

**UNIVERSITY OF ESWATINI**  
**FACULTY OF HEALTH SCIENCES**  
**DEPARTMENT OF COMMUNITY HEALTH NURSING SCIENCES**  
**FINAL EXAMINATION: NOVEMBER 2018**

**COURSE TITLE:** NURSING MANAGEMENT OF CHILDHOOD MENTAL DISORDERS  
**COURSE CODE:** CMH 407  
**TIME ALLOCATED:** 2 HOURS  
**TOTAL MARKS:** 75

**INSTRUCTIONS:**

- 1. THE EXAMINATION HAS THREE QUESTIONS, ANSWER ALL OF THEM**
- 2. PLEASE WRITE CLEARLY AND LEGIBLY**
- 3. START A NEW QUESTION ON A NEW PAGE**
- 4. MAKE SURE THAT ALL YOUR ANSWERS ARE NUMBERED CORRECTLY**
- 5. USE THE PROVIDED ANSWER BOOKLET FOR ALL YOUR ANSWERS**

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

## QUESTION ONE.

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 correct answer carries 1 mark.

1.1 The primary goal of mental health nursing is to:

- A. Promote mental wellbeing, to prevent mental health problems and disorders and to manage mental illnesses
- B. Provide in- and outpatient nursing care to those who are already mental ill in collaboration with their families and other professionals
- C. Assist the psychiatrist in the management of patients presenting with mental disorders
- D. All of the above

1.2 All of the following are key attributes of a mental health nurse, *except*:

- A. Knowledgeable about mental health
- B. Sympathetic
- C. Astute observer
- D. Good listener

1.3 During the first encounter with a child with a mental disorder, the priority of the mental health nurse is to:

- A. Obtain comprehensive history in order to arrive to a proper psychiatric diagnosis
- B. Do a thorough mental status examination in order to arrive to proper nursing diagnoses
- C. Establish a rapport and gain the child's trust
- D. Allow the child to speak freely as he/she wants during history taking

1.4 Which of the following are risk factors for childhood mental disorders?

- A. Social and environmental factors
- B. Genetic and neurobiological factors
- C. Parent-child interactions and parenting styles
- D. All of the above

1.5 Which nursing diagnosis is universally applicable for children diagnosed with autism spectrum disorders?

- A. Impaired social interaction related to difficulty relating to others
- B. Chronic low self-esteem related to excessive negative feedback

- C. Deficient fluid volume related to abnormal eating habits
- D. Anxiety related to nightmares and repetitive activities

1.6 Which behaviour indicates that the treatment plan for a child diagnosed with an autism spectrum disorder is effective? The child:

- A. Plays with one toy for 30 minutes.
- B. Repeats words spoken by a parent.
- C. Holds the parent's hand while walking.
- D. Spins around and claps hands while walking.

1.7 A nurse is assigned to prepare medication-related teaching materials for parents of a child newly diagnosed with attention deficit hyperactivity disorder. Which medication will the information most likely focus on?

- A. Paroxetine (Paxil)
- B. Imipramine (Tofranil)
- C. Methylphenidate (Ritalin)
- D. Carbamazepine (Tegretol)

1.8 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 callosum
- C. The corpus callosum and meninges
- D. The hippocampus and amygdala

1.9 -----are drugs of choice in the treatment of ADHD in children.

- A. Central Nervous System stimulants
- B. Selective Serotonin reuptake inhibitors
- C. Serotonin and norepinephrine reuptake inhibitors
- D. Mood stabilisers

1.10 An example of the drug class referred to in Q 1.9 is

- A. Sertraline
- B. Methylphenadate
- C. Fluoxetine
- D. Venlafaxine

- 1.11 Soon after parents announced they were divorcing, a child stopped participating in sports, sat alone at lunch, and avoided former friends. The child told the school nurse, "If my parents loved me, they would work out their problems." Which nursing diagnosis has the highest priority?
- A. Social isolation
  - B. Decisional conflict
  - C. Chronic low self-esteem
  - D. Disturbed personal identity
- 1.12 Mbuso is a 3 year old boy brought to your clinic with a history of persistent pattern of rocking his body for extended periods of time. Mbuso is likely suffering from:
- A. Attention Deficit Hyperactivity Disorder
  - B. Attention Deficit Hypoactivity Disorder
  - C. Autism Spectrum Disorder
  - D. Generalised Anxiety Disorder
- 1.13 The disorder in Q 1.12 falls under which DSM-5 category of mental disorders?
- A. Child Anxiety disorders
  - B. Neurodevelopmental Disorders
  - C. Disruptive, Impulse Control, and Conduct Disorders
  - D. Dissociative Disorders
- 1.14 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
- 1.15 A child reports to the school nurse of being verbally bullied by an aggressive classmate. What would be the nurse's best first action?
- A. Report to the school Principal regarding the events.
  - B. Reassure and encourage the victimized child to share feelings about the experience.
  - C. Reassure and encourage the victimized child to ignore the bullying behaviour.
  - D. Discuss the events with the aggressive classmate.

1.16 During a visit to one of the homes in your catchment area, you notice that each parent and child in a family of four has their own personal online communication device, and each member of the family is glued to their device in a different area of the home. Which nursing actions are appropriate? Select all that apply.

- i. Report the finding to the official child protection social services agency.
- ii. Educate all members of the family about risks associated with cyberbullying.
- iii. Talk with the parents about parental controls on the children's communication devices.
- iv. Encourage the family to schedule daily time together without communication devices.
- v. Obtain the family's network password and examine online sites family members have visited.

- A. i, ii, iii
- B. ii, iii, v
- C. iii, iv, v
- D. ii,iii, iv

1.17 The neuroanatomical structures involved in anxiety response include which of the following?

- A. Amygdala and the hippocampus
- B. Amygdala and the temporal lobe
- C. Temporal lobe and hippocampus
- D. Prefrontal cortex and temporal lobe

1.18 This disorder is characterised by excessive anxiety and worry about a number of things that persists for a minimum period of six months.

- A. Panic Disorder
- B. Panic Attack
- C. Generalised Anxiety Disorder
- D. Major depressive disorder

A 12- year- old girl persistently misbehaves at home. Recently she called medical emergency services at 911, reporting that her parents were forcing her to go to school and threatening to run away. She also locked her younger siblings out of the house in cold weather. Although her parents attempt to set limits, she frequently responds with prolonged tantrums- crying and shouting, flailing her arms, and breaking objects in her home. Once she "gets her way" she settles down immediately. After one serious tantrum, her parents took her to the emergency department at the local hospital and the girl was referred to the National Psychiatric Hospital where she was admitted for observation. The patient was viewed as quite charming by several members of the staff, whereas others though she was "a very, very difficult patient." The next five questions relate to this case.

- 1.19 What is the likely diagnosis for the girl?
- A. Attention- deficit/ hyperactivity disorder.
  - B. Conduct disorder.
  - C. Intermittent explosive disorder.
  - D. Oppositional defiant disorder.
- 1.20 Which of the following is not a DSM-5 diagnostic criteria for the disorder the girl in Q1.19 is likely suffering from?
- A. A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness
  - B. The child should have been spiteful or vindictive for most days in the past 6 months if below 5 years, and once a week for 6 months if older than 5 years
  - C. The behaviour in A above occurs in the presence of conduct disorder
  - D. A and B
- 1.21 The recommended management approach for the girl will include which of the following?
- A. Social skills training
  - B. Parent-child interaction therapy
  - C. Individual and family therapy
  - D. All of the above.
- 1.22 What could be the most likely differential diagnosis for the girl?
- A. Attention- deficit/ hyperactivity disorder.
  - B. Antisocial Personality Disorder.
  - C. Conduct disorder.
  - D. Intermittent explosive disorder.
- 1.23 A 21- year- old college student complains that he has developed "an uncomfortable relationship with food". His current symptoms seem to be consistent with an eating disorder. Which of the following pieces of information would help distinguish between anorexia nervosa and bulimia nervosa?
- A. He has lost significant weight and appears emaciated.
  - B. He is highly critical of his body.
  - C. He regularly binges on high- calorie, high- fat foods.
  - D. He uses large quantities of laxative tablets each day.
- 1.24 A 3- year- old girl in a park attempts to sit on the lap of a homeless person. She is pulled away by her mother who recently has been out of town. While the mother was away, the girl had been under the care of the grandmother who spent little time with the

girl. The girl does not respond to the affection shown to her by her mother or grandmother. The girl is indiscriminately affectionate with strangers. She has no evidence of motor abnormalities and has met all developmental milestones appropriately. What is the likely diagnosis?

- A. Autism spectrum disorder.
- B. Mental retardation.
- C. Reactive attachment disorder.
- D. Rett's syndrome.

1.25 A 20-year-old college freshman is brought to the attention of the dormitory resident assistant because she is not attending meals in the dining hall. The student says she feels anxious about being in the crowded kitchen and dining hall. Similarly, she has ordered all her schoolbooks online to avoid being in the bookstore because "it is too overwhelming". She also has not attended some of her crowded lectures. The student is able to have a good conversation in the hall of the dormitory with the resident assistant. The student denies fearing scrutiny by others. She explains that she avoids some places because she found that in malls or other crowded areas, she feels very worried, faints, sweaty, and dizzy. She is afraid of losing control and in being in situations where she cannot escape. What is the likely diagnosis?

- A. Acute stress disorder.
- B. Agoraphobia.
- C. Posttraumatic stress disorder.
- D. Social anxiety disorder

1.26 Personality disorders are stable long-term conditions which can affect an individual's

- A. Interpersonal functioning
- B. Cognition
- C. Mood and Affect
- D. All of the above

1.27 The dimensional approach to personality disorders has the following advantage over categorical approach:

- A. It provides an explanation of the causes of personality disorders
- B. It is based on how individuals with personality disorder feel about themselves
- C. It recognises that individuals with personality disorders are not clearly distinct from the rest of the population
- D. It can be used as a successful treatment

1.28 The main difference between schizotypal and schizoid personality disorders is that:

- A. Schizotypal personality disorder is characterised by a fear of social interaction whilst schizoid personality disorder is characterised by a lack of interest in social interaction.
- B. Schizoid personality disorder has a much shorter duration than schizotypal personality disorder.
- C. Individuals with schizoid personality disorder tend to work in the catering industry whilst those with schizotypal personality disorder are more likely to work in the finance sector.
- D. Schizotypal personality disorder predominately affects females whilst schizoid personality disorder predominately affects males.

1.29 All of the following are treatment approaches that can be used in individuals with personality disorder, except:

- A. Family and peer interventions
- B. Emotional awareness training
- C. Eye movement desensitisation and reprocessing
- D. Cognitive therapy

1.30 the main difference between acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) is:

- A. The duration of the symptoms following exposure to or witnessing a traumatic event: ASD is diagnosed from three days to one month whilst PTSD is diagnosed after a month of the trauma.
- B. ASD is classified under anxiety disorders in DSM 5 whilst PTSD is classified under trauma and stress-related disorders.
- C. ASD is most common in female patients whilst PTSD is more common in males
- D. ASD affects children and adolescents whilst PTSD affects mainly middle aged to older people

**[Total Marks: 30]**



## QUESTION 2

- I. Mental status assessment of children differs in many aspects to that of adults. Discuss the MSE guidelines for children (**1/2 mark each correct point for a total of 10 marks**).
  
- II. Siphon is a 7-year old boy who has recently been diagnosed with dyslexia.
  - a. Briefly explain the aetiology of Siphon's disorder according to neurobiology theorists (**2 marks**) and risk factors (**1/2 mark each for a total of 2 marks**)
  
  - b. Discuss the non-psychopharmacological management of Siphon at school and at home. (**6 marks**)
  
  - c. Discuss the possible complications of dyslexia (**5 marks**)

[Total Marks: 25]

## QUESTION 3

A 16-year-old Siphon is brought to the hospital after being found wandering on a school playground. She is wearing a T-shirt, sweatpants, and shoes with hook-and-loop fasteners and has a wristband with her identification and her mother's contact information. On examination, she is noted to be perusing a picture book in the paediatric waiting area and laughing in a childlike manner but is not able to read the accompanying words. Siphon can say her name and address and answer simple yes/ no questions but cannot answer compound or complicated questions. A test places her at an IQ of 50. She has no basic laboratory abnormalities and a negative urine toxicology screen.

- a) What is the likely diagnosis? Explain your answer using DSM-5. (**4 marks**)
  
- b) What would be the ideal treatment approach for Siphon and why? (**6 marks**)
  
- c) Family involvement is an important part of managing children and adolescents with mental disorders like Siphon. This may involve among other things having parents' support groups. Discuss the steps you would follow in forming a parents' support group in your health facility. (**10 marks**)

[Total Marks: 20]