Original Article

Nurture clinic: Promoting mental health of children and adolescents

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Abstract

Background: Nurses play an important role in multidisciplinary teams while treating children and adolescents with mental health issues. Nurses should recognize and capitalize on the client's and family's strengths as they develop interventions, provide education, and refer to resources as appropriate. **Materials and Methods:** It is a mixed-method research, with an initial qualitative phase of obtaining data by in-depth interviews of parents on caring for children and adolescents with mental illness followed by quantitative assessment of the level of care dependency and implementation of need-based nursing interventions to the children and adolescents with mental illness. **Results:** A total of 235 boys and 123 girls received the interventions. The majority of them (51.4%) were boys aged between 6 and 12 years and the highest diagnosis was attention deficit and hyperactivity disorder (ADHD) (34%). The need-based interventions required were nutrition (90%), prevention of injury and infection (83%), and positive and productive engagement (80%). Other interventions included self-care, physical activity, and medication. **Conclusion:** Need-based nursing interventions help in promoting the mental health of children and adolescents. This approach may be extended to primary care facilities and community mental healthcare by nurses.

Keywords: Child and adolescent with mental illness, multidisciplinary team, nursing interventions

Introduction

Once a child has been diagnosed with mental illness, a lot of support is needed to help the child cope and recover. Parents feel it is not possible to enjoy the best quality of life for a child diagnosed with mental illness. On the one hand, a diagnosis can help alleviate much of the anger, helplessness, and frustration the whole family feels when confronted with symptoms of mental illness without knowing why. On the other, the family and other people in contact with the child must now learn new ways to deal with the child and cope with new demands.[1] The multidisciplinary team approach in treating child and adolescent mental health issues is effective, and the psychiatry nurse plays a crucial role in the prevention of mental illness and promotion of mental health among children and adolescents. The first graduate program in child psychiatric nursing was offered by Boston University in the year 1954. Advocates for Child Psychiatric Nursing (ACPN), a professional organization, formed the first national nursing organization for nurses in Child and Adolescent Psychiatry (CAP).

In India, the Child Guidance Clinic (CGC) was the first of its kind, started in 1937 with the efforts of Dr. Clifford Manshardt, the first Director of the Sir Dorabji Tata Graduate School of Social Work, now known as the Tata Institute of Social Sciences (TISS). Later National Institute of Public Cooperation and Child Development (NIPCCD) opened three more CGCs at Lucknow, Guwahati, and Bengaluru. The experience acquired at

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the micro level is integrated to address the macro issues related to child mental health through research and training. Based on this, The first author of this paper started a novel initiative named "Nurture Clinic" in the child and adolescent psychiatry OPD with the aim of need-based interactions and interventions with parents and children of mental health problems which will help parents to enhance the care at home after discharge from a psychiatric hospital. The clinic became very active in the year 2021 after the coronavirus disease 2019 (COVID-19) phase.

Aim of the Clinic

Need-based interactions and interventions with the parents, children, and adolescents.

Methodology

Data were collected from parents of children attending CAP OPD under Unit-II after obtaining Institute Ethical Committee approval for Ph.D. registration of "A mixed method study to assess the effectiveness of Skill Based Nursing Interventions (SBNI) on parental care of children with behavioral disorders" with the Reference No. NIMH/DO/BEH. Sc.Div./2021-22 dated 04/02/2022).

Details of the session

Sessions have been conducted at the CAP OPD under Unit-II every Tuesday and Friday from 10:00 AM to 1:00 PM. A single family was engaged at a time. Both the children and parents were engaged together. Each session was conducted for half an hour to 1 h, depending on the need. The need for the referrals was examined, and interventions were planned accordingly. Ph.D. scholars and MSc students have been conducting the sessions under the supervision of the nursing consultant. All the activities of the session were documented. The scholars provided feedback on the interaction and intervention to the respective primary consultants/senior residents (SRs) through oral/written reports and cases were discussed during rounds in case of in patient admission.

In-depth interviews of parents attending CAP OPD were taken. An interview guide was prepared on the topics: 1) self-care needs, 2) nutritional needs, 3) physical activity, rest periods, and sleeping needs, 4) safety and security needs, 5) medication needs, and 6) need for positive and productive engagement by the researcher and the guide was validated by the two experts from the field of CAP.

Children were assessed on the components of 1) self-care needs, 2) nutritional needs, 3) physical activity, rest periods, and sleeping needs, 4) safety and security needs, 5) medication needs, and 6) need for positive and productive engagement.

The nursing care dependency level[2] were determined as follows:

a) Severe Dependency: Requires all care components (self-care, nutrition, physical activity, exercise, prevention of infection and injury, medication monitoring, positive and productive child engagement).
b) Moderate Dependency: Requires three components of care (prevention of infection and injury, medication management, and positive and productive engagement of child).
c) Low Dependency: Requires only one component of care (any one component of care).

Nursing diagnosis/coding through the North American Nursing Diagnosis Association (NANDA) was formulated, and interventions were planned as per the needs of children and the entire family.

Interventions

Managing self-care deficits:

- Hygiene: Including dental hygiene, handwashing, hair care, management of dandruff, pediculosis, nail care, the importance of daily baths, skin care, prevention of skin infections like scabies and ringworm infections, and menstrual hygiene in the case of girls
- Grooming: Includes wearing neat clothes, inner garments, seasonal clothing, etc.

Meeting nutritional needs: Includes

- Overcoming feeding difficulties: Serving food in small and frequent intervals
- For hyperactive children, provide finger foods like boiled eggs, carrots, etc.
- Avoiding junk food. Importance of healthy food and balanced diet
- Importance of adequate fluid intake
- Health education on the importance of maintaining a healthy BMI.

Physical Activity and Exercise (Active/Passive):

- Importance of physical exercise in daily routine
- Choosing physical activities as per the preferences of the child
- Importance of play
- Reducing screen time
- Planning rest and activity periods adequately
- Importance of regular sleep pattern
- Health education on sleep hygiene.

Safety and security needs:

- Complete immunization for children
- Teaching COVID-19 appropriate behavior
- Education on signs of infection
- Prevention of accidents. (road traffic accident, fire, chemical, electrical, drowning, etc.)
- Use of safety measures like helmets and teaching first-aid concepts
- Prevention of physical abuse and sexual abuse.

Medication needs:

- Monitoring drug intake
- Side effects

- Emergencies
- Medication follow-ups
- Explaining the importance of regular follow-ups.

Productive, positive engagements/quality time with the children:
- Importance of attending family rituals
- Importance of spending quality time with the children
- Emphasizing the role of the father
- Emphasizing the role of grandparents
- Prevention of sibling rivalries
- Education on life skills.

Attending to the special needs of the children, e.g. children with epilepsy, other physical comorbidities, and children on special assistive devices.
- Teaching safety concepts to parents of children with epilepsy
- Referring to other departments
- Information regarding various resources available throughout the country
- Information regarding various services provided by the Government for specially abled children
- Information regarding special schools.

Data analysis

A total of 358 cases were reported to the nurture clinic from November 2021 to August 31, 2023. They were given psychoeducation and need-based nursing interventions. Table 1 depicts the age distribution of boys and girls who attended the clinic. Table 2 indicates the diagnosis of the children and Table 3 denotes the types of interventions provided.

Discussion

Every parent wishes their child to be independent to maintain a quality of life even when the parents are not around to help them. Independence is a lofty target with many steps, from independence in living to the final phase of achieving financial independence. Learning how to do simple daily living tasks, like brushing, bathing, eating, dressing, and others independently is a crucial milestone for the child, and hence parents need to actively participate in the process[3] Teaching self-care skills will decrease anxiety and frustration for both the child and caregiver. Teaching skills to live safe, productive lives contributes to self-esteem and reduces parental involvement in the child's private daily routines.[4] In our observation, parents of single kids overpamper their children, and they never realize that teaching self-care skills is essential in child development. Children of higher socioeconomic status have servants in their homes, and they do not even know how to wear socks till teenage. Involving the children in household activities will improve their autonomy and independence.

It is well known that our food choices play a role in our long-term physical health. It is less recognized that nutrition can profoundly affect our mental health and behavior. Overall, malnutrition in childhood can affect the brain throughout the lifespan while specific food components can affect our short-term well-being. Sugar, wheat, and milk are among the most common dietary triggers for ADHD symptoms. Simple sugar consumption may cause hyperactivity, given that snacks containing high sugar content cause massive secretion of insulin from the pancreas, resulting in hypoglycemia.[5] Fluctuating blood sugar levels and partially digested foods can cause various symptoms, from fatigue to hyperactivity.

A feeding disorder, such as avoidant/restrictive food intake disorder, is often diagnosed when these difficulties result in inadequate nutrition, failure to maintain or gain weight, and dependence on supplemental means of nutrition, such as enteral feeds or high-calorie formulas beyond an appropriate age. The parenting approach consists of general parenting skills, including setting boundaries and providing encouragement. This is commonly used to establish mealtime routines and monitor screen time. We advise parents to prepare a meal together and repetitive vegetable exposure and sensory play—parent-child cooking sessions. Repeated exposure over 8–10 days increased the acceptability of vegetables in infants and toddlers.[6] The timing, frequency, and variety of exposure at weaning with continuation through the early years

Table 1: Sociodemographic variables

Age Group	Boys Frequency and Percentage	Girls Frequency and Percentage
Below 3 years	8 (3.4)	7 (5.6)
3–5 years	47 (20)	15 (12.1)
6–12 years	121 (51.4)	53 (43)
13 years and above	59 (25.1)	48 (39)

Table 2: Diagnosis

Diagnosis	Frequency and Distribution
ADHD (Attention Deficit and Hyperactivity Disorder)	122 (34)
Autism	60 (16.7)
GDD (Global Developmental Disorder)/IDD (Intellectual Developmental Disorder)	69 (19.2)
Depression	26 (7.2)
Aggressive behavior	28 (7.8)
CD (Conduct Disorder)	20 (5.5)
Seizure	18 (5)
Academic decline	7 (1.9)
Mobile addiction	5 (1.3)
Genetic disorders	3 (0.8)

Table 3: Interventions

Component of Care	Percentage
Self-care	62 (15.5)
Nutrition	90 (22.5)
Physical activity	45 (11.2)
Prevention of infection and injury	83 (20.8)
Medications	39 (9.7)
Positive and productive engagement	80 (20.3)

are critical factors. Children used cooking tools to learn to chop, grate, mix, and measure food ingredients, including vegetables. Parents and children prepared a meal and snack each week in a relaxed and playful environment. Children were encouraged to play with cooking utensils for the development of simple food preparation skills such as using a knife, grating, mixing, and measuring ingredients.[7]

There is a myriad of known benefits of exercise. It has been cited as an essential part of the solution in combating obesity, significant illnesses, and various psychological disorders, and it is no surprise that physical activity is now considered a key component of ADHD treatment in adults and children. An exercise program that involves both gross and fine exercise characteristics facilitates the restraint inhibition (success in withholding motor actions during a response) component of behavioral inhibition in children with ADHD.[8] Our in-patient setup encourages children and adolescents to practice yoga as a daily routine. Parents in the present scenario can regulate children's screen time and encourage them to play outdoor activities.

Parents must act as negotiators between an adult child's assigned case manager and guardian. No one knows a person better than the family. Still, it can be emotionally painful and draining to be a loving, nurturing, advocating parent in one situation, a treatment-enforcing case manager in another, and a residential supervisor to an outside case manager in yet another. Simultaneous patient/family teaching about symptom management and medication compliance is helpful at this stage. Patient and family education also may dispel myths and provide suggestions for improving communication with the treatment team. The basic aim is to provide the patient and family with knowledge about various facets of the illness and its treatment so that they can work together with mental health professionals for a better overall outcome.[9]

Mothers and fathers need to learn to have faith in their abilities to optimize parenting quality. Once parents internalize a sense of competency in the role, satisfaction and pleasure in parenting become attainable even under marginal ecological conditions.[1]

Conclusion

Partnering with parents/families is essential to nursing care. Nurses have always made intuitive observations about children and their family dynamics. To provide effective psychiatric nursing care for children, need-based interventions similar to nurture clinics are essential because there is no cure without care. This approach may be extended to primary care facilities and community mental healthcare by nurses without much financial implications.

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Conflicts of interest

There are no conflicts of interest.

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