

Children and Youth Mental Health Services: Building Capacity by Educating Nurses

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## Abstract

Approximately one in seven children and adolescents in British Columbia experience a serious mental health problem impairing development and functioning. Most of these vulnerable children do not have access to quality mental health services largely due to inadequate academic and practice-based preparation of mental health professionals and ineffective services related to underfunding. Nurses work in a variety of settings serving individuals under nineteen years old with mental health problems thus building capacity of nurses in this specialized area of practice has the potential to improve the quality of mental health services for this population. In this paper, I present a comprehensive, evidence-informed, culturally sensitive course which if implemented with psychiatric baccalaureate nursing students, has the potential to build capacity in this area of practice and improve the quality of care. The course was developed using the Neuman Systems Model and Leininger's Theory of Culture Care Diversity and Universality. The literature review and content selection was completed using clinical consultations, textbook analysis, consideration of supplementary material, and review of teaching and learning methods. The course has been implemented with early evaluations indicating that the course has contributed to changes in nursing practice, education and research.

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## Introduction and Statement of Problem

Mentally healthy children and adolescents enjoy a positive quality of life, function well at home, in school, and in their communities. Mental illness in young people is a rising issue in British Columbia with an estimated one in seven children having a mental illness serious enough to impair development and functioning (Ministry of Child and Family Development (MCFD), 2003). There is a large burden of suffering associated with childhood mental illness. When present, a mental illness infuses every aspect of a child's life including family and peer relationships, school performance and eventual adult productivity and functioning (National Institute of Mental Health, 2001; Wattie, 2003). According to Waddell, McEwan, Hua & Shepherd (2002), no other group of disorders has such a profound effect on the development and well being of children and youth, their families and communities, and in turn society. This project describes the development of a curriculum for the Bachelor of Psychiatric Nursing program at Douglas College. The writer suggests that educating psychiatric nurses in this area will build capacity in child and youth mental health services.

Policy reports written both globally and locally suggest that healthcare fails to meet the mental health needs of children and youth. In 2003, participants attending a World Health Organization (WHO) conference on Caring for Children with Mental Disorders delineated key deficits in a policy level document (WHO, 2005a) and identified that there is a "widespread lack of knowledge about child development and childhood mental disorders, relatively weak advocacy, lack of training and in many parts of the world, absent financial and professional resources for programme development and implementation" (WHO, 2005a, p.4). The Canadian Collaboration Mental Health Initiative revealed that most children and youth with mental health problems do not receive services and 80% of those who do are serviced primarily by a family

physician (Gilles, Lipton & Spenser, 2006). Furthermore, surveys of family physicians consistently reveal they feel unprepared to deal with youth mental illness (Gilles et al, 2006).

In Canada, British Columbia took the lead in developing the first provincial Child and Youth Mental Health Plan to address the issues faced by the children of British Columbia. The plan introduced significant enhancements to service delivery, access and capacity (MCFD, 2007a). The Child and Youth Mental Health Plan for British Columbia (MCFD, 2003) noted that in order to meet the mental health needs of children and youth, four challenges needed to be addressed:

1. Development of programs such as: universal programs to build capacity; targeted programs to reduce risk and clinical programs to provide treatment and support.
2. Dissemination of evidence-informed approaches using knowledge translation processes that are systematically evaluated at all levels.
3. Coordination of children's service.
4. Comprehensive outcome monitoring to enhance the evaluating and accountability of services.

The MCFD implemented these recommendations in the Child and Youth Mental Health Plan in 2003 with new investments totalling \$46 million over 5 years (McEwan, Waddell, & Barker, 2007). An additional \$10 million over two years was committed by the province to develop new services delivered by Aboriginal agencies to support Aboriginal youth in accessing a full range of services (Morley, 2005). British Columbia's population includes the second highest percentages of foreign-born residents (26%) and members of visible minorities (22%) in Canada (Morley). In order to meet the mental health needs of children in this diverse population, mental health services must reflect the ethno-cultural profile and have culturally relevant services.

These key global and provincial documents concur with finding a need for improved health professional education, and resources, capacity building across professions and improved cultural sensitivity among health professionals. Since nurses play an important role in service delivery to this population, nurses and nursing education must be a focus for change.

Nurses are the most numerous health professionals in Canada. Their knowledge, skill and holistic approach to care enable them to integrate nursing care into systems of care for children (Evans, 2006). The role of the nurse in child and youth mental health is wide-ranging and includes educating non-professionals on mental health promotion and early intervention, raising awareness in the importance of children's mental well being, coordinating prevention programs to populations at risk and treating child and youth mental illness in the roles of case managers, primary therapists and in-home interventionists (Evans). In addition, nurses work in a variety of settings where families access mental health services such as emergency departments; primary care centres; public health clinics; community mental health centres; paediatric departments; and, inpatient psychiatric facilities. According to MCFD (2007b), there are substantial recruitment needs for the expanding Child and Youth Mental Health Services in British Columbia, and it is anticipated that there will be a shortage of qualified Canadian candidates.

Comprehensive psychiatric nursing care assesses the client from a holistic perspective and assists the individual to meet psychosocial, physiological, developmental and spiritual needs. Psychiatric nurses are trained using the application of self awareness and to promote positive change in the physical and mental health of their clients (Registered Psychiatric Nurses Association of Saskatchewan (RPNAS), n.d.). Increasing awareness of the psychiatric nurse's competencies related to paediatric psychiatry can play a key role in improving the scarcity of health professionals in child and youth mental health services.

At the core of psychiatric nursing practice is the therapeutic relationship between the client and psychiatric nurse (College of Registered Psychiatric Nurses of BC (CRPNBC), 2000). Establishing and maintaining professional boundaries to ensure the therapeutic relationship benefits the client is the responsibility of the psychiatric nurse. The professional Code of Ethics developed by the CRPNBC provides guidance to protect the veracity of the therapeutic relationship. In psychiatric nursing of children and adolescents, the Code of Ethics provides guidance related to sensitive areas such as informed consent and provides a framework to address legislation related to the psychiatric care of children and adolescents.

Educating psychiatric nurses on the concepts, principals and guidelines of child and youth mental health nursing will prepare them to be culturally knowledgeable and increase their skill to assess, understand and care for children and youth of diverse cultures. In addition, psychiatric nursing students will be exposed early on to a specialty that could create opportunities, provide qualified nurses and promote continuing professional development through graduate studies in a clinical area with such an important population.

The writer suggests that educating psychiatric nursing students in the area of child and youth mental health will build nursing capacity in this specialty. The development of a curriculum for baccalaureate prepared psychiatric nurses offered by Douglas College to include a comprehensive, evidence- informed and culturally-sensitive course on child and youth mental health will significantly contribute to meeting these objectives at the local level.

#### Theoretical Underpinnings of the Project

Theory offers organization to nursing knowledge provides ethical structure to guide action and fosters systematic, critical thinking (McEwen & Willis, 2006). A theoretical frame of reference allows the nurse to set professional boundaries and provide purposeful care with a

focus of practice guided by conceptual goals and outcomes. The Neuman Systems model is the overarching framework guiding the curriculum of the Psychiatric Nursing Program at Douglas College. Holistic and system-oriented approaches are particularly useful in guiding psychiatric nursing care during assessment, stabilization and interventions of children and youth in emotional and psychological distress (Falsfi, 2001). It therefore seemed appropriate that theoretical foundations from system and cultural perspectives be considered to guide the development of the Psychiatric Nursing of Children and Adolescents course.

### *The Neuman Systems Model*

The Neuman Systems Model provides a comprehensive approach to psychiatric nursing care, viewing the client as multidimensional incorporating physiological, psychological, sociocultural, developmental and spiritual components (Neuman, 1989). The Neuman Systems Model addresses the four metaparadigms critical to nursing practice by defining the whole person, the environment, the interaction between the person and the environment and the influence of these interactions on health and nursing.

The Neuman Systems Model views the person schematically, as containing a basic core, surrounded by lines of resistance, encapsulated by a normal line of defense, and finally surrounded by a flexible line of defense (Neuman, 1995). In Neuman's model the term *client* (synonymous with the nursing metaparadigm concept of "person"), denotes a system composed of several variables (Neuman, 1989). The physiological variable refers to bodily structure and function; the psychological variable refers to mental processes and ability to build and maintain relationships; sociocultural variable refers to social and cultural dimensions; developmental variables refer to the developmental processes; and the spiritual variables refer to aspects of spiritual influences and personal meaning (Neuman, 1989). The client can be defined as any

system - an individual, family, group or community - that interacts with the environment (Reed, 1993).

Neuman (1995) equates health with wellness. Neuman's model defines health for the client as the "optimal system stability" at any given time and as "being at various, changing levels within a normal range, rising or falling throughout the life span because of basic structure factors and satisfactory or unsatisfactory adjustment by the client system or environmental stressors" (Neuman & Fawcett, 2002, p. 23). Wellness and illness are on two ends of a continuum. When more energy is being generated than used, the client is moving towards wellness, and when more energy is required than being generated, the result is a movement towards illness and possible death (Neuman & Fawcett). Stability occurs when all the system's parts and subparts are in harmony so that the whole system is in balance (George, 2002).

The Neuman Systems Model identifies three relevant environments. The internal environment is intrapersonal and refers to all stimuli, forces or interactive influences existing within the client system; the external environment includes interpersonal and extrapersonal dimensions and refers to all stimuli, forces or interactive influences existing outside the client system; and the created environment is developed unconsciously by the client and refers to beliefs, values and energy exchanges and is symbolic of system wholeness (Neuman & Fawcett, 2002). Environmental forces or influences are called stressors. Mental illness would be considered a stressor in the internal environment, while poor family relations would be an example of a stressor in the external environment. The created environment protects the client and may not necessarily represent reality as perceived by the nurse but is still purposeful and important in understanding the client; examples of influences in the created environment include self esteem, beliefs and values (Neuman & Fawcett). The aim of nursing is to assist the client

with maintaining and enhancing system stability and assess the effects and potential effects of environmental stressors on the client system (Neuman & Fawcett).

Neuman (1995) sees nursing as a unique profession concerned with the whole person, understanding variables that influence how a person might respond to a stressor. She defines nursing as actions which assist the client system – individual, family or group - to maintain a maximum level of wellness, and which use nursing interventions to reach stability (Heyman & Wolfe, 2000). Neuman places emphasis on the need for the caregiver's perceptions to be addressed in addition to that of the clients (Neuman & Fawcett, 2002). The role of the nurse involves primary, secondary and tertiary care and utilizes the nursing process in three stages: nursing diagnosis, nursing goals and nursing outcomes (Heyman & Wolfe).

The Neuman Systems Model provides flexibility which makes it applicable in all areas of nursing – education, practice and research (George, 2002). Nursing programs in the United States, Canada, and abroad have found the model consistent with their philosophy and major concepts and have used the Neuman model as a framework to guide curriculum development (Johnson & Weber, 2005). The Bachelor of Psychiatric Nursing Program offered through Douglas College is one such program. Faculty here have adopted the Neuman Systems Model to guide curriculum development, including the conception of this course on psychiatric nursing of children and adolescents.

#### *Leininger's Theory of Culture Care Diversity and Universality*

The development of the Psychiatric Nursing of Children and Adolescents course was also guided by Leininger's Theory of Culture Care Diversity and Universality. Traditionally, culture originally referred to an individual's race, religion or country of origin, but the definition has now expanded to include many aspects of life which shape individuals, including occupation,

political affiliations or social milieu (Concept Media, 2006). Diversity in cultures exists in every community and refers to an entire spectrum of distinct social groups whose needs must be taken into consideration when delivering services (for example, gays and lesbians, people with disabilities, people of different religious beliefs, people of differing socioeconomic levels, people at different developmental stages etc.). Children are influenced by cultural values and norms through daily family life, school, TV and everyday encounters (Leininger, 1992). Patient's manifestation and communication of their symptoms, their willingness to seek treatment and use of community supports are all culturally influenced (US Department of Health and Human Services (DHHS), 1999). Children have a right to expect that their cultural values and beliefs are understood, respected and responded to appropriately.

Recognizing cultural differences when considering stages of child development can also be very important since some developmental stages are universally applicable, such as language and motor skill development, while others are culturally-specific (WHO, 2005b). Many developmental scientists disagree with the notion of universal stages of development. Vygotsky (1994) believed child development should be viewed from a sociocultural perspective, where the individual is actively shaped by their social and cultural environment suggesting that children primarily acquire skills valued by their culture -such as reading, managing crops or using an abacus- through the guidance and support of elders (as cited in Keenan, 2002). While still acknowledging stages of development, Vygotsky rejects the idea that these stages are age-related (Keenan, 2002). Timimi (2005) suggests that a model that incorporates the notion that across cultures there are different, equally healthy and acceptable, perspectives on child development may have the potential to reduce the amount of pathologizing of children in current Western

medical practice. Thus attention to cultural difference may well have a profound effect on child and youth mental health policies and practices at all levels of care.

Culture also plays a role in meaning and understanding of illness and specifically mental illness. The meaning of illness refers to attitudes and beliefs a culture holds true about whether an illness is “real” or “imagined”, whether it is of the body or mind (or both), whether it warrants sympathy, how much stigma surrounds it, what might cause it, and what type of person might succumb to it (DHHS, 1999). A child’s mental illness may be stigmatized in diverse ways, depending on its cultural location. For example in the Vietnamese community, having a mental illness brings humiliation to the family, and recovery is perceived as being nearly impossible (Johnson, 2005). Therefore the stigma felt by the child’s family can take an overwhelming toll, and families may isolate the child from society, leading to devastating effects on emotional development and lack of treatment and support (WHO, 2005b).

Culture may determine whether people seek mental health services, the type of help they access and what types of coping styles and social supports they have (DHHS, 1999). Families may seek treatment for mental health problems from a variety of providers including: primary care providers, those located at mental health centres, clergy and traditional healers. Thus, decisions shaped by the dominant culture can contribute to decision-making about mental health services within the family unit (DHHS). The way in which the provider responds to the issues faced by families can be based on the provider’s own cultural beliefs. For example, a psychiatric nurse may discourage the use of alternative approaches, such as vitamin therapy, based on a western view of medicine.

Leininger (1992) defines *ethnocentrism* as the belief that one’s ways of thinking and doing care are the best, preferred or superior way of behaving. Having ethnocentric beliefs can

impede the ability to give effective nursing care to individuals. Closely related to ethnocentrism is *cultural imposition*, the imposition of one's own values, beliefs and practices on another person or group (Reynolds & Leininger, 1993). Lack of transcultural knowledge, an inability to be accommodating or failure to consider other's cultural values can lead to cultural imposition and can be a serious problem in the health care field (Leininger).

Awareness of the distinction between the concepts of *emic* and *etic* beliefs are important in understanding a client's world view. The term "emic" refers to the local or internal ideas, expressions and practices of a culture. Alternatively, the term "etic" refers to an outsider's view that is viewed as more universal (Leininger, 1992). The emic and etic viewpoints are valuable for comparing differences and similarities in "normal and abnormal" behaviours. Therefore, it would be important to avoid labelling and diagnosing mental disorders in children and adolescents based on the mental health nurse's "etic" culture.

The approach to mental health assessment and treatment ideally should be reflective of the child or adolescent's world. Children and youth are greatly influenced by cultural values and norms through media, school and their environments. Children and adolescents from a variety of cultures access mental health services and mental health nurses need to be able to care for clients whose behaviour, patterns of thinking, acting and functioning are markedly different from their own (Leininger, 1992). The culture of adolescence itself is also unique and must be understood. Adolescents define health through family, peers, education, employment and leisure (Gray, Hughes & Klein, 2003).

The mental health status of children and adolescents is best assessed with respect to cultural dimensions and an awareness of the possibility of cultural intergenerational variability (Leininger, 1992). Hence the child or adolescent may not follow exactly the same values and

belief systems as their parents. The psychiatric nurse who is culturally sensitive should be able to understand cultural symbols and meanings, identify subtle cues and interpret cultural expressions accurately to ensure that the assessment data is accurate and that the nurse is responding effectively (Reynolds & Leininger, 1993). Additionally it may mean allowing access to mental health services through creative ways of communication more familiar with the adolescent culture. Many adolescents have come to rely on text messaging and email to communicate with friends, family, retailers and service providers. Adolescents should be able to interact with and gain access to the mental health system, including crisis services, through these means (Gray et al, 2003).

Leininger's theory, asserts that nurses must learn to be very attentive and sensitive to the client's culture and learn how to work with the client in a collaborative way so the focus is on care constructs rather than medical knowledge (Leininger, 1992). Introducing the concepts, principles and guidelines of transcultural nursing within the curriculum of the child and youth mental health course will prepare psychiatric nurses to be culturally knowledgeable and increase their ability to assess, understand, and care for children, youth and their families of diverse cultures.

#### *Limitations of Selected Theoretical Approaches*

The Neuman System Model and Leininger's Theory of Cultural Care Diversity and Universality are not without their limitations. The Neuman Systems Model is applicable in terms of looking at the whole client and addressing the different variables to provide a thorough assessment. However the model's comprehensive nature can also be considered a weakness since it could be used in other disciplines other than nursing. While on the surface this could be viewed as beneficial from a consistency perspective, it could lead to duplication of health

assessment data if used in disciplines other than nursing such as social work. Although Neuman provides a socio-cultural variable, simply listing this variable doesn't allow for the nurse to truly enter the client's world as a cultural stranger as Leininger (1992) suggests.

Leininger (1992) provides a way to allow nurses to become culturally aware of their own ethnocentrism and encourages education and understanding at a different level of cultural awareness. However there is the possibility of the nurse viewing the client using a stereotypical view of culture, which may not be relevant considering the multiple realities existing in present-day cultures. Variation within cultures does exist, including disability, socioeconomic status, gender, age, religion or education, which influence the ways in which people express their cultural orientation (Meleis, 1999.) Every belief and behaviour has both cultural and individual determinants (Lipson 1999).

Despite their weaknesses, these theories are very useful in application and can enhance clinical perspectives when working with children and youth within psychiatric nursing practice thus providing a more holistic and culturally sensitive approach to care. The Neuman Systems Model and Leininger's Theory of Culture Care Diversity and Universality complement each other and provide the grounding for development of a curriculum that considers cultural diversity and holistic nursing. The use of both theories in the development of the Psychiatric Nursing of Children and Adolescents course, the writer suggests, allows for culturally sensitive, evidence-informed and comprehensive learning of psychiatric nurses.

#### Literature Review and Content Selection

Improvements in the health care delivery system of child and youth mental health services ultimately depend on changes in the education of health care professionals who provide care. Psychiatric nurses must fully understand the holistic nature and complexity of children and

youth, the importance of their mental health and their unique challenges when faced with mental illness. This involves the integration of various theories and principles related to mental health promotion, early identification and screening and assessment specific to children and adolescents and how psychiatric care of youth is differentiated from care of adults.

Developing the outline for the Psychiatric Nursing of Children and Adolescents course and deciding on appropriate content involved clinical consultations with nurses working in the field and an extensive literature review. The literature review involved a comprehensive search on child and youth mental health topics including evidence-informed treatments, ethical considerations and theoretical concepts. In addition, a review of literature on different teaching methods to promote an active and collaborative learning environment and encourage critical thinking, problem solving and intellectual curiosity was accomplished.

#### *Clinical Consultations*

In selecting the learning content to best prepare the psychiatric nurse to work in child and youth mental health, it seemed appropriate to consult with nurses working in the field who represent the perspectives of future employers. Interviews were conducted by email to nurse representatives in different areas of child and youth mental health including the community, MCFD policy group, BC Children's Hospital and the Queen Alexandra Center for Children's Health. The aim of the interviews was to elicit the clinical skills and theoretical knowledge, viewed as most important by mental health nurses working in the field of child and youth mental health. Additionally, the nurses were asked to discuss knowledge gaps seen in new nurses entering the field in their clinical areas. Appendix A shows the questionnaire sent by email to four nurses working in different child and youth mental health services throughout British

Columbia. Three of the four questionnaires were returned and key themes emerged in each of the areas.

*Theoretical knowledge.* The responses from the consultations discussed the need for a theoretical knowledge base in a variety of areas. All questionnaires returned indicated that among the most important theoretical knowledge was the understanding of normal child development. Additionally, theories related to psychopathology, risk and resilience, crisis, social learning, family systems and biological influence were suggested to be included in the course content. There was consensus that psychiatric nurses needed to be aware that the presentation, assessment, diagnosis and treatment of mental illness in children were different from that of adults. Understanding the ethics and legislations such as the Mental Health Act in relation to children and youth, the Infant's Act and the Youth Criminal Justice Act were noted as content that would be of great benefit to the newly graduated psychiatric nurse.

*Clinical skills.* The second question yielded specific clinical skills that the expert nurses felt were of great importance when working in child and youth mental health. The clinical skills suggested as most important in this specialized area of nursing could be categorized into three different areas:

1. General personal characteristics such as strong skills in communication, organization, leadership, creativity and mediation/negotiation; the ability to be self aware and self intuitive; commitment to personal and professional development; computer literacy; and high emotional and social intelligence.
2. General nursing skills included holistic assessment that encompasses physical and mental health assessment; treatment planning and evaluation; medication management; general head to toe assessment.

3. Specific mental health nursing skills included suicide risk assessment, family counselling, the child and parent interview, advocacy, motivational counselling, as well as understanding classification of disorders including the impact of labels, mental status examination, psychopharmacology, specific assessment tools used within the multidisciplinary team when diagnosing mental health disorders in children. The role of the nurse in child and youth mental health and the unique perspective brought to the multidisciplinary team was also indicated as important.

*Knowledge gaps.* The knowledge gaps identified of new nurses entering the field seem to be representative of areas that the consultant worked in and were very different in each response. The common theme was the lack of practice experience specific to child and youth mental health. The nurse working in the community identified counselling skills and community work as the largest gap, while the senior nurse at the hospital felt the lack of knowledge on trauma-informed care (the model presently being applied in inpatient settings for child and youth mental health) was an issue.

The emerging themes of theoretical knowledge, clinical skills and knowledge gaps were the basis for an initial outline of course material. Additionally, during curriculum meetings, course content was discussed with other Department of Psychiatric Nursing Faculty to ensure the curriculum threads were consistent and to ensure lack of duplication of information in other course material. The course outline for Psychiatric Nursing of Children and Adolescents was eventually developed (see Appendix B). Using the identified outline of content, a literature search was conducted examining relevant and evidence-informed research in the field of child and youth mental health.

*Textbook Analysis*

The literature search began with a review of textbooks discussing mental health in children and adolescents. Several textbooks were critiqued based on their readability, succinct organization, evidence-informed content, recent publication and congruence to theoretical approaches; comprehensive overview of theory and disorders; and Canadian content. Ideally, the textbook would be clinically directed and highlight prevention, assessment and treatment from a nursing perspective. Appendix C outlines an analysis of eight selected textbooks for review. It soon became evident that a book encompassing all the criteria did not exist.

Brown et al. (2008) was succinct, evidence-informed, recently published and clinically driven but was not comprehensive enough for each disorder, and difficult to read for this level of learner. It was geared towards psychology and appeared to be treatment focussed. Erk (2008) provided a comprehensive description of developmental theory but the book ranked low on readability and was too technical. The textbook by Jongsma, Peterson and McInnis (1996) was dated, had no recent publications and did not provide an inclusive description of disorders.

McDougall (2006) was the only recent text in the field that focussed on nursing. It was very readable and thoroughly covered both theory and disorders. The limitations of this textbook were that it contained primarily British content and discussed legislation within the UK. The other major weakness of the book, and ultimately the reason it was not chosen, was the way nursing of children and youth was depicted. The nurse was not considered part of the multidisciplinary team but was to report to the “specialists” rather than be considered a specialist actively participating in the assessment, diagnosis and treatment of children and adolescents in emotional distress.

McWhirter, McWhirter, McWhirter & McWhirter (2007) focussed primarily on risk and resilience and seemed more appropriate for professionals with previous knowledge of child and youth mental health disorders. The book did however use an ecological approach which was effective and its introductory chapter provided a succinct summary of the risk factors faced by youth. This chapter was included in the course package to supplement the text that was eventually chosen. Vernon & Clemente (2005) provided excellent cultural content in their book, but otherwise the book was not well organized and ranked low on readability. Although dated, West & Evans (1992) was organized and nursing focussed but the authors used often used diagnostic terminology no longer current. The book did however have a chapter on culturalogical assessment in child and youth mental health written by Madeleine Leininger and thus this chapter is not part of the supplementary reading package for the Psychiatric of Children and Adolescent course.

The final textbook under review was by Wicks-Nelson and Israel (2006) and was eventually chosen for its organization, readability and theoretical congruence. This book presented a comprehensive overview of all the disorders, provided historical influences and provided an overview of theoretical perspectives that encompassed both developmental and psychopathological perspectives. This textbook is not nursing focussed and, unfortunately, none of the textbooks had Canadian content. However using the Wicks-Nelson and Israel textbook with the addition of supplementary resources, all the desired and recommended content and criteria established at the outset of this review could still be met.

In addition to a chapter on risk and resilience by McWhirter et al (2007) and a chapter on culturalogical assessment by West and Evans (1992), additional resources were chosen to supplement the textbook and ensure that learning objectives could be met. A comprehensive

literature search was completed on Canadian content in relation to child and youth mental health nursing.

### *Supplementary Readings*

A literature search was conducted using a variety of databases and search engines including MEDLINE and CINAHL databases, the Cochrane Database of Systematic Review and Google Scholar. The following key words were used alone and in combination: “child and youth”; “adolescents”; “paediatrics” “nursing”; “nursing students”; “psychiatric nursing”; “mental health”; “mental illness”; “psychiatry”; “Canadian; “Canada”; “British Columbia”; as well as key words for specific disorders involving mental health with this population. Key references of published articles were also reviewed. As the literature on mental health services for children and youth was not vast, these key terms yielded an amount of reference material that was manageable. Of the articles retrieved, key themes were identified, articles were then organized according to these emerging themes. Research which identified evidence-informed content was deemed most relevant however; the review included insightful review articles as well. Articles that provided evidence of best practices in mental health nursing and psychiatric nursing education were considered core material in the development of the course. Not all appropriate articles were chosen to be included as supplementary material but were still organized and filed to enhance instructional material for each unit.

Provincial centres that represent and collaborate with a variety of stakeholders in children’s mental health yielded the strongest evidence and publication directories. British Columbia’s Children Health Policy Center located at Simon Fraser University conducts research to inform policy-making; focuses on preventing problems of children at risk; promotes effective programs and services; and monitors and evaluates child and youth mental health programs

(Children's Health Policy Centre, 2008). This policy group was responsible for the development of the Child and Youth Mental Health Plan for BC and continues to conduct research to support this plan. The second provincial center that was used was the Provincial Center of Excellence for Child and Youth Mental Health in Ontario. This center facilitates partnerships with various stakeholders in child and youth mental health; funds new research through educational grants; builds, synthesizes and mobilizes child and youth mental health evidence; and generates opportunity for knowledge exchange. Both centers provide websites with excellent directories of publications, toolkits to be used in practice and retrievable archives. Supplementary readings were yielded from the literature search and a complete list of required and recommended resources is detailed in Appendix D.

#### *Teaching and Learning Methods*

Developing the course content and ensuring adequate and comprehensive resources was the foundation in providing psychiatric nursing education in the field of child and youth mental health. Equally as important as the content is the way the material would be delivered. Since doing my Bachelor of Science in Nursing at McMaster University, I have been aware and partial to learning and teaching strategies that enhance student participation in class and promote critical thinking, problem solving and decision-making skills of students. McMaster University took the lead in the late sixties in using these strategies by introducing problem-based learning (PBL) as an innovative approach to medical education. During my undergraduate education the approach had also been adopted by the Bachelor of Science in Nursing program. PBL is a method of teaching which utilizes patient scenarios to stimulate students to acquire and apply information to solve problems (Russell, Comello & Wright, 2007). At McMaster University, these scenarios were often presented using a simulated patient (a professional actor) to groups of eight students

working together to assess and problem solve the clinical problem. Learning in this way encourages self-directedness, group process, teamwork, clinical problem solving skills and integration of information. Problem-based learning, Context-based Learning (CBL), Active Learning (AL) and Student-Centered Learning (SCL) are learning strategies described in the literature which indicate the shift of emphasis from the teacher to the student. In recent years, many schools have adopted various forms of student centered learning to replace or accompany the traditional teacher-led instruction (Hesson & Shad, 2007).

Although I had enjoyed problem based learning, I was aware that this method of teaching would not be appropriate to teach this course due to the large class size (on average 40 students) and the classroom environment which is not congruent with PBL methods as I had known them. Instead theory courses at Douglas College are often delivered using lectures, guest speakers, simulation and audiovisuals.

The behaviourist model of learning suggests individuals learn by passive association of ideas and concepts acted upon them (Clark, 2008). In contrast, the constructivist approach to learning proposes that students actively construct their own ideas based on prior knowledge, experience and interactions with their environment (Deyoung, 2009). Psychiatric nursing is a practice discipline. Classroom content should emphasize the application of knowledge and be based on the best practice of mental health nursing from real life experiences and professional literature. Engaging learners in meaningful classroom activities such as case studies and clinical problems can build on knowledge that already exists in the learner's reality which is the foundation of constructivist learning theory (Williams & Day, 2007). Classroom learning activities that focus on group process and peer learning can enhance critical thinking by two way communication and supports the constructivist approach to learning. Using a constructivist

approach in the course on psychiatric nursing of children and adolescence should enhance the learning of the psychiatric nurse.

According to Anderson and Krathwohl, learning can be categorized into three domains that include cognitive, affective and psychomotor domains (as cited in Clark, 2008). The cognitive domain involves acquiring information through classroom activities such as lectures, online instruction and one-to-one tutoring; the affective domain involves internalization of attitudes, emotions, values or beliefs through role plays, case studies, simulation and group discussions; and the psychomotor domain involves the learning of nursing procedures through clinical practice (Clark).

Combinations of learning approaches, specifically from the cognitive and affective domains were chosen to guide strategies of learning in the classroom. The principles of constructivist learning and peer learning were additionally used to guide the development of classroom activities. Each unit of learning would consist of two (2 hour) classes a week. During the first class, the students would be divided into groups of six. Each week, one group would be responsible for researching, preparing and presenting a case study using the Neuman System's Model as a framework. The case would be discussed and questions would be addressed to the group by the other students and the instructor. A combination of convergent questions- requiring lower level thinking such as verifying information- and divergent questions where there is no one correct response facilitating critical thinking would be asked (Wade, 1999). This is considered an inductive method and a form of problem based learning since clinical cases are presented prior to the student's learning new clinical concepts and theory related to the unit (Russell et al, 2007). Although the students will lead this portion of the class time, the instructor will be responsible for selecting and providing the case studies and designing the questions and flow of discussion.

The instructor will not directly answer questions related to the case but rather use probing questions to assist students in their search. More traditional methods of teaching such as lectures will follow the student led presentations pulling together themes and helping students integrate theory and concepts. The instructor will refer to the case scenario throughout the lecture to engage the learner. Additional teaching strategies, such as various forms of media and guest speakers, would also be utilized.

Delivery of content using the lecture method has many advantages such as conserving time, providing information to a large number of students, explaining complex concepts, and focusing on critical content that is both theoretical and clinically based (Young & Paterson, 2007). Although lectures can be cost effective and an efficient use of class time they provide less opportunity to provide feedback, encourage students to be passive learners and promote a teacher centered environment (Russell et al, 2007).

An integrated approach that would allow active learning methods to be immersed within a lecture will allow students to receive essential content about theory and clinical practice and still draw on past experiences and knowledge about the information presented. Using both traditional and non-traditional teaching strategies will promote students to think critically and exercise clinical judgment prior to working directly in the field of child and youth mental health. Providing a learning environment that encourages flexibility, creativity, active participation and group process as well as providing clinically relevant, evidence informed content will maximize the learning experience of the psychiatric nurse. Improving the education of psychiatric nurses in the area of child and youth mental health will affect nursing practice, nursing education and nursing research.

## Building Capacity in Nursing Practice, Education and Research

### *Nursing Practice*

Developing a course on psychiatric nursing of children and adolescents will build capacity in psychiatric nursing and ultimately improve mental health promotion, early identification and treatment for children and youth accessing services from a variety of resources. Until recently, inpatient units serving children and adolescents in British Columbia only hired registered nurses (RNs) with a background in psychiatry and paediatrics. Registered Psychiatric Nurses (RPN) were unable to apply for positions on these units. Developing relationships through consultations with employers have opened discussions about what the registered psychiatric nurse can bring to the child and youth mental health inpatient unit. Awareness of their scope of practice, the curriculum threads of the bachelor of psychiatric nursing program and the comprehensive upper level course on psychiatric theory and practice specific to children and youth offered as part of the program may have contributed to a shift in hiring practice. Most recently, representatives from inpatient units have approached the writer to promote and recruit psychiatric nurses by discussing the role of the psychiatric nurse within the interdisciplinary team, and encouraging application to these nursing positions.

### *Education*

Developing the course on child and youth mental health has already created collaboration with various stakeholders. On May 1, 2008, I was invited to be the key note speaker for Counsellor's Day at Douglas College. This event brought one hundred high school counsellors to Douglas College to provide professional development in an area they identified as most important - mental health issues facing adolescents. By educating school personnel on early identification of mental health issues, providing community resources for early intervention and

developing a deeper understanding of the issues faced by our youth, high school counsellors working closely with youth will be more prepared to identify mental health needs and refer to appropriate resources.

In addition I was approached by MCFD to develop of a web-based course to educate youth addiction counsellors on child and youth mental health. The aim of this project is to establish a baseline assessment of service delivery for youth who experience mental health issue and addictions (termed concurrent disorders) and then develop and implement several initiatives to increase the capacity of practitioners working in both systems to provide appropriate interventions.

The course is intended to expand youth addiction workers' knowledge and understanding of child and youth mental health practice and includes topics such as mental health promotion, impact of mental health problems on adolescent development, understanding the impact of mental illness on families and the impairment of functioning associated with mental health problems seen in youth. Ideally the goal is to improve partnerships between child and youth mental health services and addiction services to work together in a collaborative manner improving access, engagement and coordination of services.

Advanced and continuing education programs providing evidence-informed and clinically-directed knowledge specific to child and youth mental health should be considered for registered nurses and registered psychiatric nurses wanting to move into the field. The curriculum committee is actively considering the possibility of adapting this course to an online program as part of a degree completion program and/or continuing education certificate.

Educating a variety of disciplines and service providers that serve children and youth by developing curriculum outlining child and youth mental health issues can contribute to providing

the coordinated, comprehensive, evidence informed mental health services that is suggested in the Child and Youth Mental Health Plan for BC.

### *Research*

Building capacity in the area of child and youth mental health nursing may encourage nurses to generate research questions relevant to this area of practice. After reviewing the literature, it is evident that there is a paucity of research which is Canadian and nursing focused in the area of child and youth mental health. Opportunities for some pioneering contributions in this area are needed and evaluation of programs from a nursing perspective would be valuable.

Using quantitative studies to evaluate the effectiveness of increased theoretical knowledge and clinical skills of psychiatric nurses in the area of child and youth mental health would be beneficial. Additionally identifying if this course has any impact on employment and shortages in the field would be interesting to explore. Qualitative studies on perceptions of how prepared new registered psychiatric nurses feel entering the field of child and youth mental health following the course may be an area of consideration for further research.

Continued research is needed in the areas of prevention, early intervention and evidence-informed treatments for mental health disorders seen in the youth population. Developing partnerships in research and programming between ministries such MCFD, Ministry of Education, Ministry of Health and Ministry of Advanced Education to improve the education of various stakeholders in this field could also be valuable. And finally researchers should engage and advocate in public debates about the mental health issues faced by youth to constructively contribute to media coverage and public perceptions that are so influential to the policy process (Waddell et al, 2005).

## Conclusion

Mental health is fundamental to children's emotional development, and therefore to well being and functioning throughout the lifespan. Individuals under the age of 19 years constitute approximately 25% of the population in Canada and are vital for the future strength and success of our society (Canadian Council for Social Development, 2004). An estimated 14% of children experience mental disorders that cause significant distress impairing their functioning, yet only 25% of these children receive specialized treatment services (Waddell & Godderis, 2005). Children with recognized mental health problems often have difficulty accessing mental health services due to inadequate numbers of providers, poor mental health service coverage and inconvenient hours of service (Grupp-Phelan, Harman & Kelleher, 2007). The need for better coordinated services with evidence-informed practitioners is imperative in improving the mental health the needs of young Canadians.

The Senate committee on Social Affairs, Science and Technology chaired by Senator Kirby released a three year study on mental health, mental illness and addiction in Canada in which a chapter was devoted to children (Canadian Paediatric Society, 2006a). The report concluded that "children and youth are at a significant disadvantage when compared to other demographic groups affected by mental illness, in that the failings in the mental health system affect them more acutely and severely" (as cited in Canadian Paediatric Society, p.5). Critics of the Kirby Report suggest that it predominantly focussed on treating children with existing mental disorders and took a significant downstream approach instead of an upstream approach focussing on prevention (Waddell, Schwartz, Garland, Nightingale & Dixon, 2007).

According to the Child and Youth Mental Health Plan for BC, both prevention and treatment programs are needed to make a difference for children's mental health (MCFD, 2003).

In May 2008, MCFD released a progress report providing an overview of accomplishments and work in progress as a result of the Child and Youth Mental Health Plan. The progress report states that in 2008 funding for Child and Youth Mental Health in British Columbia is more than double what it was prior to the plan. While the increase to funding is important, how that funding is distributed is crucial to the success of the plan.

According to the progress report the key actions of the Child and Youth Mental Health Plan has been addressed thus far in the following ways:

1. The introduction of preventative programs, toolkits for teens and families on mental illness and suicide and crisis teams have been among the actions taken to reduce risk.
2. Building Capacity has been strengthened by the introduction of knowledge network documentaries, resource phone lines, and mental health groups for families
3. Improving treatment and support has been initialized by creating three hundred new clinical and support worker positions although recruitment has not been accomplished to date. In addition existing CYMH clinicians have been given specialized training based on the best available research evidence.
4. And improving performance involved developing a cross-ministry committee so that collaboration could be more effective between the full range of stakeholders involved in child and youth mental health services.

The progress report of the Child and Youth Mental Health Plan for BC shows improvement to service and promise in meeting the high levels of service need for our young population (MCFD, 2008). Developing specialized, evidence-informed curriculum in the area of child and youth mental health can play a key role in the above actions as well. Health care professionals in generalist areas, high school counsellors, youth addiction workers and psychiatric nurses can

reduce risk by having a better understanding of the risks and protective factors associated with mental health disorders in children. Building capacity can occur by exposing more individuals in the healthcare field to the advocacy and policy needs of children and adolescents with mental health problems. Increasing treatment and support can occur by improving opportunities for qualified nurses to be recruited into the field. And finally improving performance can be done by developing curriculum that educates different stakeholders on the mental health needs of young British Columbians and encouraging cross-ministry collaboration.

According to the Canadian Paediatric Society (2006b), mental health problems among children and youth will increase by 50 percent by 2020 so the need to close the gap between the increasing demand for mental health services among Canadian children and youth and the limited supply of appropriate and evidence-based services available to meet these needs is imperative. Ensuring that curriculum for the preparation of psychiatric nurses includes a culturally sensitive and holistic approach to caring for children and youth with mental health problems will contribute to building capacity of child and youth mental health services.

*“There can be no keener revelation of a society’s soul than the way in which it treats its children.”*  
Nelson Mandela

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Appendix A

Clinical Consultation Questionnaire

Dear \_\_\_\_\_

Thank you for agreeing to participate in this consultation. I am developing a course on Child and Youth Mental Health for the Psychiatric Nursing Department at Douglas College. I would like your input on what you feel the learning content should be to best prepare a Psychiatric Nurse in your area. Please answer the questions below and return to me by March 25<sup>th</sup>. Again I really appreciate you taking the time and enhancing the learning of psychiatric nursing students. - Sarah

What theoretical knowledge do you feel is important for psychiatric nurses wanting to work in the field of child and youth mental health?

What clinical skills do you feel are specific to child and youth mental health nursing?

What do you see as the largest knowledge gaps of new nurses entering the field of child and youth mental health?

With improved knowledge in the areas you identified above, would you consider hiring a new graduate from the psychiatric nursing program? Please Explain.

Thank you

## Appendix B

### Course Outline

#### Unit One

Introduction  
Course Overview  
Historical Context  
BC Child and Youth Mental Health Plan  
Normal Child and Youth Development

#### Unit Two

Theoretical Perspectives

- Neuman System's Theory
- Leininger's Theory on Cultural Care Diversity and Universality
- Family System's Theory

#### Unit Three

Nurse's Role in Child and Youth Mental Health  
Ethical Considerations

- Mental Health Act
- Infant's Act
- Trauma-Informed Care
- Youth Criminal Justice Act

#### Unit Four

Classification, Assessment and Treatment

- Risk and Resilience
- The Impact of Labels
- The Child and Parent Interview

#### Unit Five

Anxiety Disorders in Children and Adolescence

- Phobias
- Separation Anxiety
- Reactive Attachment Disorder
- Generalized Anxiety Disorder
- Panic Disorder
- Post Traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Pharmacology
- Psychiatric nursing assessment and interventions

#### Unit Six

Psychotic Disorders in Children and Adolescence

- Schizophrenia
- Drug-induced psychosis

- Early Psychosis Intervention (EPI)
- Pharmacology
- Psychiatric nursing assessment and interventions

#### Unit Seven

##### Mood Disorders in Children and Adolescence

- Depression
- Bipolar Disorder
- Pharmacology
- Psychiatric nursing assessment and interventions

Self Injury

Youth Suicide

#### Unit Eight

##### Attention-Deficit Hyperactivity Disorder

#### Unit Nine

##### Conduct Problems

- Oppositional Defiant Disorder
- Conduct Disorder
- Pharmacology
- Psychiatric nursing assessment and interventions

#### Unit Ten

##### Language and Learning Disorders

- Psychiatric nursing assessment and interventions

#### Unit Eleven

Mental Retardation

Fetal Alcohol Syndrome

#### Unit Twelve

##### Pervasive Developmental Disorders

- Autistic Disorder
- Asperger's Disorder
- Rett's Disorder
- Childhood Disintegrative Disorder
- Psychiatric nursing assessment and interventions

#### Unit Thirteen

##### Disorders of Basic Physical Function

- Elimination Disorders
- Sleep Disorders
- Psychiatric nursing assessment and interventions

Appendix C  
TEXTBOOK ANALYSIS

TEXTBOOK	CRITERION 1	CRITERION 2	CRITERION 3	CRITERION 4	CRITERION 5	CRITERION 6	CRITERION 7	CRITERION 8	CRITERION 9	CRITERION 10
<b>Brown et al (2008)</b>		√	√		√	√		√	√	
<b>Erk, R. (2008)</b>		√	√		√	√	√	√	√	
<b>Jongsma et al (1996)</b>		√						√	√	
<b>McDougall, T. (2006)</b>	√	√	√	√	√	√	√	√	√	
<b>McWhirter et al (2007)</b>					√	√			√	
<b>Vernon, A. &amp; Clemente R. (2005)</b>					√	√		√		
<b>West, P. &amp; Evans, C. (1992)</b>	√	√		√		√	√	√	√	
<b>Wicks-Nelson &amp; Israel (2006)</b>	√	√	√		√	√	√	√	√	

Legend of Criteria

1. Readability
2. Succinct Organization
3. Evidence- Informed Content
4. Nursing Focussed Material

5. Recently Published
6. Congruence to Theoretical Approaches
7. Comprehensive overview of theory and disorders
8. Clinically directed
9. Prevention, assessment and Treatment focussed
10. Canadian Content

#### Reference List of Textbooks under Review

Brown, R., Antonuccio, D., DuPaul, G., Fristad, M., King, C., Leslie, L., McCormick, G., Pelham, W., Piacentini, J., & Vitiello, B. (2008). *Childhood mental disorders: Evidence base and contextual factors for psychosocial, psychopharmacological, and combined intervention*. Washington, DC: American Psychological Association.

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Wicks-Nelson, R. & Israel, A. (2006). *Behavior disorders of childhood* (6th ed.). Upper Saddle River, New Jersey: Pearson Prentice/Hall.

## Appendix D

**Required Resources**

- American Psychological Association (2001). *Publication manual for the American Psychological Association* (5<sup>th</sup> ed.). Washington, DC: Author.
- College of Registered Psychiatric Nurses of British Columbia (CRPNBC) (2000). *Code of ethics*. Available to download at: <http://www.crpnb.ca/competency.htm>
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- Wicks-Nelson, R. & Israel, A. (2006). *Behavior Disorders in Childhood* (6<sup>th</sup> ed.). New Jersey: Pearson Prentice Hall.

**Recommended Resources**

- American Psychiatric Association (2000). *Diagnostic and statistical manual of psychiatric disorders: IV-TR text revision* (4<sup>th</sup> ed.). Washington, DC: Author.
- BC Ministry of Health (2005). *Guide to the mental health act* (2005 ed.). Victoria, B.C.: Crown Publications. Available to download at <http://www.health.gov.bc.ca/mhd/pdf/MentalHealthGuide.pdf>
- Ministry of Child and Family Development (2003). *Child and youth mental health plan for British Columbia*. Available to download at: [http://www.mcf.gov.bc.ca/mental\\_health/mh\\_publications/cymh\\_plan.htm](http://www.mcf.gov.bc.ca/mental_health/mh_publications/cymh_plan.htm)

Appendix E

PNUR 4573

Psychiatric Nursing of Children and Adolescents

PLEASE SEE ATTACHED COPY.