



Acute Care
Pediatric Nurse Practitioner
Review Course 2020

Mental Health

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Objectives

1. Identify common mental health problems in children, adolescents and teens.
2. Describe rationale for admission of pediatric patients with mental health problems.
3. Recognize substance abuse, overdose or ingestion, and red flags for children who are LGBTQ.

Pre-Test Your Knowledge

Based on the Centers for Disease Control Statistics, how many children have mental health disorders and what is the most common?

1. 1 out of 4 children, ages 9 – 16 has a mental health disorder, most common is depression
2. 1 out of 6 children, ages 2 – 8 has a mental health disorder, most common is ADHD
3. 1 out of 5 children, ages 2 - 8 has a mental health disorder, most common is depression
4. 1 out of 10 children, ages 9 – 16 has a mental health disorder, most common is ADHD

Answer:

Based on the Centers for Disease Control Statistics, how many children have mental health disorders and what is the most common?

2. 1 out of 6 children, ages 2 – 8 has a mental health disorder, most common is ADHD

Pre-Test your knowledge

According to the CDC, anxiety disorders in children are most commonly identified in which setting/by whom?

1. School setting by school nurse
2. Primary care provider in office
3. In acute care hospital or ED by provider
4. By parents or friends at home

Answer:

According to the CDC, anxiety disorders in children are most commonly identified in which setting/by whom?

3. In acute care hospital or ED by provider

Pre-Test Your Knowledge

Which result on an ACE screen, and family situation, requires urgent/immediate intervention?

1. Children recently placed in foster care with a score of 4
2. Family where parents are in the middle of divorce and score is 1
3. Children whose house recently burned down, with a score of 2
4. Child living in a one parent household with score of 6

Answer:

Which result on an ACE screen, and family situation, requires urgent/immediate intervention?

4. Child living in a one parent household with score of 6

Mental Health Diagnoses in Children

Bullying

Attention Deficit
Hyperactivity
Disorder (ADHD)

Oppositional
Defiant Disorder
(ODD)

Obsessive
Compulsive
Disorder (OCD)

Depression

Anxiety

Suicide ideation,
Suicide attempt

Post-traumatic
stress disorder
(PTSD)

- Rationale for increased incidence of mental health problems include environmental toxin exposure, lifestyle, diet, psychosocial stressors, violence.
- Medical illness is a risk factor for depression.
- asthma, CF, DM, congenital heart disease, epilepsy, obesity, cancer, IBD, others
- Developmental level and maturity influence depression in ill youth.

Trauma Informed Care

- Younger age, more complex exposure = longer and more devastating symptoms
- ACE screening: physical, sexual or mental abuse, parent divorce, alcohol, mental health diagnoses.
- TIC: screening for trauma exposure, referral to trauma-focused care, targeted interventions.

Psychiatric and Behavioral Crises in ED

- 5% of ED visits for children
- Suicide: 17% of HS students considered, 13.6% had plan, 8% attempted suicide.
 - Suicide screening: ASQ, Columbia-Suicide screening questions (C-SSRS) and others
 - Physical exam: “cutting?”
- Aggression and agitation
- Medications: Benadryl, guanfacine, chlorpromazine, risperidone

SUBSTANCE ABUSE

- ILLICIT DRUGS/SUBSTANCES
- PRESCRIPTION MEDICATIONS
- CIGARETTE SMOKING
- VAPING
- JURING
- ALCOHOL

Substance Abuse

Symptoms:

- Secrecy, excuses or lying, withdrawing, loss of focus, resistance to discipline, paranoia, mood changes, irritability, loss of interest, decline in school performance, change in friends
- Younger brain is more sensitive to substances and becomes dependent more quickly than adults.
- More severe symptoms such as hyperthermia, hypertension, confusion, psychotic behavior = newer substances.

Management: Screening, early detection and referral most important

Access to specialty treatment

LGBTQ

Lesbian, gay, bisexual/pansexual,
transgender, queer/questioning

Health disparities

Higher sexual risk behaviors, sexual
and physical abuse

- Respect privacy
- Tune to appropriate language
- Question about bullying, parental acceptance

Other problems

- Bullying : verbal and texting, threatening
- ODD: refusal, argumentative, vindictiveness
 - Aggressiveness, harm to animals, others
- OCD: repeated actions, washing hands, cleanliness
 - Moody, sleep issues, social problems
- PTSD: result of violence, sexual abuse, domestic abuse, loss
 - Anger, illness, depression, anxiety, moodiness, clinging, isolation, inattention.

Test Question

A 15-year-old with a history of diabetes since age 7, presents to the ED with diabetic ketoacidosis. She has never had an admission for DM, since initial diagnosis. Further questioning indicates that she has missed half of school days and is failing several subjects, when a year ago she was a "B" student. After managing the acute illness, the most appropriate referral is to:

1. Dietician for review of diet plan
2. Endocrine social worker to check diabetic supplies
3. Counselor/psychologist for mental health evaluation
4. School counselor to evaluate reason for missed school days

Answer:

A 15-year-old with a history of diabetes since age 7, presents to the ED with diabetic ketoacidosis. She has never had an admission for DM, since initial diagnosis. Further questioning indicates that she has missed half of school days and is failing several subjects, when a year ago she was a "B" student. After managing the acute illness, the most appropriate referral is to:

3. Counselor/psychologist for mental health evaluation

Test Question

A 10-year-old is admitted to the Intensive Care Unit with status asthmaticus. On physical examination, the provider notices that she has linear scarring on both wrists. When asked about the cuts, she claims that her kitten did it. Upon further exam, she also has scarring in her groin area. What is the most appropriate response?

1. Call the social worker for an immediate referral
2. Stabilize the child physically, and then notify the mental health team for a consult
3. Talk to her parents about what was found and offer to call the primary care provider with this information.

Answer:

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2. Stabilize the child physically, and then notify the mental health team for a consult

Test Question

A 6-year-old is admitted with a concern for seizure activity as he has been observed “staring” in the classroom and it takes a few minutes for him to respond to his teacher. He was born at 28 weeks gestation, but is developmentally on target. He has always been very active and was not focused in kindergarten. A video EEG is negative. What is a likely diagnosis for this child?

1. Atypical epilepsy
2. Migraine headaches
3. Attention deficit hyperactivity disorder (ADHD)
4. Obsessive Compulsive Disorder (OCD)

Answer:

A 6-year-old is admitted with a concern for seizure activity as he has been observed “staring” in the classroom and it takes a few minutes for him to respond to his teacher. He was born at 28 weeks gestation, but is developmentally on target. He has always been very active and was not focused in kindergarten. A video EEG is negative. What is a likely diagnosis for this child?

3. Attention deficit hyperactivity disorder (ADHD)

Test Question

An adolescent with a history of medically managed, severe depression and anxiety, has been admitted with pneumonia with significant hypoxia. She is hesitant to cough and becomes very upset when the Respiratory Therapist wants to engage her in treatments. She is unable to sleep and maintains a high HR at rest. What is the best management?

1. Consider restarting home medications, and monitor her response
2. Order a benzodiazepine to administer intravenously for her anxiety
3. Add albuterol to her treatment regimen which will help with coughing.
4. Allow her to decline treatment now and she can choose the time for the therapist to return.

Answer:

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1. Consider restarting home medications, and monitor her response

Test Question

A 15-year-old, known diabetic, with a history of depression, arrives to the ED via EMS and is unresponsive to painful stimuli. Her BG is 654, pH of 7.03 and HCO_3^- of 10. She spent the previous night at a friend's house, but had all of her diabetic supplies with her. Of the following, which is the most important next intervention?

1. Obtain a stat head CT
2. Administer a bolus of regular insulin, 1 unit/kg
3. Obtain a toxicology screen and alcohol level
4. Order an insulin drip

Answer:

A 15-year-old, known diabetic, with a history of depression, arrives to the ED via EMS and is unresponsive to painful stimuli. Her BG is 654, pH of 7.03 and HCO₃ of 10. She spent the previous night at a friend's house, but had all of her diabetic supplies with her. Of the following, which is the most important next intervention?

3. Obtain a toxicology screen and alcohol level

Test Question

An 8-year-old is admitted to the PICU after an “accidental” ingestion of methadone and acetaminophen. She is stabilized and ready for transfer. What important intervention should occur prior to discharge?

1. Educate family about proper storage of any medications.
2. Evaluate the child for a mental health disorder, as this age is unusual for accidental ingestion.
3. Evaluate the child for ADHD as taking this medication is considered impulsive behavior.
4. Have the police determine safety in the home with availability of methadone.

Answer:

An 8-year-old is admitted to the PICU after an “accidental” ingestion of methadone and acetaminophen. She is stabilized and ready for transfer. What important intervention should occur prior to discharge?

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