanding the pharmacological profiles of these medications highlights the importance of screening for pre-existing ocular conditions before prescribing. While other medications listed may have their own side effect profiles, they are not specifically associated with worsening angle-closure glaucoma in the same way that duloxetine is. Thus, recognizing the link between duloxetine and its risks in patients with this specific eye condition is essential for safe prescribing practices.

7. Which late extrapyramidal side effect should the nurse be aware of when a client is on chlorpromazine?

- A. Tremors
- B. Worm like tongue**
- C. Bradykinesia
- D. Restlessness

The chosen answer refers to tardive dyskinesia, a late extrapyramidal side effect that can occur after prolonged use of antipsychotic medications such as chlorpromazine. Tardive dyskinesia is characterized by repetitive, involuntary movements, which can include a worm-like motion of the tongue. This symptom arises due to long-term dopaminergic antagonism, leading to alterations in the basal ganglia, and is more common with typical antipsychotics like chlorpromazine. Other side effects like tremors, bradykinesia, and restlessness are typically associated with early extrapyramidal symptoms (EPS), which can occur shortly after the initiation of treatment. Tremors or restlessness may manifest during the immediate period of therapy but are not categorized as late effects. Bradykinesia, involving a slowed movement, also falls under the early EPS category. Recognizing tardive dyskinesia and differentiating it from other side effects is crucial for effective management and support for clients on antipsychotic medications.

8. Define "substance-induced psychotic disorder."

- A. Psychosis due to genetic factors
- B. Psychosis occurring from drug intoxication or withdrawal**
- C. Psychosis related to mood disorders
- D. Psychosis that occurs in a hospital setting

Substance-induced psychotic disorder is characterized by the onset of psychotic symptoms, such as delusions or hallucinations, that are directly linked to the use of substances, including drugs or alcohol. This disorder can manifest during the active phase of substance intoxication or as a consequence of withdrawal. The symptoms are a direct result of the physiological effects of the substance on the brain, distinguishing this condition from primary psychotic disorders or those stemming from other mental illnesses. The nature of substance-induced psychotic disorder emphasizes the role of substance use in eliciting these psychotic experiences, making it vital for mental health professionals to consider a patient's substance history when diagnosing and treating this condition. Such a connection underscores the importance of comprehensive assessments in clinical settings to identify potential triggers and inform management strategies effectively, including possible detoxification or rehabilitation efforts.

9. What is the primary action of neuroleptic drugs in the treatment of major thought disorders?

- A. Enhancing serotonin production in the brain
- B. Blocking access to dopamine receptors at the postsynaptic receptor site**
- C. Increasing dopamine reuptake in the synapse
- D. Stimulating neurotransmitter release

The primary action of neuroleptic drugs in the treatment of major thought disorders, such as schizophrenia, is to block access to dopamine receptors at the postsynaptic receptor site. This mechanism is crucial because many thought disorders are associated with dysregulation of dopamine pathways in the brain. By inhibiting dopamine transmission at these receptors, neuroleptic drugs help to reduce the symptoms of psychosis, including hallucinations and delusions, which are commonly fueled by excessive dopaminergic activity. Neuroleptic medications primarily target the D2 subtype of dopamine receptors. When these receptors are blocked, the overall dopaminergic activity in the brain is reduced, leading to an alleviation of psychotic symptoms. This blockade helps to restore a more balanced neurotransmitter environment, which is essential for effective treatment of major thought disorders. In contrast, enhancing serotonin production in the brain, increasing dopamine reuptake in the synapse, or stimulating neurotransmitter release do not represent the primary action of neuroleptics. These alternative mechanisms are characteristic of other classes of medications or are involved in different neurochemical processes that may not specifically address the underlying issues associated with major thought disorders.

10. What term describes the use of made-up words by a client with schizophrenia?

- A. Neologisms**
- B. Paraphasia
- C. Alogia
- D. Logorrhea

The term that describes the use of made-up words by a client with schizophrenia is neologisms. In the context of psychosis, particularly schizophrenia, individuals may create new words or phrases that have specific meaning to them but may not be understood by others. This phenomenon is indicative of disorganized thinking and can reflect underlying cognitive impairment linked to the disorder. Neologisms can also be a way for individuals to express their inner experiences or thoughts that feel unique to them, highlighting the altered thought processes that are often present in schizophrenia. In contrast, paraphasia refers to the production of incorrect or malformed words, alogia is characterized by poverty of speech or reduction in the amount of speech, and logorrhea involves excessive verbosity or an overwhelming flow of words. Each of these terms represents different aspects of language and communication difficulties often seen in mental health conditions but does not specifically address the creation of new words, which is what makes neologisms the correct answer in this scenario.

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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