

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**  
**DEPARTMENT OF COMMUNITY HEALTH NURSING SCIENCE**  
**FINAL EXAMINATION: DECEMBER, 2017**

**COURSE TITLE:** NURSING MANAGEMENT OF CHILDHOOD MENTAL DISORDERS

**COURSE CODE:** CMH 407

**TIME ALLOCATED:** 2 HOURS

**TOTAL MARKS ALLOCATED:** 75

**INSTRUCTIONS:**

- 1. PLEASE WRITE LEGIBLE**
- 2. PLEASE ANSWER ALL QUESTIONS**
- 3. USE THE PROVIDED ANSWER BOOKLET FOR ALL YOUR ANSWERS**
- 4. START A NEW QUESTION IN A NEW PAGE**
- 5. MAKE SURE THAT ALL YOUR ANSWERS ARE NUMBERED CORRECTLY**

**PLEASE DO NOT OPEN THE QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR OR HIS/HER REPRESENTATIVE**

## QUESTION 1

**This question has two sections: A (true or false) and B (multiple choice). Answer both sections. Each correct answer carries one (1) mark.**

A. State whether the following statements are true or false:

1. Child psychiatry refers to a specialised branch of medicine that focuses on the management of mental disorders in children upto the age of 18 years.
2. Children from overly protective family backgrounds are as much at high risk for mental illness as those from dysfunctional families.
3. The school is not an ideal place to gather psychiatric history for a child with a mental disorder
4. Children with mood disorders are easier to diagnose and treat compared to adults
5. Conduct disorder is the same as Oppositional Defiant Disorder.
6. Having an intellectual disability or language impairment is irrelevant to the prognosis of autism spectrum disorder
7. Oppositional defiant disorder includes angry/irritable mood, argumentative behaviour and/or vindictiveness.
8. To be diagnosed as having an elimination disorder, a child has to either void or defecate in inappropriate places at the age of 3 years and above
9. Dyslexia is a specific learning disorder characterized by problems with accurate or fluent word recognition, poor decoding, and poor spelling abilities.
10. Children with Autism spectrum disorder are more likely to also present with specific learning disorders.

B. Each of the following questions has only one option as an answer. Choose the response that best answers the question. Indicate your answer by writing the alphabet next to the appropriate question number, e.g. 50. J.

11. All of the following are functional roles of mental health nursing, except:
  - A. Promoting mental wellbeing, preventing mental health problems, and managing mental illnesses
  - B. Providing nursing care to those who are already presenting with mental disorders utilising the nursing process
  - C. Assisting the psychiatrist in managing psychiatric patients
  - D. Coordinating care of patients between the different members of the multidisciplinary team
12. Key attributes of a mental health nurse include all of the following, except:
  - A. Knowledgeable about mental health
  - B. Sympathetic
  - C. Observant
  - D. Good listener

13. The cause of childhood mental disorders remains unknown; however, certain factors have been implicated. Which of the following factors have been implicated?
- A. Social and environmental factors
  - B. Genetic and neurobiological factors
  - C. Parent-child interactions and parenting styles
  - D. All of the above
14. A person with anxiety most likely has a impaired functioning in structures of the:
- A. Limbic system
  - B. Para-sympathetic nervous system
  - C. Hypothalamus
  - D. None of the above
15. Which function does the system referred to in Q14 above regulate?
- A. Perceptions and interpretations of most sensory information
  - B. Auditory functions and short term memory
  - C. Emotional experiences
  - D. Visual reception and interpretation
16. In children, a comprehensive psychiatric history includes which of the following:
- A. Past and present medical, surgical and psychiatric history
  - B. Perinatal and family history
  - C. Social history
  - D. All of the above
17. The three essential diagnostic features of anorexia nervosa are:
- A. Persistently low self-confidence, intense fear of gaining weight, and restricted energy intake
  - B. Persistently low self-esteem, intense fear of gaining weight and lack of physical exercise
  - C. Persistent energy restriction, intense fear of weight loss and disturbance in self-perceived body shape
  - D. Persistently high self-esteem, intense fear of weight gain and preoccupation with weight loss
18. Despite being described as the most common mental disorders seen in primary health facilities, anxiety disorders are the least diagnosed particularly in children. The main reason for lack of diagnosis of anxiety disorders is that:
- A. Children often present with physical symptoms and therefore are missed because nurses and doctors in primary health facilities lack the knowledge and skills to diagnose mental illnesses

- B. The decision to seek health care lies with adults who themselves may be ignorant of anxiety disorders
- C. Anxiety in children is a foreign phenomenon not congruent with local culture
- D. A & B

**CASE:** Sonkhe is a young boy who is the last born in a family of 4 girls. Sonkhe has lived all his life with his parents, is described as very close to his mother and recently started preschool. Sonkhe's parents reported that he has become socially withdrawn, with poor appetite and poor sleep. His parents became worried when he also started hurting himself by cutting his feet with a razor blade, particularly when his mother leaves for work. The next three questions refer to Sonkhe's case.

- 19. Based on the provided history, what is Sonkhe most likely suffering from?
  - A. Intermittent Explosive Disorder
  - B. Separation anxiety disorder
  - C. Generalised Anxiety disorder
  - D. Panic disorder
  
- 20. What additional information would the psychiatrist or mental health nurse need about Sonkhe to make definitive diagnosis?
  - A. Sonkhe's age and history of developmental milestones
  - B. Duration and severity of the presenting problems
  - C. Sleep pattern and social history before the onset of the problem
  - D. All of the above
  
- 21. Part of Sonkhe's nursing management will include all of the following, ***except:***
  - A. Psychoeducation and Counselling to Sonkhe and his parents
  - B. Problem-solving and coping skills
  - C. Prescribing psychopharmacological treatment
  - D. Monitoring for comorbid mental disorders

**PLEASE ANSWER QUESTIONS 22-25 BY COMPLETING THE STATEMENTS PROVIDED**

- 22. -----is an almond shaped structure in the brain responsible for the perception of emotions such as fear, anger and sadness, as well as the controlling of aggression.
  
- 23. ----- is a form of behavioural therapy for specific phobia involving repeated, systematic and guided exposure of the client to real or imagined fear or anxiety provoking situation or object.

24. -----is a type of psychotherapy that focuses on helping the client learn to change distorted thinking patterns and unhealthy behavior, and is especially useful in the management of anxiety disorders in children.
25. -----is a form of therapy in which the therapist or mental health nurse assist parents learn more-effective parenting techniques, resulting in improvement in the quality of the parent-child relationship and a decrease in problem behaviors.

[Total marks: 25]

## QUESTION 2

- A. List and discuss five key principles a nurse needs to pay attention to when conducting mental status examination in children (**10 marks**).
- B. Ntombi is 14 year-old girl, whose parents are worried about her eating habit. They report that she eats two plateful of food every two hours, and only stops when she feels uncomfortably full.
- What is the most likely diagnosis for Ntombi? (**1mark**).
  - What additional information would you require to make a definitive diagnosis? (**4marks**)
  - Discuss the nursing management of adolescents presenting with Ntombi's eating disorder. (**10marks**)

[Total marks: 25]

## QUESTION 3

Mbuso is a 16 year old orphaned boy, in grade 5 in his current school, which is the 8<sup>th</sup> school he has attended since he started schooling 10 years ago. Although he is described as an average student, Mbuso has repeated every class and the prospects of finishing school seem very minimal due to his aggressive, argumentative and hostile behaviour towards teachers and other children. Recently, one of the teachers caught Mbuso smoking dagga with a group of boys from a neighbouring high school. His behaviour has resulted in the head-teacher

giving him a final warning of possible expulsion from the school. Mbuso's parents passed away when he was only five years old and has been raised by his maternal grandmother who has since also passed on six months ago. He currently lives with his maternal uncle who has stated he wants to have him admitted at the Juvenile school because he "can't stand his behaviour anymore". This has made Mbuso angrier, feels unwanted and unloved, and as threatened to "go and meet his parents". Mbuso has since been referred to you, the psychiatric nurse, for evaluation on his fitness for admission to the juvenile school.

- i. Give two presumptive psychiatric diagnoses for Mbuso and a rationale for each using DSM 5 (**10 marks**).
- ii. Given the above history, what would be the priority nursing diagnosis for Mbuso? Give rationale (**3 marks**).
- iii. Write a nursing care plan for the management of Mbuso's priority nursing diagnosis in (ii) above. (**12 marks**)

**[Total marks: 25]**