

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**  
**DEPARTMENT OF COMMUNITY HEALTH NURSING SCIENCE**  
**FINAL EXAMINATION: DECEMBER 2016**

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

**COURSE CODE:** CMH 407

**TIME ALLOCATED:** 2 HOURS

**TOTAL MARKS ALLOCATED:** 75

**INSTRUCTIONS:**

1. PLEASE ANSWER ALL QUESTIONS
2. START A NEW QUESTION IN A NEW PAGE
3. MAKE SURE THAT ALL YOUR ANSWERS ARE NUMBERED CORRECTLY
4. PLEASE WRITE LEGIBLE

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

## QUESTION 1

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. Each correctly answered question carries one (1) mark.

1. Several neurotransmitters are implicated in the development of mental disorders. Which neurotransmitters are associated specifically with bipolar disorder?
  - A. Serotonin and Dopamine
  - B. Norepinephrine and Dopamine
  - C. Dopamine and epinephrine
  - D. Acetylcholine and serotonin
  
2. All the following are risk factors for childhood mental disorders, *except*:
  - A. Parental psychopathology
  - B. Parental neglect
  - C. Academic achievement
  - D. Repeated change in living environment
  
3. Which of the following intervention is based on the view that childhood mental health problems result from inappropriate family structure and organisation?
  - A. Systemic family therapy
  - B. Functional family therapy
  - C. Parent training programmes
  - D. Cognitive behavioural therapy
  
4. Attention deficit hyperactivity disorder (ADHD) is also referred to as
  - A. Hyperkinetic disorder
  - B. Hypokinetic disorder
  - C. Hyperactivity disorder
  - D. Hyperstasis disorder
  
5. Children with ADHD are known to have deficits in which of the following brain areas?
  - A. Perception functioning
  - B. Memory functioning
  - C. Executive functioning
  - D. Motor functioning
  
6. Which of the following brain areas control the functions referred in 5 above?
  - A. The thalamus
  - B. The amygdala
  - C. The prefrontal cortex

- D. The parietal lobe
7. A number of structural areas of the brain are implicated in ADHD. Which of the following areas of the brain regularly exhibit abnormalities in association with ADHD symptoms?
- A. The meninges and amygdala
  - B. The cerebellum and corpus collosum
  - C. The corpus collosum and meninges
  - D. The limbic system and amygdala
8. Ritalin is recommended in the treatment of ADHD. The generic name of Ritalin is
- A. Methylphenidate
  - B. Methylin
  - C. Methyldopa
  - D. Phenelzine
9. Conduct disorder is characterised by which of the following behaviours?
- A. Violent or aggressive behaviour
  - B. Deliberate cruelty towards people or animals
  - C. Vandalism or damage to property
  - D. All of the above
10. Which of the following teaches parents a range of techniques for controlling and managing their children's symptoms, especially with children diagnosed with conduct disorder?
- A. Systemic family therapy
  - B. Functional family therapy
  - C. Parent training programmes
  - D. Cognitive behavioural therapy
11. In children, separation anxiety disorder is characterised by all of the following, *except*:
- A. Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures
  - B. Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death
  - C. Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings
  - D. Persistent fear of being in crowds that's inconsistent with their developmental age
12. Generalised Anxiety Disorder is differentiated from other forms of childhood anxiety disorders due to being associated with significantly increased levels of:
- A. Disordered thinking
  - B. Pathological worrying
  - C. Intrusive thoughts
  - D. Pathological checking

13. DSM-5 defines enuresis as the repeated, usually involuntary voiding of urine during the day or at night into either bed or clothes. To qualify for a diagnosis, the voiding of urine must occur at least twice a week for at least 3 months, and the child must be at least 5-years of age. Enuresis can be divided into nocturnal, diurnal or both. It can also be classified as either primary or secondary enuresis. Which of the following describes primary enuresis?
- A. When bladder control is still problematic, but the child has been dry for a period of up to 6 months
  - B. When the child experiences lose of bladder control at night
  - C. When the child has never experienced a lengthy spell of bladder control
  - D. When the child loses bladder control at school
14. Secondary nocturnal enuresis is frequently associated with a higher incidence of which of the following factors?
- A. Foetal malnutrition
  - B. Parental separation
  - C. Gender
  - D. Low self esteem

**CASE:** Salayedvwa is a 12 year old boy brought to the OPD at Psychiatric hospital with a history of soiling his clothes now and again, which started soon after his parents died in a car accident seven months ago. According to his grandmother Salayedvwa has always been an outgoing boy, but now keeps to himself and refuses to go to school. The next three questions relate to the case.

15. What is the likely diagnosis for Salayedvwa?
- A. Primary enuresis
  - B. Primary encopresis
  - C. Secondary enuresis
  - D. Secondary encopresis
16. All of the following are DSM-5 diagnostic criteria for Salayedvwa's disorder, *except*:
- A. The person presents with a history of repeated unintentional feecal passage in inappropriate places
  - B. The person should have at least one event of feecal passage occurring each month for at least three months
  - C. There should be no history of a medical condition or substance use prior to or during the occurrence of the condition
  - D. The condition should be present during infancy
17. As part of managing Salayedvwa the nurse should inform him and his grandmother that
- A. His condition is chronic and therefore the prognosis is poor
  - B. His condition is a reaction to the trauma of losing his parents and will resolve with time

- C. His condition is a sign that Salayedvwa is experiencing delayed maturity and will take time to get better
- D. Salayedvwa's disorder is common in people with mental sickness and therefore he needs to be admitted at the psychiatric hospital because he is mentally sick.

18. All of the following are protective factors for mental disorders in children, *except*:

- A. Improving parenting skills and family cohesion
- B. Preventing child abuse and promoting pro-child communities
- C. Empowering teachers and scholars on how to prevent mental illness
- D. Observing the rights of children by not disciplining them

**CASE:** Nomandla is brought to the OPD with a history of poor appetite, poor sleep, crying almost all time and expressing that "life is not worth living". She is 16 years old. According to her guardian, Nomandla is a double orphan after losing her parents to HIV-related illness at young age. She also recently discovered that she is also HIV positive, and has disclosed that she was sexually assaulted by a man who was their neighbour. The next three questions relate to this case.

19. What further and very important history does the mental health nurse need to obtain about Nomandla's condition?

- A. Whether Nomandla's symptoms started before or after the sexual assault or lose of her parents
- B. Whether she has indicated a desire to end her life and has a plan or plans on how she intends to do so
- C. The HIV status of the man who raped her and if Nomandla got ARV prophylaxis immediately after the sexual assault
- D. All of the above

20. What would be the priority mental health nursing intervention for Nomandla?

- A. To prevent her from committing suicide
- B. To provide her with ARV treatment
- C. To assist her eat and sleep well
- D. To refer her to the laboratory for assessment of any STIs that may have been caused by the sexual assault

21. Which of the following would be important approaches to care for Nomandla in the first two weeks?

- A. Psychotherapy and pharmacotherapy
- B. Occupational therapy and psychotherapy
- C. Family therapy and occupational therapy
- D. Pharmacotherapy and occupational therapy

22. When children are exposed to uncertainty and stress early in their lives they may experience a range of emotions, including rejection, fear, confusion, anger, hatred, and misery. Consequently the individual may become withdrawn and inward-looking. This is known as:
- A. Externalising disorder
  - B. Internalising disorder
  - C. Antisocial disorder
  - D. Attachment disorder
23. Oppositional Defiant Disorder is a diagnosis usually reserved for those children who do not meet the full criteria for conduct disorder, but display which of the following?
- A. Regular temper tantrums
  - B. Refuse to comply with requests or instructions
  - C. Appear to deliberately indulge in behaviours that annoy others
  - D. All of the above
24. Which of the following is an area of psychology that is concerned with mapping how early childhood experiences may act as risk factors for later diagnosable psychological disorders, and attempts to describe the pathways by which early experiences may generate adult psychological problems?
- A. Developmental psychopathology
  - B. Clinical psychopathology
  - C. Cognitive psychopathology
  - D. Applied psychopathology
25. Which of the following are the two core symptoms of major depression in children and adolescents?
- A. Depressed or irritable mood and loss of interest or pleasure
  - B. Depressed or irritable mood and insomnia
  - C. Depressed or irritable mood and psychomotor retardation
  - D. Depressed or irritable mood and weight loss

**[Total Marks: 25]**

## QUESTION 2

**This question has two sections: A (true or false) and B (structured question). Answer both sections.**

### SECTION A: TRUE OR FALSE

1. According to the socio-ecological systems theory, a child's personality development is influenced by his or her micro- (family, friends), meso- (school, church, community), and macro-environment (societal norms, standards, laws and policies).
2. Systematic family therapy is recommended as part of management of a wide range of childhood and adolescents mental health problems or disorders.
3. Most mental disorders have an unknown aetiology.
4. Parental neglect is not one of the main predisposing factors to anxiety disorders in children.
5. Brain imaging studies suggest that the reason that most mental disorders emerge during adolescence is because of the increase in brain activity as a result of growth spurts at this period
6. If an individual develops a mental disorder during childhood, the person has a higher risk of developing mental disorder as an adult.
7. The best approach to managing childhood mental disorders is through provision of psychiatric medications.
8. Temper outbursts in Disruptive Mood Dysregulation Disorder (DMDD) must be inconsistent with developmental level, occur 3 or more times per week and the child must be persistently irritable between outbursts.
9. All children with specific learning disabilities should not be integrated in mainstream schools.
10. Play therapy is a technique that can be used with younger children who are less able to communicate and express their feelings verbally.

**[Sub-total marks: 10]**

## SECTION B: STRUCTURED QUESTIONS

- 1) Outline guidelines to follow when conducting an MSE in children (half-a-mark each correct answer with total of 5 marks).

**CASE:** Simphiwe is 12 year old boy brought to the OPD by his parents. They note that he is overly active, can hardly sit still and barely pays attention to instructions, all of which affect his school performance and friendships. Further history from parents indicate that although Simphiwe started formal school 5 years ago and should at least be in grade five, he is still in grade two. He has changed three schools already because “teachers and fellow classmates can’t stand his restless and provocative behavior in class” said his mother, and describe him as a “nuisance and a bully” she added.

- 2) What could probably be wrong with Simphiwe? Explain your answer using DSM-5. (5 marks)
- 3) Behavioural therapy is recommended as part of treatment for Simphiwe’s disorder. As part of behavioural therapy, discuss the management of Simphiwe at school (half-a-mark each correct answer with total of 5 marks).

**[Total marks: 25]**

## QUESTION 3

The provision of care for children and adolescents presenting with mental health problems or disorders is better achieved through a multidisciplinary team work. In an ideal setting, the team may include the parents or guardians (the family), psychiatrist, psychologist, the mental health nurse, paediatrician, and others as per the need of the patient. State and discuss the role of each of the following members in the care of children with mental health disorders.

- A. The family (parents or guardians) (5 marks)
- B. The mental health nurse (5 marks)
- C. Paediatrician (5 marks)
- D. Psychologist (5 marks)
- E. Psychiatrist (5 marks)

**[Total marks: 25]**