

Nurses' experiences on treating pediatric mental health patient:

A literature review

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<p>Abstract</p> <p>20% of children and young people suffer from mental health problems, such as depression, self-harm and suicidal behavior, behavioral problems, anxiety and eating disorders. Disorders in adulthood have usually had symptoms in childhood, and half of the problems start before the age 14. Treatment is determined by the disorder and wishes of the child and family. Promoting mental health, wellbeing and resilience, as well as intervening early is essential. Nurses have important role in promoting children's wellbeing.</p> <p>Research question was "what are nurses' experiences on treating pediatric mental health patients?" and aim was to find how nurses feel and experience their work with pediatric mental health patients, up to 13-year-olds, in pediatric units and to conclude if there was need for improvements.</p> <p>The method used was a literature review. Extraction resulted in six studies, but the search was conducted again to have more studies to review. Included 14 studies were analyzed by inductive method.</p> <p>Data concluded there were feelings of frustration regarding lack of experience and training, lack of resources and support, and worrying about the safety of the children with mental health problems, the other patients and the whole unit. Lack in experience resulted in feeling incompetent in taking care of these children. Nurses stated that general wards were not suitable for pediatric mental health patients regarding they often required more time and separate rooms than other patients. Inconsistency in the care delivery resulted in unequal care for the children and emerged the need for universal guidelines. In conclusion, there are need for more training, support and appropriate services to decrease the feeling of incompetence and lack of confidence, therefore improving the quality of care delivered to pediatric mental health patients. Future research for how to improve the training, support and resources on children's mental health is recommended.</p>		
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1 Introduction

Addressing and diagnosing mental health problems as early as possible is essential. With many adults who have mental health problems have had symptoms in their childhood or youth. The earlier the diagnose, the easier it is to get better and prevent more severe problems in the adulthood. (NIMH 2017.) Children's mental health policies and development of their services are inferior to adult mental health problems. Reasons for this are lack of knowledge, resources and training. (WHO 2005.) In Finland, there are no scientific research on increase in children mental health problems but there are more and more people seeking for treatment (THL 2019). Therefore, it is important for nurses and other health professionals to recognize symptoms of mental health problems, promote children's emotional wellbeing and reduce the stigma of mental disorders of being something to be ashamed of (McDougall 2011).

Since children's mental health is important to address, health professionals need to be ready to help and make sure the patient gets the care they need so they are able to grow up and develop as normally as possible. In Finland most common diagnosed mental health problems are attention deficit hyperactivity disorder (ADHD) and behavioral issues following anxiety disorders, autism spectrum disorders and disorders regarding social interaction. As well as depression, eating disorders, post-traumatic stress and obsessive-compulsive disorders are reasons for reaching out for care. (THL 2019.) Aim of this thesis was to find experiences and feelings of nurses caring young children with mental health problems. In this thesis pediatric care is nurses treating children up to 13 years old in the setting of pediatric units. Purpose was to gain knowledge about nurses working with children. Thus, by the acquired information of the possible needs for improvements, may help to develop the prevention and treatment of mental health problems.

2 Mental health among children

2.1 Mental health

WHO (2014) defines mental health as following:

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Around half of the mental health problems start before the age of 14 (WHO 2005). The earlier the diagnose, the better for the child's future. However, young children can be very hard to diagnose since they process traumatic events differently from adults. Early experiences, as early as from birth, shape the developing brain and disruptions may influence learning and future relations with others. Prolonged, strong or frequent stress reactions to physical or emotional abuse, neglect or caregiver's substance abuse may have life-long consequences for the developing child. Many significant mental disorders, such as anxiety, hyperactivity and posttraumatic stress disorders or depression, can be diagnosed very early in the child's life. (Center on the Developing Child 2013.)

In 2001, stigma and discrimination towards people with mental problems is defined by the World Health Organization (WHO) as "the single most important barrier to overcome in the community" (Patel, Saraceno & Kleinman 2006). Perception of mental health or mental illness varies from country to country and from culture to culture. In developing countries, research has shown that it has been found that traditional beliefs and practices of mental illness prevent or hinder people who suffer from it delay from seeking help from western healthcare services (Jorm 2011). In many parts of the world, the significance of mental wellbeing and mental illness or mental health care has not

been addressed and acknowledged by the governments and policy makers (Remschmidt & Belfer 2005), and the attention has been given to physical conditions instead (WHO 2003). It is therefore important to make notice that improving mental health also improves the physical health, productivity and stability, and indifference in importance of mental health may lead to crime, unemployment, violence and risky behavior (WHO 2003).

2.2 Some common mental health problems in children

There are roughly 20% of children and adolescent who have some sort of mental disorder worldwide (WHO 2005). Most common diagnosed disorders are mood disorders such as depression and anxiety disorders, behavioral problems, and eating disorders (THL 2019). Risk factors for developing a mental disorder include learning disabilities, chronic, neurological and physical illnesses, developmental delays, communication problems, academic failure, insecurity and low self-esteem, genetics and difficult temperament. Risk factors in family relationships consist of conflicts, breakdowns, lousy discipline, indifference, abuse, parent's mental disorder, crime tendencies and substance usage, death and losses. Low socioeconomic status, homelessness, disasters, discrimination and unemployment may increase the risk for mental health problems as well. There are also protective factors against mental health problems: good communication skills and planning, control, humor, religiousness, capacity to reflect and higher intelligence for example. In family relations protective factors are good relationship between the parent and the child, affection, supervision, authoritative discipline and support. Environmental protections are for example big and supportive network, access to sports and hobbies and academic opportunities. (McDougall 2011.)

Depression is a disorder which affects both the individual and the family. There are genetic, neurobiological and environmental factors behind. (Storvik-Sydänmaa, Tervajärvi

& Hammar 2019.) Children suffering from depression is not uncommon: in under 13-year-olds depression prevalence is about 3% and up to 18-year-old approximately 5-6%. (Puura 2018.) Depression in children has similar main symptoms as they occur in adults, but they can vary due their different development stages. Growth of infants can hinder or stop completely, there can be loss of weight, excessive crying, irritability, sad or joy-less expressions. With babies it manifests in little movement and excitement about surroundings, nursing is inefficient, and the baby does not enjoy feeding. Babies depression is often caused by insufficient responding to its needs. Depression in a child age of 3 to 5 can manifest in poor expression of emotions or intense expressions, mood swings, motoric restlessness, behavioral issues, and somatic symptoms may occur as well. The child may also complain no one is playing with them and there can be themes of failure, destruction and death in their plays. (Huttunen 2018.) In school-aged children, 6-12 years, depression manifests as melancholy of mood, gesture and expression and the child may lack in confidence and perceive themselves negatively. In their games and plays are themes of rejection, loss, accusation, harming and sometimes death and suicidal behavior. Their academic success gets negatively affected, motoric expressions can either slow down or accelerate and they can have problems in their friendships. There are symptoms such as fatigue, concentration problems, somatic problems, aggressiveness, defiance and behavioral issues. In puberty the symptoms are more alike to adults. Depression in childhood has increased risk in repeating later in life. (Huttunen 2018.)

Self-harm and **suicidal thoughts** are also a very common problem among young people. It is not as common before puberty but has increasing prevalence after. Suicidal behavior in children has been increasing during previous decades. Boys commit suicides more often than girls. There might not be any underlying cause for suicidal behavior but the distress of the child. Depression may be one of the background reasons for suicidal behavior or self-harm. As well as reasons may be family problems, issues with friends or in school. Risk factors are often also substance abuse, previous suicidal behavior, different sexual orientation from main population and experienced sexual or other violence. Children or young teens usually overestimate chosen suicidal method's dangerousness.

Since the suicide effort may fail, it can seem as an accident, therefore it can unintentionally be dismissed. Suicidal behavior tends to be repeated but it is difficult to evaluate separated cases. (Puura 2018.)

Behavioral issues are one of the most common psychiatric disorders with children and young people. There are many reasons and underlying issues. Often child is defiant, anti-social, aggressive and is not behaving as expected at their age. Early intervention is essential for it not to develop into a more difficult disorder. With behavioral problems there might be other disorders such as ADHD, depression, anxiety disorder, and substance abuse in teenage. Girls can develop also posttraumatic stress disorder or borderline personality disorder. Some may have severe developmental problems as well. (Lindholm 2019.)

ADHD, attention deficit hyperactivity disorder, starts in childhood and often continues into adulthood, but the symptoms tends to get milder. About 5-7% of school aged children and 3-4% of adults have ADHD. Boys get diagnosed 3-6 times more likely than girls do. (Puustjärvi 2019.) At the age of 0-3-year-old, there might already be early signs of ADHD, such as sleeping problems, lack in speech, language or motoric development, restlessness and abnormal irritableness regarding child's age. At the age of 4-6 years symptoms of ADHD can be noticed more easily. The symptoms include unwariness and difficulty in concentrating in tasks, hyperactivity, and impulsivity. At this age it is important to start the support and possible diagnose, to prevent accumulation of problems. At school age, starting from 7-year-olds, the symptoms start to show, especially the concentration problems. The child is not able to concentrate on school tasks, starting and planning the task can be difficult, and the child may interrupt the teacher. ADHD and the constant failure may lead to other behavioral issues, such as anxiety and depression, if untreated. (Pihlakoski & Rintahaka 2016.)

Anxiety disorders include disorders like generalized anxiety disorder, panic disorder, posttraumatic stress disorder, obsessive compulsive disorder and different phobias. Anx-

xiety disorders affect 15-20% of children and adolescents. Children in lower socioeconomic families have higher prevalence of getting anxiety disorder and young girls are twice as more likely to have anxiety disorder than boys. Anxiety disorders have an impact on their academic, social and family life, and anxiety disorders may lead to other mental illnesses such as depression, self-harm and even suicide. Anxiety in children is difficult to diagnose, since children experience normal anxiety as they grow and experience new situations in their life. Parents might explain their child's anxiety as part of their personality, making it harder to recognize. Therefore, early intervention is key to prevent anxiety to impact on child's life and developing into further in the adulthood. (Nierengarten 2019.) The symptoms include restlessness, feeling of dread and being on-edge, difficulties on concentrating and sleeping, and being easily irritated (Mental Health Foundation 2018). Anxiety can also produce somatic symptoms such as sweating, heart palpitations, dry mouth, headache or shortness of breath. Constant tension leads to muscle aches and fatigue. (Koponen & Lepola 2018.) Risk factors for developing anxiety disorder include personal traits such as being shy or emotional, parent restricting child's behavior and being overly controlling in general (Nierengarten 2019), history of anxiety disorders in family and other illnesses or medications may worsen the symptoms as well. (NIMH 2018). Stressful and anxious situations in family or child's life or even avoidance of stressful situations can lead to more severe symptoms of anxiety (Nierengarten 2019).

Eating disorders such as anorexia nervosa and bulimia nervosa are also one of the increasing mental disorders in childhood and youth. It distorts how child or teen perceive themselves. Eating disorders are more common in teenage but children can suffer from them as well. Both girls and boys suffer from eating disorders, but girls are more likely to develop them. Children experience occasional discontent of their bodies, but it is a disorder when eating and food start to control child's life and compromise their health, growth and development. (Lastenmielenterveystalo n.d.) Child or youth suffering from eating disorder may feel insecure and ashamed of their weight or body. There can be comorbid diseases such as anxiety or mood disorders and suicidal behavior. Early intervention is essential, since long-term eating disorders are more difficult to care for and there

is possibility for recurrence. Severe untreated anorexia can lead to death. Symptoms of eating disorders usually start to show gradually. There may be excessive weight loss and irregularity, scarce or absent menstrual cycle. Child's metabolism and pulse might have slowed down, and she/he can have low blood pressure, and blue and cold extremities. (Ruuska 2018.)

2.3 Treatment for children with mental health problems and role of nurses

Early intervention and recognition of mental health problems, promotion of positive mental health and prevention of problems in childhood, adolescence and adulthood are important parts of mental health work. Additionally, acknowledging the effects of mental health problems and understanding the importance of improving the quality and efficiency of mental health services are essential. (McDougall 2011.) Similar to the cases of most diseases, the sooner mental problems are diagnosed and treated the better. It is important for parents, families and guardians to be aware of and recognize symptoms, to start seeking help and professional counseling. The role of nurses is to guide, educate and to provide support for both the patient and the family. At the same time the nurse is to detect the risk of suicide or self-harm when the child first comes to the ward for treatment. (WHO 2003.) Nurse is in important role to recognize the risk and protective factors and doing so having the tools to promote children's mental health and wellbeing before the illness progresses. Nurse's role is also to provide holistic, overall, care and treatment and reduce the stigma around mental health problems. (McDougall 2011.) Mental health and wellbeing commence with enough sleep, exercise, healthy nutrition and relaxation. A child needs safe and secure parent, and nurse, to support and guide them. With smaller children the care and nursing are done by the parent or caretaker. (Lastenmielenterveystalo n.d.)

Promotion of mental health is crucial in mental health work. Prevention can be preventative of disorders, prolonging of the disorder, relapsing or prevention of longtime functional harm or grief. Preventative measures can be done on specific areas such as bullying, risk groups such as families with a parent suffering from psychiatric disorder or the turning point of one's life. Preventative measures aim to decrease the risk factors and their affect and increase the protective factors and resilience. The most alarming factor is accumulation of risk factors, not the existence of singular risk factor. Preventative work can be done on many levels; therefore, the collaboration of government, well-baby clinics, early education, school, health care, social care and child welfare is important. The smaller the child, the more important it is to allocate the actions on whole family and their interaction with each other. (Tamminen, Karlsson & Santalahti 2016.)

Promoting resilience is also necessary for the mental health. Resilience is capability to recover from unfortunate, stressful events and resilient children are more content, successful in school and healthier in general. Resilient children grow up to living longer, being more secure in relationships and are in decreased risk for developing depression for example. (McDougall 2011.) According to McDougall (2011) nurse can promote resilience in children: helping to think positively, taking a different perspective, embracing challenges, helping others, playing and learning, and knowing own strengths and how to strengthen them, for example. McDougall (2011) has gathered from Kidd (2008) how mental wellbeing can be promoted by: connecting with people, being active and finding activity that feels enjoyable, noticing what is happening around such as nature sounds, learning something new, and giving out and helping others.

When deciding the treatment for the child, it is important to take in account child's developmental stage, the disorder or illness the child has and wishes of the caretaker and the child (McDougall 2011). A child, with mental health issues in particular, needs a safe and secure nurse-patient relationship in order to have trust in them. It is also essential to have familiar nurse with the child due they know how the child behaves and can detect abnormal behavior. The family are to be within the decision making and nurses are

to give them tools to support when child starts to become independent while remembering the developmental stage of the child. In the rehabilitation stage the child needs patient and committed nurse with a multiprofessional team. (Storvik-Sydänmaa, Tervajärvi & Hammar 2019.)

Treatments for different mental health problems focus more and more on the whole family and society, not just the child suffering from the disorder. Treatments are usually mixture of many approaches and may include psychological, social and pharmacological procedures. Therapies such as cognitive behavior and family therapy and other forms of counselling have been successful for children with mental health problems. (McDougall 2011.) Especially cognitive behavior therapy, CBT, has strong evidence of being effective (EBMG 2015). It is used for example in depression, anxiety and with eating disorders. CBT changes the negative approaches to healthier responses. Not all children or adolescents get the benefits from talking therapies due to their age, developmental stage or personality. For example, group therapies which are based on sharing problems and solutions may be helpful with adolescents seeking approval but may trigger shy children with low self-esteem to anxiety, or CBT may not be suitable for small children since it has abstract themes. For younger children non-verbal therapies may work better, such as music or play therapies. (McDougall 2011.)

3 Aim, purpose and research question

Aim of this literature review was to find out from literature experiences of nurses, who work with children, on treating the pediatric patients with mental health problems in the pediatric unit setting. The purpose was to provide information about their experiences, thus gaining knowledge of improvement for pediatric nursing care.

Research question for this thesis was: What are nurses' experiences on treating pediatric mental health patients?

4 Methodology

4.1 Literature review

Research method for this thesis was literature review. Literature review is combination, or synthesis, of literature that answers set research question or questions and is conducted so that other people can replicate the work process. The researcher searches and analyses sources to answer the research question(s). Literature review provides synthesis of literature on specific topic and helps to avoid limitations. (Rew 2010.)

In the review process, after identifying specific research question(s), researcher states purpose and aims of the review, identifies inclusion and exclusion criteria, selects search terms to use and appropriate databases to search from. After the electronic search he/she reviews outcome of search and match with inclusion/exclusion criteria. Next the data is extracted, systematically retrieved, from each paper included and quality of studies is determined. At the end researcher states summary of findings in a table and interprets meaning of the evidence retrieved. Limitations and biases are also stated and for the last, the study is published, and findings applied in practice. (Rew 2010.)

Literature review brings relevant health care problems from several sources to one comprehensive article and therefore gives diverse look at the question at hand (Whittermore

& Knafl 2005) which is why this review process has been chosen for this thesis, as well as to find recent studies on what has already been researched about this matter.

4.2 Scientific article selection process

For this literature review, article databases CINAHL Plus with full text (EBSCO), PubMed and JAMK library international article search was used for the research. To obtain more relevant data, also references from the included articles that the keyword provided were checked. Different keywords and their combinations were tested in order to obtain the as broad results as possible. After testing few possibilities and deciding inclusion and exclusion criteria, there were sufficient amount of data to be analyzed. The keywords used and the inclusion process are shown in table 1. After obtaining the data, the results were skimmed through and the abstracts were read. After reading the abstracts, the final inclusion and exclusion was done.

Inclusion criteria included the following: the study was in English or Finnish, full text available for JAMK students, published between 2009-2019, answered to the research question and it was scientific publication. In PubMed, the search filter of age “child” from birth to 12-year-olds was added to exclude unnecessary amount of results. Other publications were excluded from this literature review.

Using the keywords in CINAHL, 361 articles came up, from which articles selected by the title were down to 30. After reading the abstracts, 25 of the articles were excluded, therefore 5 articles were chosen from 361. Reading the articles in-depth, 3 of the articles were additionally excluded, leaving 2 articles. References did not provide suitable studies for chosen research question, either not answering to it or for accessibility reasons.

The same keywords were used in PubMed which resulted in 543 articles. Number of articles selected by title was 10, from which 8 articles were excluded based on abstract,

leaving 2 articles for the analysis. Reading remaining 2 studies, one of them were excluded based on not answering the research question. References provided one suitable study answering research question.

The research conducted in JAMK library article search resulted in 45 articles and after exclusion was left to one article from which was found one more study from references to use in this review, resulting in overall of 6 studies.

Table 1. Results of the literature search

Database	Keywords	Results	Chosen based on the abstract and title	Relevant studies from references
CINAHL	(mental health or mental illness or mental disorder or psychiatric illness) AND (pediatric care or nursing) AND (nurse experiences or perceptions or attitudes)	361	2	-
PubMed	(mental health or mental illness or mental disorder or psychiatric illness) AND (pediatric care or nursing) AND (nurse experiences or perceptions or attitudes)	543	1	1
JAMK library international article search	(mental health or mental illness or mental disorder or psychiatric illness) AND (pediatric care or nursing) AND (nurse experiences or perceptions or attitudes)	45	1	1

After concluding the need for more studies to acquire consistent review, the search was conducted once more with the same keywords. Results from this search are shown in table 2. In PubMed following restrictions were used: full text, free full text, publication

date from 2009 to 2019, the study was in English or Finnish, and additionally the filter for age was selected (child: birth-18 years). This search resulted in 547 studies, from which 70 were selected by article title and rest excluded for clearly not answering the research question. After carefully going through of the remaining studies' abstracts and the content if necessary, the already included studies were excluded. The included studies were down to 2, having now 4 studies for the analysis from PubMed.

Similar search was conducted in CINAHL Plus with full text with the same limitations as previously, resulting in 443 results. Their titles and abstracts, if available, were thoroughly checked simultaneously and promising studies were down to 63. The content was skimmed through and after excluding studies which did not answer the research question, duplicates and already selected studies from those 63, 6 studies were included to already included 2 studies.

JAMK library international article search was conducted again as well, and the results were checked carefully, but it did not provide additional studies for this thesis. Overall, there were 14 studies included for this thesis (see appendix 1).

Table 2. Results from the second literature search

Database	Results	Chosen by the abstract and title	Final inclusion
CINAHL	443	63	6
PubMed	547	70	2
JAMK library international article search	45	-	-

4.3 Data extraction and synthesis of data

Data analysis used in this thesis was content analysis. It is widely used in nursing field. Content analysis has two approaches, deductive and inductive. (Elo & Kyngäs 2008.) In this thesis, inductive approach was used. Inductive analysis is usually used when there is no previous knowledge, or not enough, or it is fragmented (Elo & Kangas 2008). Inductive data goes from specific details to a general statement and it allows systematic approach to create concepts to describe the researched issue. (Elo & Kangas 2008.) Inductive analysis has preparation, organizing and reporting phases, but has no systematic rules to analyze the data. Main factor is to categorize the content to smaller units. (Elo & Kangas 2008.)

In this thesis, first the included studies were thoroughly read on the researched topic. The findings answering to the research question were marked down and then similar findings from each article were categorized into smaller units so that they were easily comparable (see figure 1). The data was then formed into themes. Themes of feelings and wishes of the nurses caring for children with mental health problems and barriers to provide sufficient care for these children were emerged.

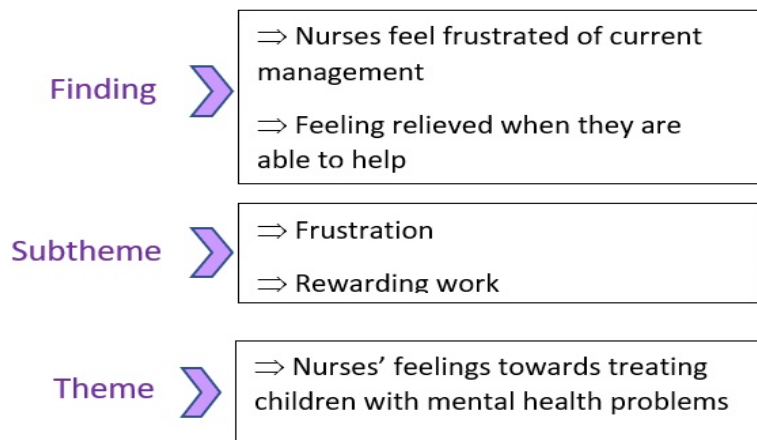


Figure 1. Example of data analysis

5 Findings

Researched studies had themes of nurses' feelings in treating children with mental health problems, barriers to do so and what they wish for to improve the care (table 3). These themes and subthemes provided sufficient amount of data to understand experiences of nurses working with children with mental health problems.

Table 3. Experiences of the nurses in caring for children with mental health problems

Nurses' feelings towards treating children with mental health problems	<ul style="list-style-type: none"> › Frustration › Incompetence and being unprepared › Rewarding work
Barriers for caring mental health children	<ul style="list-style-type: none"> › Time › Resources and support
Wishes for the future pediatric mental health nursing	<ul style="list-style-type: none"> › Training and education › Prevention and promotion of mental health

5.1 Nurses' feelings towards treating children with mental health problems

Frustration

Majority of the nurses felt frustrated when they were caring for children with mental health problems (Reid-Searl, Dwyer, Happell, Moxham, Kahl, Morris & Wheatland 2008; Walker & Lloyd 2011; Medina, Kullgren & Dahlblom 2014; Membride, McFadgen & Atkinson 2015; Jönssön, Maltestam, Bengtsson Tops & Garmy 2019; Johns, Taylor, John & Tan 2019). The frustration was result from not being able to help (Walker & Lloyd 2011; Medina et al 2014), their incompetent feeling (Medina et al 2014), frustration toward the management of these children (Reid-Searl et al 2008), when they were aware that they are not prepared enough (Jönssön et al 2019), and lack of time and support (Membride et al 2015). Nurses felt frustrated when children with mental health issues were admitted to general wards instead of specialized care (Buckley 2010; Thomas 2017; Johns et al 2019) and they worried about the safety of others in the ward as well (Reid-Searl et al 2008; Buckley 2010).

Feeling incompetent and unprepared

Nurses felt they were not educationally equipped to give these children quality nursing care (Reid-Searl et al 2008; Buckley 2010; Manning, Carter, Latif, Horsley, Cooper, Armstrong, Crew, Wood, Callaghan & Wharrad 2017; Johns et al 2019) and therefore reluctant to take these patients as their patients (Walker & Lloyd 2011; Medina et al 2014; Thomas 2017; Johns et al 2019), which lead to referrals to other professionals more often (Medina et al 2014). Nurses feared of "making things worse" or saying "the wrong thing" due to their lack of confidence in their skills (Reid-Searl et al 2008; Clausson, Berg & Janlöv 2015; Membride et al 2015; Manning et al 2017), and they had challenges in

communicating with children with mental health issues (Reid-Searl et al 2008; Medina et al 2014; Manning et al 2017).

Rewarding work

Despite of negative feelings and attitudes, there were also positive outcomes when treating children with mental health problems. There were feelings of relieve when they were able to help the child even a little (Medina et al 2014), and school nurses felt they were in ideal place to help and build relationship with trust (Membride et al 2015; Ravenna & Cleaver 2016). Nurses also felt there were an opportunity to develop own skills and the work was meaningful (Jönssön et al 2019) when they had the chance to work with children with different mental health issues.

5.2 Barriers for caring mental health children

Time

Majority of the nurses recognized the importance of addressing mental health problems (Ravenna & Cleaver 2016; Muggeo & Ginsburg 2019) but lack of time prevented the appropriate quality care. Children with mental health issues required more time building the trusting relationship. (Buckley 2010; Medina et al 2014.) Lack of time resulted in prioritizing, and medical concerns often were taken care of first (Medina et al 2014). In the hurry, children tended to notice when they were not the priority, therefore disturbing the trust-relationship from developing as effectively as it could (Reid-Searl et al 2008). Children with mental health issues often required more appointments and there were difficulties in communicating with them, therefore requiring more time than other patients (Medina et al 2014).

Resources and support

Nurses believed they should support the children more than they do but feel that lack of resources prohibit it (Ravenna & Cleaver 2016). Nurses stated as barriers lack of expertise (Reid-Searl et al 2008; Medina et al 2014; Membride et al 2015), workplace or national guidelines were inadequate or they did not use them (Reid-Searl et al 2008; Medina et al 2014; Connors, Arora, Blizzard, Bower, Coble, Harrison, Pruitt, Steinberg & Wissow 2017; Buckley 2010; Johns et al 2019; Muggeo and Ginsburg 2019). Nurses additionally felt they had not adequate support to treat children with mental health issues. They had to manage with the same equipment as medical patients. (Reid-Searl et al 2008.) Nurses also stated the need for more collaboration within other mental health services and school, and they wanted more support from them (Reid-Searl et al 2008; Buckley 2010; Membride et al 2015; Jönssön et al 2019). Sometimes they were not consulted before admission which increased the feeling of being unprepared (Reid-Searl et al 2008).

5.3 Wishes for the future pediatric mental health nursing

Training and education

Majority of the nurses stated the need for more education and training to upkeep their skills (Buckley 2010; Walker & Lloyd 2011; Medina et al 2014; Membride et al 2015; Ravenna & Cleaver 2016; Manning et al 2017; Thomas 2017; Jönssön et al 2019; Grimmer, Kornhaber, Visentin & Cleary 2019; Johns et al 2019; Muggeo & Ginsburg 2019). Nurses brought up their desire to help but foremost they need to develop their skills and knowledge (Medina et al 2014). Thomas (2017) suggests that lack of training may result

in lack of empathy, especially for self-harming children. The lack of experience and training also resulted in reluctance and feeling fearful when managing these children (Thomas 2017). Training could improve their confidence and attitudes (Manning et al 2017).

Prevention and promotion of mental health

Early prevention and promotion of mental health was perceived very important with the nurses (Membride et al 2015; Ravenna & Cleaver 2016; Thomas 2017), as well as addressing and identifying mental health issues (Muggeo & Ginsburg 2019). Improving treatment and assessment of mental health problems could help to prevent suicide attempts from being repeated (Grimmond et al 2019).

6 Discussion

6.1 Discussion of main results

Aim of the thesis was to acquire knowledge from current literature how nurses experience their work with pediatric patients under 13-year-old with mental health problems within different pediatric units.

The purpose was to gather the found experiences into comprehensive review to find improvements for the current pediatric nursing care. As this research revealed, the most concerning worry of the nurses was insecurity of their competence when caring for

young children with mental health problems and barriers for high quality mental health nursing care.

There are few studies done on pediatric mental health problems and how nurses experience their work comparing to adolescence or adult mental health nursing, as noticed by conducting this thesis. More studies are needed to determine the needs for specifically young children's mental health nursing care and nurses' experience with them. However, the research revealed that there is imminent need for improving children's mental health care to reduce the feeling of incompetence and fear of managing these children. It has been studied before (WHO 2005) that adult mental health care services get more attention in policymaking and resources than children's mental health services. The findings of the recent studies suggest that there is still inequality of the delivered resources, which frustrates the nurses. Trusting nurse-patient relationship is essential for the nursing to be as efficient as possible for the child's mental health. The relationship with trust takes time to develop (Storvik-Sydänmaa, Tervajärvi & Hammar 2019) which was noticed by the nurses and it complicated the delivery of the care.

As the literature suggest, the lack of education leads to nurses being reluctant to take responsibility of pediatric mental health patients (Walker & Lloyd 2011; Medina et al 2014; Thomas 2017; Johns et al 2019). The lack of resources, support and education makes nurses feel frustrated and apprehensive of treating mental health children (Reid-Searl et al 2008; Walker & Lloyd 2011; Medina et al 2014), especially at general wards where are also medical pediatric patients (Buckley 2010; Thomas 2017; Johns et al 2019). Self-harming children and suicidal behavior, their safety and safety of other patients concern nurses at general pediatric units (Reid-Searl 2008; Buckley 2010). This concludes that pediatric mental health patients need their own ward, or specialized nurse to take care of them, and nurses need more support from children's mental health services, resources and tools to care for these children, and more education (Buckley 2010).

Despite of the nurses feeling incompetent, the nurses stated the desire to help pediatric mental health patients (Manning et al 2017, Muggeo & Ginsburg 2019) and how rewarding and meaningful their work can be (Jönssön et al 2019). Nurses recognize the important role they have (Jönssön et al 2019) as they are in good position to notice and enhance child's protective factors and notice their risk factors of developing mental health problems (McDougall 2011). Preventative work can be done with collaborating with school, government and other services, not only by nurses or primary health care (Tamminen, Karlsson & Santalahti 2016) which should be recognized so the responsibility does not fall entirely on health professionals and may possibly ease nurses' pressure to care for pediatric mental health patients.

6.2 Ethical considerations, validity and reliability

Ethical norms in literature research aim to avoid falsifying, fabricating and mispresenting the truth (Resnik 2011). Regarding this thesis, ethical considerations have been made during the search process based on where the included article had been originally published, the authors' professions and possible affiliations. However, the included articles have been selected solely based on answering the research question or relevancy, since there were limited results.

Included studies and reviews were based on general pediatric wards, primary health care, schools, and other units where nurses work with children. They were based on various of countries; USA, UK, Sweden, Nicaragua, Ireland, and Australia, providing broad insight of nurses' experiences in different countries. There were studies on how nurses experience the mental health problems of children in general but most of the studies were done focusing on specific problems such as anxiety (Muggeo & Ginburg 2019), eating disorders (Walker & Lloyd 2011; Johns et al 2019), self-harm and suicidal behavior (Medina et al 2014; Thomas 2017; Manning et al 2017; Grimmond et al 2019). Some of

the nurses in the included studies were mental health nurses and some generally nurses working with children but gave similar and comparable results regardless of their unit. Majority of the studies included other professionals as well but were included in this review nevertheless, due there were not enough studies based on only nurses. However, the acquired broad results from variety of fields allow to compare the experiences of nurses working with different kind of problems with different backgrounds.

Other limitations occur as well. As the research was done by one researcher, the search was limited in terms on how the process was done. There was limited access to databases and libraries, and chosen databases and keywords used might have excluded more recent and relevant studies. The amount of results and going through them might have resulted in dismissing articles and therefore possibility to loss of relevant studies. However, doing the search thoroughly twice ensured the quantity and quality of the results.

6.3 Conclusions and recommendations

Nurses find the mental health nursing important but feel frustrated toward the current management of it. Nurses stated the need for more training on pediatric mental health problems and how to improve mental health. Training and education aid to reduce the feeling of incompetence and lack of confidence. There are need for more resources and support in order to give high quality care for children with mental health problems. As this thesis was limited, more studies how to improve the training, support and resources are recommended to implement it on current care, especially on children's mental health.

References

Anttila, N., Huurre, T., Malin, M. & Santalahti, P. 2016. Promotion of mental health from early childhood education to upper secondary education Review of methods and literature in Finland. Finnish Institute for Health and Welfare (THL). Working paper 3/2016. 97 pages. Helsinki. Accessed 11.02.2020. Retrieved from <http://urn.fi/URN:ISBN:978-952-302-613-1>

Anxiety Disorders. 2018. Posted on The National Institute of Mental Health (NIMH). Accessed 29.03.2020. Retrieved from <https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

Anxiety. 2018. Posted on Mental Health Foundation (UK). Accessed 31.03.2020. Retrieved from <https://www.mentalhealth.org.uk/a-to-z/a/anxiety>

Atlas: Child and Adolescent mental health resources. 2005. Mental Health publication on World Health Organization website. Accessed 11.02.2020. Retrieved from https://www.who.int/mental_health/publications/atlas_child_ado/en/

Buckley, S. 2010. Caring for those with mental health conditions on a children's ward. British Journal of Nursing, 2010, Vol 19, No 19. CINAHL with full text.

Caring for children and adolescents with mental health disorders. 2003. Publication by World Health Organization. Accessed 21.2.2020. Retrieved from https://www.who.int/mental_health/media/en/785.pdf

Center on the Developing Child. 2013. Early Childhood Mental Health (InBrief). Accessed 21.11.2017. Retrieved from www.developingchild.harvard.edu.

Clausson, E. K., Berg, A. & Janlöv, A-C. 2015. Challenges of Documenting Schoolchildren's Psychosocial Health: A Qualitative Study. The Journal of School Nursing, Vol. 31(3) 205-211 DOI: 10.1177/1059840514543525. CINAHL with full text

Cognitive behavioral therapy for anxiety disorders in children and adolescents. 2015. Evidence-Based Medicine Guidelines (Duodecim). Article ID: evd05082

Connors, E. H., Arora, P. Blizzard A. M., Bower, K., Coble, K., Harrison, J., Pruitt, D., Steinberg J. & Wissow, L. 2017. When Behavioral Health Concerns Present in Pediatric Primary Care: Factors Influencing Provider Decision-Making. Journal of Behavioral Health Services & Research. 340–355. Doi: 10.1007/s11414-017-9580-9

Elo, S. & Kyngäs, H. 2008. The qualitative content analysis process. Journal of Advanced Nursing 62(1), 107–115 doi: 10.1111/j.1365-2648.2007.04569.x

Grimmond, J., Kornhaber, R., Visentin, D. & Cleary, M. 2019. A qualitative systematic review of experiences and perceptions of youth suicide. PLoS One. Jun 12;14(6):e0217568. doi: 10.1371/journal.pone.0217568 PubMed.

Huttunen, M. 2018. Lasten ja nuorten masennus ja mielialahäiriöt. Lääkärikirja Duodecim. Accessed 11.03.2020. Retrieved from https://www.terveyskirjasto.fi/terveyskirjasto/tk.koti?p_artikkeli=dlk00383&p_hakusana=masennus

Johns, G., Taylor, B., John, A. & Tan, J. 2019. Current eating disorder healthcare services – the perspectives and experiences of individuals with eating disorders, their families and health professionals: systematic review and thematic synthesis. BJPsych Open 5, e59, 1–10. doi: 10.1192/bjo.2019.48

Jorm, A. 2011. Mental Health Literacy: Empowering the Community to Take Action for Better Mental Health. Accessed 24.11.2017. Retrieved from http://www.tips-info.com/wp-content/uploads/2011/12/mental-health-literacy-ap-in_press.pdf

Jönssön, J., Maltestam, M., Bengtsson Tops, A. & Garmy, P. 2019. School Nurses' Experiences Working With Students With Mental Health Problems: A Qualitative Study. The Journal of School Nursing, Vol. 35(3) 203-209 DOI: 10.1177/1059840517744019. CINAHL with full text.

Koponen, H. & Lepola, U. 2018. Ahdistuneisuushäiriö. Lääkärin käsikirja. Kustannus Oy Duodecim. Accessed 31.03.2020. Retrieved from <https://www.terveysportti.fi/apps/ltk/article/ykt00851>

Käytöshäiriöt (lapset ja nuoret). 2018. Current Care Guidelines. Working group set up by the Finnish Medical Society Duodecim, Finnish Child Psychiatry Association, Finnish Youth Psychiatry Association and Youth Psychiatry division of Finnish Psychiatry Association. Helsinki: The Finnish Medical Society Duodecim. Accessed 18.03.2020. Retrieved from <https://www.kaypahoito.fi/hoi50118>

Lasten mielenterveys ja mielenterveyden häiriöt. 2019. Publication on Finnish institute for health and welfare (THL) website on children's mental health. Accessed 11.02.2020. Retrieved from <https://thl.fi/fi/web/mielenterveys/mielenterveyshairiot/lasten-mielenterveys-ja-mielenterveyden-hairiot>

Lindholm, P. 2019. Lasten ja nuorten käytöshäiriöt. Lääkärin käsikirja. Kustannus Oy Duodecim. Accessed 25.03.2020. Retrieved from <https://www.terveysportti.fi/apps/ltk/article/ykt00809>

Manning, J. C., Carter, T., Latif, A., Horsley, A., Cooper, J., Armstrong, M., Crew, J., Wood, D., Callaghan, P. & Wharrad, H. 2017. 'Our Care through Our Eyes'. Impact of a co-produced digital educational programme on nurses' knowledge, confidence and attitudes in providing care for children and young people who have self-harmed: a mixed-methods study in the UK. BMJ Open;7:e014750. doi:10.1136/bmjopen-2016-014750. PubMed.

Masennus. N.d. Posted on Lastenmielenterveystalo.fi. Accessed 30.3.2020. Retrieved from https://www.mielenterveystalo.fi/lapset/ammattilaisille/hairiot/mieliala_ ja_ ahdistuneisuushairiot/Pages/masennus.aspx

McDougall, T. 2011. Mental health problems in childhood and adolescence. Nursing Standard. 26, 14, 48-56. doi: 10.7748/ns2011.12.26.14.48.c8857

Medina, C. O., Kullgren, G. & Dahlblom K. 2014. A qualitative study on primary health care professionals' perceptions of mental health, suicidal problems & help-seeking among young people in Nicaragua. BMC Family Practice 2014, 15:129. PubMed.

Membride, H., McFadyen J. & Atkinson, J. 2015. The challenge of meeting children's mental health needs. British Journal of School Nursing. Vol 10, No 1, 19-25. CINAHL with full text

Muggeo, M. A. & Ginsburg, G. S. 2019. School Nurse Perceptions of Student Anxiety. The Journal of School Nursing, Vol. 35(3) 163-168 DOI: 10.1177/1059840517752457. CINAHL with full text.

National Institute of Mental Health (NIMH) 2017. Child and Adolescent Mental Health. Accessed 6.11.2017. Retrieved from <https://www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/index.shtml>

Nierengarten, M. B. 2019. Anxiety disorders in primary care. Contemporary Pediatrics.com. Periodical article. CINAHL Plus with full text (EBSCO).

Patel, V., Saraceno, B. & Kleinman, A. 2006. Beyond Evidence: The moral case for international mental health. American Journal of Psychiatry. Accessed 24.11.2017. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16877638>

Pihlakoski, L. & Rintahaka P. 2016. ADHD lapsilla ja nuorilla. Duodecim oppiportti. Accessed 25.03.2020. Retrieved from <https://www.oppiportti.fi/op/ljn01002/do>

Puura, K. 2018. Childhood depression. Evidence-based Medicine Guidelines (Duodecim). Article ID: ebm00682.

Puura, K. 2018. Itsetuhokäytös lapsuusiässä. Lääkärin käsikirja. Kustannus Oy Duodecim. Accessed 18.03.2020. Retrieved from <https://www.terveysportti.fi/apps/ltk/article/ykt00815>

Puura, K. 2018. Lapsen masennus. Lääkärin käsikirja. Kustannus Oy Duodecim. Accessed 18.03.2020. Retrieved from <https://www.terveysportti.fi/apps/ltk/article/ykt00804>

Puustjärvi, A. 2019. ADHD. Lääkärin käsikirja. Kustannus Oy Duodecim. Accessed 28.03.2020. Retrieved from <https://www.terveysportti.fi/apps/ltk/article/ykt00687/search/adhd>

- Ravenna, J. & Cleaver, K. 2016. School Nurses' Experiences of Managing Young People With Mental Health Problems: A Scoping Review. *The Journal of School Nursing*, Vol. 32(1) 58-70 DOI: 10.1177/1059840515620281. CINAHL with full text.
- Reid-Searl, K., Dwyer, T., Happell, B., Moxham, L., Kahl, J., Morris, J. & Wheatland, N. 2008. Caring for children with complex emotional and psychological disorders: experiences of nurses in a rural paediatric unit. *Journal of Clinical Nursing*, 18, 3441–3449, doi: 10.1111/j.1365-2702.2008.02567.x.
- Remshmidt, H. & Belfer, M. 2005. Mental health care for children and adolescents worldwide: a review. Accessed 25.11.2017. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414760/>
- Resnik, D. B. 2011. What is ethics in research & why is it important. *National Institute of Environmental Health Sciences*, 1(10), 49-70.
- Rew, L. 2010. The systematic review of literature: Synthesizing evidence for practice. *Journal for Specialists in Pediatric Nursing* 16 (2011) 64–69, 2010, Wiley Periodicals, Inc. doi: 10.1111/j.1744-6155.2010.00270.x
- Ruuska, J. 2018. Syömishäiriöt lapsilla ja nuorilla. Accessed 31.03.2020. Retrieved from <https://www.terveysportti.fi/apps/ltk/article/ykt00824>
- Syömishäiriöt. N.d. Eating disorders at Lastenmielenterveystalo.fi. Accessed 30.03.2020. Retrieved from <https://www.mielenterveystalo.fi/lapset/ammattilaisille/hairiot/syomis-hairiot/Pages/syomishairiot.aspx>
- Tamminen, T., Karlsson, L. & Santalahti, P. 2016. Lastenpsykiatria ja nuorisopsykiatria: Mielenterveyden edistäminen ja ennaltaehkäisy. *Oppiportti Duodecim*. Accessed 02.04.2020. Retrieved from <https://www.oppiportti.fi/op/ljn02500/do>
- Thomas, L. 2017. Nursing children and young people: what mental health training is required? *British Journal of Nursing*, Vol 26, No 4. CINAHL with full text.
- Waddell, C., Hua, J.M., Garland, O. M., Peters, R. D. & McEwan K. 2007. Preventing Mental Disorders in Children: A Systematic Review to Inform Policy-Making. *Canadian journal of public health*. Volume 98, No. 3. 166- DOI: 10.1007/BF03403706
- Walker, S. & Lloyd, C. 2011. Barriers and attitudes health professionals working in eating disorders experience. *International Journal of Therapy and Rehabilitation*, Vol 18, No 7. https://research-repository.griffith.edu.au/bitstream/handle/10072/41736/73709_1.pdf?sequence=1
- Whittermore, R. & Knafel, K. 2005. The integrative review: updated methodology. *Journal of Advanced Nursing* 52(5), 546– 553

Wissow, L., Gadowski, A., Roter, D., Larson, S., Lewis, B. & Brown, J. 2011. Aspects of mental health communication skills training that predict parent and child outcomes in pediatric primary care. *Patient Education and Counseling*. Feb; 82(2): 226–232. doi: 10.1016/j.pec.2010.03.019. PubMed.

World Health Organization (WHO). 2014. Mental health: a state of well-being. Accessed 21.11.2017. Retrieved from http://www.who.int/features/factfiles/mental_health/en/

World Health Organization (WHO). N.d. Mental health. Child and adolescent mental health. Accessed 21.05.2020. Retrieved from https://www.who.int/mental_health/maternal-child/child_adolescent/en/

Appendices

Appendix 1. Description of the included studies

Authors, year, country	Title	Purpose	Study size	Main finding
Buckley, S. 2010. Ireland	Caring for those with mental health conditions on a children's ward	To find what are most common mental health problems nurses encounter, and the satisfaction and contribution to the care	Mixed method: questionnaire and qualitative questions, 39 registered staff nurses in two general paediatric wards	Children with mental health problems should be cared in separate units by mental health nurses
Clausson, E. K., Berg, A. & Janlöv, A-C. 2015. Sweden.	Challenges of Documenting Schoolchildren's Psychosocial Health: A Qualitative Study	To explore school nurses' experience of challenges in relation to docu-	6 focus group discussions	Nurses recognize the duty and importance to document, but they are afraid of the consequences; intuition, structured documentation, and professional supervision can aid reliable documentation

		menting school-children's psychosocial health		
Connors, E. H., Arora, P. Blizard A. M., Bower, K., Coble, K., Harrison, J., Pruitt, D., Steinberg J. & Wissow, L. 2017. USA.	When Behavioral Health Concerns Present in Pediatric Primary Care: Factors Influencing Provider Decision-Making.	To examine factors that influence decision-making and practices in behavioral care	21 individual qualitative interviews with primary care providers	Collaborating with specialized care important for quality care
Grimmond, J., Kornhaber, R., Visentin, D. & Cleary, M. 2019.	A qualitative systematic review of experiences and perceptions of youth suicide.	To review and synthesize qualitative studies that explored the experiences and perceptions of suicide in people 25 years old and younger	Qualitative systematic review	Suicide being complex issue with various of causes and risks it needs improvements in guidelines and change in attitudes to provide successful treatment and prevention
Johns, G., Taylor, B., John, A. & Tan, J. 2019.	Current eating disorder healthcare services – the per-	To examine health care services of eating disorders by patients, families	Systematic review	Primary care often gets the blame and responsibility for the barriers in the care. Health professionals could benefit of understanding the needs of both the patient and families and refer when needed

	pectives and experiences of individuals with eating disorders, their families and health professionals: systematic review and thematic synthesis	and health professionals		
Jönssön, J., Maltestam, M., Bengtsson Tops, A. & Garmy, P. 2019. Sweden.	School Nurses' Experiences Working With Students With Mental Health Problems: A Qualitative Study	To describe school nurses' experiences with students with mental health problems and highlight the nurses understanding of mental health, and find gaps and priorities in their work	14 school nurses interviewed with semi-structured interview and open-ended questions	Schoold nurses had to deal with their own emotions while caring these children but found the work rewarding and meaningful.
Manning, J. C., Carter, T., Latif, A., Horsley, A.,	'Our Care through Our Eyes'. Impact of a co-produced digital educational	To determine impact of digital educational intervention and	98 registered nurses (33 completed the study),	Digital educational intervention was perceived effective in knowledge, attitudes and confidence

Cooper, J., Armstrong, M., Crew, J., Wood, D., Callaghan, P. & Wharrad, H. 2017. UK.	programme on nurses' knowledge, confidence and attitudes in providing care for children and young people who have self-harmed: a mixed-methods study in the UK	to explore perceived impact, suitability and usefulness	pre- and postintervention online questionnaires and semi-structured interviews	
Medina, C. O., Kullgren, G. & Dahlblom K. 2014. Nicaragua.	A qualitative study on primary health care professionals' perceptions of mental health, suicidal problems & help-seeking among young people in Nicaragua.	To explore how health care professionals perceive mental health, self-harming and suicidal young people	12 interviews with primary health care nurses (5) and doctors (7)	Providing mental health care is important, and training, education, policies of the management need improving.
Membride, H., McFadyen J. & Atkinson, J. 2015. UK.	The challenge of meeting children's mental health needs	To examine mental health issues school nurses encounter and if they are adequately	Qualitative descriptive study, 16 semi-structured interviews and a paired interview	Behavioral problems and self-harm are most encountered mental health issues. School nurses need more training and support to meet children's needs.

		trained and supported to meet these needs		
Muggeo, M. A. & Ginsburg, G. S. 2019. USA.	School Nurse Perceptions of Student Anxiety.	To understand needs, barriers and practices toward intervention of anxiety	Survey of 93 school nurse or school nurse supervisor participants	Anxiety is important to address and intervene, but nurses do not have enough evidence-based guidelines and training to use them
Ravenna, J. & Cleaver, K. 2016. UK.	School Nurses' Experiences of Managing Young People With Mental Health Problems: A Scoping Review.	To determine school nurses' experiences of managing young people with mental health problems or symptoms	Scoping literature review	There was perceived importance of addressing mental health, but perceived barriers prohibit efficient care. Training and education essential for adequate prevention, nursing intervention, assessment and care
Reid-Searl, K., Dwyer, T., Happell, B., Moxham, L., Kahl, J., Morris, J. & Wheatland, N. 2008. Australia.	Caring for children with complex emotional and psychological disorders: experiences of nurses in a rural paediatric unit	To examine general nurses' experiences with children with mental health issues and to identify how to improve the management	20 participants, focus groups and individual interviews	There is need for nurses to understand mental health practices, support from mental health services and continuous training to provide high quality care

Thomas, L. 2017. UK.	Nursing children and young people: what mental health training is required?	To examine nurses' views on mental health training they had received recommendations they suggest	9 individual 45-minute semi-structured interviews	Current mental health training is inadequate, nurses in different work areas could benefit from individualized training
Walker, S. & Lloyd, C. 2011. USA.	Barriers and attitudes health professionals working in eating disorders experience.	To examine health professionals views of treating eating disorder patients	15 participants, focus group interview	Themes of attitudes, countertransference and barriers to providing treatment emerged. Higher level of training was perceived by the participants to be necessary to provide efficient care.