Mental Health Needs of Children

- Unmet mental health needs of children are a mental health crisis.
- 1 in 10 children suffers from mental illness.
- Fewer than 1 in 5 receive treatment.

Nurse Generalist

- Applies knowledge of mental and physical health needs
- Assesses psychological and physical needs
- Understands significance of laboratory tests and results
- Administers and monitors medications
- Provides case management
### Advanced Practice Nurse
- Is a specialist
- May be primary caregiver
- Provides counseling
- Manages medications
- Works with children and families

### Psychodynamic Theory
- Originated with Sigmund Freud
- Psychic determinism
- Libido
- Unmet needs may influence later behavior
- Defense mechanisms commonly used by children: repression, reaction formation, and projection

### Object-Relations Theory
- Focus is on the need for relationships
- Object is a person or thing that has psychological significance for the child
- Infants have innate biologic need for relationships
- Development of self depends primarily on relationship between parent and child
Attachment Theory

- Attachment
  - Socioemotional bond of child to another person perceived as strong and supportive

- Relationships/security
  - Organizing principle for development of psychiatric well-being

Attachment Theory - continued

- Four patterns of attachment
  - Secure
  - Insecure-avoidant
  - Insecure-resistant
  - Disorganized

- Infant uses attachment behaviors to acquire a sense of security

Cognitive Behavioral Theory

- Grounded in behaviorism, integrates cognitive theory and social learning theory
- Infants come into world with “blank slate”
- Environment influences child in choosing how to behave, but interpretation of environment, not environment itself, determines behavior
Biologic Theories

- Neurobiologic factors
- Neurotransmitter secretion
- Neuroendocrine reactivity
- Genetic predisposition
- Perinatal complications
- Brain structure and function

Box 26.1 Risk Factors for Developing Mental Health Problems in Childhood

- Inherited metabolic deficiencies or nervous system abnormalities
- Injury, toxic exposure, or physical complications in utero or during the perinatal period
- Medical conditions of infancy or childhood (such as epilepsy, low birth weight)
- Early deprivation or interruption of nurturance or stimulation (parental absence or loss, neglect or rejection, large family size, foster placement)
- Traumatic experience (such as abuse or life-threatening event)
- Family history of a psychiatric disorder
- A chaotic home environment (family violence or severe marital discord)
- Disadvantaged socioeconomic status (poverty, violence, hopelessness)

Multicausal Model

Contributing factors:
- Child’s characteristics
- Child’s genotype
- Fit between child and life experiences
Potential Risk Factors

- Risk factors for developing mental health problems in childhood may be of physiological or psychological in origin.

Risk Factors for Developing Mental Health Problems in Childhood

- Inherited metabolic deficiencies or nervous system abnormalities
- Injury, toxic exposure, physical complications in utero or during prenatal period
- Medical conditions

Risk Factors for Developing Mental Health Problems in Childhood - continued

- Early deprivation of nurturance or stimulation
- Traumatic experience
- Family history of psychiatric illness
- Chaotic home environment
- Disadvantaged socioeconomic status
Mental Retardation

- Intellectual impairment
  - Mild (IQ 50/55–70)
  - Moderate (35/40–50/55)
  - Severe (20/25–35/40)
  - Profound (below 20/25)
- Deficits in adaptive functioning
  - Communication
  - Social/interpersonal skills
  - Safety

Specific Developmental Disorders

- Learning disorders
  - Major problem is reading
- Motor skills disorders
  - Impairment in development of motor coordination
- Communication disorders
  - Impairments in language expression, understanding of language, phonology, or stuttering

Autistic Disorder

- Fastest-growing serious developmental disability in U.S.
- Difficulties in social interaction and communication
- Associated behavioral problems
Autistic Disorder - Overview

Click here to view a video on autism.

Autistic Disorder – Description and Etiology

Click here to view a video on autism.

Rett’s Disorder

- Normal development first five months
- Then, multiple developmental deficits
  - Deceleration in head growth
  - Persistent and progressive loss of motor and language skills
  - Severely impaired language development
### Childhood Disintegrative Disorder

- Some similarities to Rett’s disorder and autistic disorders
- Losses
  - Expressive or receptive language skills
  - Social skills
  - Play
  - Bowel or bladder control

### Asperger’s Disorder

- Similar to autism
  - Problems with social interaction
  - Restricted, repetitive behavior
- Different from autism
  - No delay in language or cognitive development
  - Age-appropriate self-help and adaptive skills
  - No effect on curiosity about environment
  - Later onset than autism

### Attention Deficit Hyperactivity Disorder

- Distinctive features
  - Inattention to surrounding environment
  - Hyperactivity and impulsiveness
- Symptoms
  - Persist for at least six months
  - Apparent in two or more settings
  - Inconsistent with child’s developmental level
  - Cause clinically significant impairment in functioning
Conduct Disorder

- Central feature
  - Repetitive and persistent behavior that violates rights of others or society
    - Aggression toward people and animals
    - Destruction of property
    - Deceitfulness or stealing
    - Violating rules
    - Little empathy toward others
    - Low self-esteem under facade of toughness

Oppositional Defiant Disorder

- Recurrent hostile pattern of behavior toward authority figures
- Does not involve physical aggression, destructive behavior, deceitfulness, theft, or other characteristics of CD
- Usually apparent before age eight

Feeding and Eating Disorders

- Pica
  - Child persistently eats nonnutritive substances
- Rumination disorder
  - Repeated regurgitation and re-chewing of food after a period of normal eating behavior
- Feeding disorder of infancy or early childhood
  - Persistent failure to eat adequately
Reactive Attachment Disorder

- Disturbed and developmentally inappropriate way of relating, likely the result of inadequate or negligent care
  - Inhibited type
  - Disinhibited type

Separation Anxiety

- Excessive, developmentally inappropriate anxiety over separation
- Children frequently come from close-knit, demanding, intrusive, families
- Children unusually compliant, conscientious, or eager to please
- Depressed mood increases over time

Elimination Disorders

- Encopresis
  - repeated passing of feces by the child into inappropriate places
- Enuresis
  - repeated voiding of urine into the bed or clothes
Selective Mutism

- Persistent failure to speak in specific social situations
- Rare disorder slightly more common in girls
- Child may be excessively shy, fearful of embarrassment, withdrawn, clinging, and negative; or have temper tantrums or oppositional behavior, especially at home

Stereotypic Movement Disorder

- Pattern of repetitive and nonfunctional motor behavior
- May be self-injurious or life-threatening
- Frequently associated with mental retardation but may also occur in children with severe sensory deficits

Tic Disorders

- Rapid, recurring, nonrhythmic, stereotypic movement or vocalization that occurs suddenly and involuntarily
- Three types:
  - Tourette’s disorder
  - Chronic motor or vocal tics disorder
  - Transient tic disorder
Adult Disorders that May Begin in Childhood

- Anxiety
  - Social phobia
  - Obsessive-compulsive disorder
  - Generalized anxiety disorder
  - Posttraumatic stress disorder

Adult Disorders that May Begin in Childhood - continued

- Mood disorders
  - Bipolar disorder
  - Depression
  - Dysthymia
- Schizophrenia

Assessment

- Basic assessment: gathering cultural and developmental information, history and physical, and mental status examination
- Assessing cultural influences: understanding what is normal for the culture and what parents believe about the cause of their child’s illness
Signs of Maltreatment

- **Risk indicators:**
  - History of previous injuries
  - Inconsistencies in physical exam and report of injury
  - Delay in seeking treatment
- **Risk factors:**
  - Experiences of significant loss
  - Family discord
  - Abuse or neglect
  - Psychiatric problems such as depression

Play Therapy

- Child centered
- Uses reflection and interpretation through role play
- Major use is catharsis to release strong emotions
- Abreaction: child relives traumatic past events to gain mastery over them and thereby achieve integration

Cognitive Behavioral Therapy

- Focuses on child’s conscious issues
- Emphasis on coping effectively with the present
- Techniques
  - Cognitive restructuring
  - Behavioral approaches
  - Milieu therapy
Child–Parent Psychotherapy

Focus areas:
- Child’s behavior
- Parent’s attitudes and feelings about the child
- Interaction between parent and child

Family therapy

- Treats the whole family, not just the child
- Goal: To increase the likelihood that improvements in the child’s mental health will occur and be supported at home

Psychopharmacology

- Actions and side effects differ for children and adults
- Developmental considerations
  - Rates of absorption
  - Excretion
  - Sites of action
  - Toxicity
- Benefits must outweigh risks
Stimulants

- Most frequently prescribed to treat ADHD
- May affect growth
- Include:
  - Methylphenidate (Ritalin)
  - Permoline (Cylert)
  - Dextroamphetamine sulfate (Dexedrine)

Antidepressants

- Used to treat depressive disorders, anxiety disorders, enuresis, bulimia, and ADHD
- SSRIs now the medication of choice for depression, anxiety, and OCD
  - Fewer side effects
  - Include fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa), sertraline (Zoloft), fluvoxamine (Luvox)

Antipsychotics/Neuroleptics

- Used to treat psychosis, bipolar disorder, aggression, Tourette’s disorder, schizophrenia
- Atypical antipsychotics have fewer side effects and are more effective than typical antipsychotics
- Include: risperidone (Risperdal), olanzapine (Zyprexa), quetiapine (Seroquel)
Mood Stabilizers and Anxiolytics

- Mood stabilizers:
  - Lithium carbonate (Lithobid) used for severe aggression and agitation but must be used with caution
  - Anticonvulsants: carbamazepine (Tegretol) and valproic acid (Depakote)
- Anxiolytics: used infrequently

Self-Awareness

- Working with children with emotional problems may activate personal feelings about one’s own unresolved family problems or issues.
- Assessing one’s own attitudes and behavior will contribute to self-awareness and enhance personal growth and development.

YOUR SELF-AWARENESS

Attitudes and Behavior Toward Child Psychiatric Clients

- Intentionally examining your attitudes and behavior toward child psychiatric clients can enhance your personal and professional growth.

Attributes
- What do I like about this child?
- What don’t I like about this child?
- Is there anything about this child’s personality or problems that remind me of myself or my own childhood?
- What feelings arise in me when I work with this child? What is it about the child or me that might cause these feelings?

Behavior
- How are my views about this child affecting the way I relate to the child? How are they helping my therapeutic work?
- How are they hindering my therapeutic work?
- How is the child responding to my interventions?

Personal Growth
- What am I learning about myself as I work with this child?
- Am I truly exploring my biases with my own children that I can improve my working relationship with this child and my insight as a child psychiatric nurse?
Resources

- [http://aacap.org](http://aacap.org)
  This site provides links to information and resources endorsed by the American Academy of Child and Adolescent Psychiatry.

- [http://www.autism-society.org](http://www.autism-society.org)
  The Autism Society of America is a grassroots organization that increases public awareness about autism, advocates for services for individuals across the lifespan, and provides the latest information on treatment, education, research, and advocacy.

Resources - continued

  ACAPN is a professional organization offering support, networking, advocacy, and education for children and their families and the nurses who provide care for them.

- [http://www.healthyplace.com](http://www.healthyplace.com)
  The Healthy Place site is prepared by and for consumers. It provides information for parents, in layperson's terminology, about how and when to seek help when concerned about a child's mental health.

Resources - continued

- [http://www.nmha.org](http://www.nmha.org)
  This site (previously National Mental Health Association) links to fact sheets on a variety of topics related to mental health issues affecting children and adolescents.