Mental Health Nurse interview questions

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What to expect

Interviews for Mental Health Nurse roles focus on clinical judgement under pressure, risk assessment and how candidates communicate with distressed patients and families. Panels usually include a nurse unit manager or clinical nurse consultant, and may include a consumer representative, so answers need to hold up clinically while also sounding human and grounded in recovery-oriented practice.

- **Scenario / judgement:** Realistic ward or community situations testing how you assess risk and respond safely under time pressure.
- **Behavioural (STAR):** Past examples of advocacy, teamwork or emotional resilience drawn from clinical placements or prior roles.
- **Clinical process:** Step-by-step walk-throughs of standard clinical tasks such as assessments or medication administration.
- **Safety and risk:** Direct questions on suicide risk assessment, restrictive practices and escalation pathways.
- **Client-facing communication:** How you explain treatment, medication or diagnosis to patients and families who may be distressed or distrustful.

Most panels open with a couple of background questions about your registration and clinical experience, move into scenario and safety questions that make up the bulk of the interview, then close with a behavioural question on teamwork or self-care and a chance for you to ask about the ward or service model.

1. A patient on the ward becomes agitated, starts pacing and raises their voice at staff. Walk me through how you'd respond.

Why they ask

Tests real-time de-escalation skill and awareness of least-restrictive practice, a core daily task for this role.

How to structure your answer

Judgement-under-pressure: describe your immediate safety check, the de-escalation approach you'd try first, what you'd do if it didn't work, and how you'd document and hand over afterwards.

Example answer

“I'd first check the immediate environment for anything the patient or others could use to harm themselves, and make sure I'm not blocking my own exit. I'd approach calmly, use a lowered voice and open body language, and try to name what I'm seeing, saying something like 'you seem really wound up right now, can you tell me what's going on'. If that starts to settle them I'd offer choices, like moving to a quieter space or having a drink of water, rather than giving instructions. If the agitation escalated toward risk to themselves or others, I'd call for backup early rather than trying to manage it alone, and follow our organisation's protocol for restrictive intervention as an absolute last resort. Afterwards I'd document the trigger, the de-escalation steps taken and the outcome, and flag it in handover so the next shift knows what worked.”

2. Tell me about a time you had to advocate for a patient's care plan within the multidisciplinary team.

Why they ask

Assesses confidence in interdisciplinary settings and whether you can push back respectfully when a patient's needs aren't being met.

How to structure your answer

STAR: situation, task, action, result.

Example answer

“During a placement, a patient's medication review kept getting pushed back despite ongoing side effects she was reporting to me daily. My task was to make sure her concerns reached the psychiatrist rather than getting lost between shifts. I documented the side effects clearly with times and severity, then raised it directly at the multidisciplinary meeting, presenting the pattern rather than just a verbal complaint. The psychiatrist brought the review forward and adjusted her dose, and she told me afterwards that she felt someone had actually listened to her.”

3. Walk me through how you'd conduct a mental state examination for a new admission.

Why they ask

Checks that you understand the structure and clinical reasoning behind a core assessment tool used constantly in this role.

How to structure your answer

Process walk-through: sequence the steps in the order you'd actually perform them, noting what you're observing at each stage.

Example answer

“I'd start by observing appearance and behaviour as I greet the patient, noting things like grooming, eye contact and psychomotor activity before I've even asked a question. I'd then assess speech, mood and affect through open conversation, followed by thought form and content, checking for any delusions or disordered thinking. I'd screen for perceptual disturbances like hallucinations, then assess cognition briefly through orientation and concentration, and finish with insight and judgement, asking how they understand their current situation. I'd cross-reference this with a tool like the K10 if it's relevant to their presentation, and document everything in the electronic health record so the next clinician has a clear baseline.”

4. How do you approach risk assessment for a patient reporting suicidal ideation?

Why they ask

Directly probes safety competence, the highest-stakes skill in this role, and how you balance thoroughness with building trust.

How to structure your answer

Safety-focused: outline your assessment approach, the specific risk factors you'd check, and your escalation threshold.

Example answer

“I'd start by thanking them for telling me, since disclosure itself is a positive sign, and then ask directly and calmly about frequency, intent and any plan, including access to means. I'd check for protective factors too, like supportive relationships or reasons they've given for staying safe so far, not just risk factors. I'd use our standardised risk assessment framework to structure this rather than relying on gut feeling alone, and I'd always escalate to the on-call psychiatrist or team leader if there's any specific plan or intent, regardless of how calm the person seems. I'd also make sure the safety plan and observation level are documented and communicated clearly at handover.”

5. How would you explain a new medication and its side effects to a patient who is distrustful of treatment?

Why they ask

Tests client-facing communication and psychoeducation skills, both listed tasks for this role, particularly with a resistant or anxious patient.

How to structure your answer

Communication scenario: describe your opening approach, how you'd handle pushback, and how you'd check understanding.

Example answer

“I'd start by acknowledging their hesitation rather than brushing past it, asking what specifically worries them about starting the medication. I'd explain the purpose and likely side effects in plain language, avoiding clinical jargon, and give a realistic timeframe for when they might notice benefits. If they pushed back, I wouldn't argue the point, I'd offer to loop in the psychiatrist to discuss alternatives or answer more detailed questions. Before finishing, I'd ask them to tell me back in their own words what the medication is for and what to watch out for, so I know the information has actually landed.”

6. Describe a time you had to manage your own emotional response after a difficult shift.

Why they ask

Mental health nursing carries high emotional load, so panels want evidence of sustainable self-regulation rather than burnout risk.

How to structure your answer

STAR: situation, task, action, result.

Example answer

“After a shift where a patient I'd built real rapport with was involuntarily transferred to a secure unit, I felt quite unsettled and second-guessed some of my own clinical decisions. My task was to process that without letting it affect my care for other patients on the same shift. I used our clinical supervision session that week to talk it through with a senior colleague rather than sitting on it, and I also did a proper debrief with the team involved in the transfer to check I hadn't missed anything. It helped me separate the emotional reaction from the clinical facts, and I came back to the next shift able to focus properly rather than carrying tension into it.”