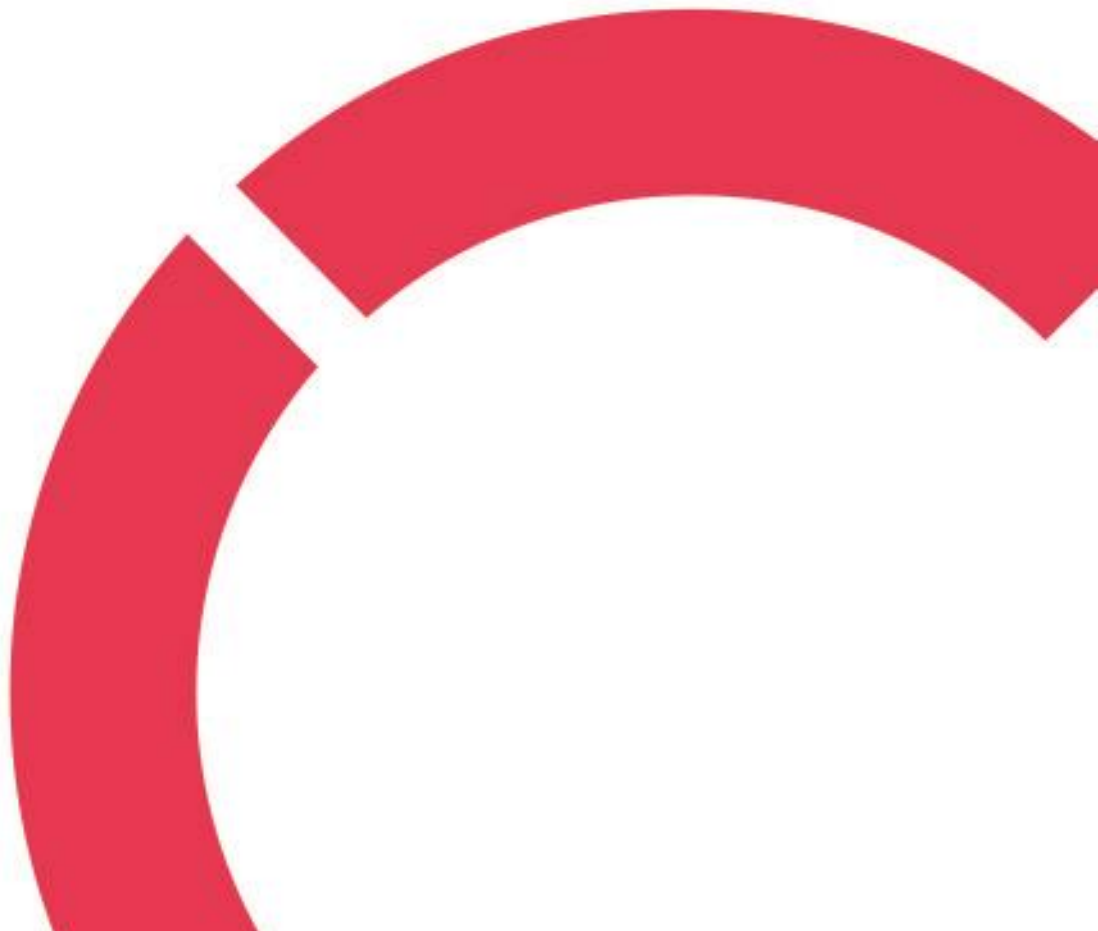


**Ajayi Adedolapo Vivian
Osayi Nkiruka Eucharia**

NURSE'S EXPERIENCES IN PAEDIATRIC MENTAL HEALTH CARE

A Literature Review

**Thesis
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ABSTRACT

Centria University of Applied Sciences	Date November 2023	Author Ajayi Adedolapo Vivian Osayi Nkiruka Eucharia
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<p>Paediatric care is a branch of health care that attends to the basic medical, surgical, clinical and holistic care of infants, children and adolescents reaching the age of 18years. Children who are unable to attain optimal emotional, social, cognitive and behavioural development in their daily lives or are persistently finding it difficult to physically and mentally interact, cope with problems, form relationships or succeed at simple tasks maybe regarded as having unstable mental health.</p> <p>The goal of this thesis is to explore the experiences of nurses who provide mental health nursing care for pediatric patients at the various healthcare units by examining some challenges they encounter in order to raise awareness on how these experiences and the resultant feelings can affect the provision of mental health care for pediatric patients. The aim is to ensure the continued provision of patient-centred care for paediatric patients suffering from mental health problems.</p> <p>The method adopted was literature review and based on this; searches were conducted using three (3) evidence-based scientific research databases which includes; CINAHL accessed through Centria UAS library (Finna), Google Scholar and PubMed. The detailed search on Google Scholar yielded access to works published on academic databases like academia.edu, wiley online library and Sage. Keywords such as nursing, mental health, Pediatrics and nurses experiences were taken from the research question and combined to narrow down our review. Ten (10) articles were selected, thoroughly examined and used for answering the research question raised.</p> <p>Results revealed that insufficient knowledge, constraints of the work environment and patient aggression/violence all affect the quality of mental health care provided by nurses. When exposed to these challenges, nurses felt, doubtful, frustrated and most times guilty. To resolve these issues, having clear guidelines, working with a multi-disciplinary team and continuous professional development were mainly recommended as the appropriate measures for ensuring the continued provision of optimal mental health care for paediatrics living with mental health problems.</p>		

<p>Key words Child mental health, nurses role, nurses experiences, paediatric mental health and nurse clinical practice</p>
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ABSTRACT
CONTENTS

I INTRODUCTION	1
2 PAEDIATRIC MENTAL HEALTH AND ROLE OF NURSES EXAMINED.....	3
2.1 Common Mental Health Problems in Children	3
2.1.1 Anxiety disorder	4
2.1.2 Eating disorders.....	5
2.1.3 Depression	5
2.2 Role of Nurses Examined	6
2.2.1 Assessment	9
2.2.2 Diagnosis	10
2.2.3 Treatment.....	10
3 PURPOSE, OBJECTIVE AND RESEARCH QUESTION.....	13
4 METHODOLOGY.....	14
4.1 Operational Environment.....	14
4.2 Research Method.....	14
4.3 Data Collection	15
4.4 Inclusion and Exclusion Criteria	15
4.5 Data Analysis.....	16
5 RESULTS	18
6 DISCUSSION	20
6.1 Insufficient Knowledge	21
6.2 Constraints of Work Environment.....	21
6.3 Patient Aggression/Violence	22
6.4 Recommendations for Improvement.....	23
6.4.1 Multidisciplinary Team Approach.....	23
6.4.2 Clear Guidelines and Policies	24
6.4.3 Continuous Educational / Professional Development.....	24
6.5 Ethical Considerations and Trustworthiness	25
7 CONCLUSION	26
7.1 Learning Experiences	26
REFERENCES.....	31
APPENDIX	
TABLES	
TABLE 1. Inclusion and Exclusion Criteria.....	16
TABLE 2. A Tabular Representation of Articles Reviewed for the Research.....	17
TABLE 3. Summary of the data and the primary findings in the included studies.....	18
FIGURES	
FIGURE 1. A Mind-Map of the Results Showing Themes, Sub-themes and Recommendations.....	20

I INTRODUCTION

There is no doubt that the field of mental health care is one of the fastest growing fields of nursing (Kusterbeck 2022). Mental health nurses provide therapeutic, rehabilitative and general care-guidance for persons diagnosed with mental health illnesses, emotional or behavioural disorders in partnership with their families, guardians or carers (Kumar, Kearney, Hoskins & Iyengar 2020). Mental health patients also include children who face different types of mental health problems ranging from anxiety to depression which can disrupt their lives normal rhythm and can be traced to many factors or developmental challenges (Centers for Disease Control and Prevention 2023a).

Paediatrics is a branch of medical health care that attends to the basic medical and holistic care of infants, children and adolescents up till the age of 18 years (Mandal 2019). In paediatrics nursing, providing quality medical guidance for children, adolescents, young persons and their families is the main focus (Barnsteiner, Wyatt, & Richardson, 2002, 165). Quality and positive health care is thus the provision of patient –centred or individualized care that respects patients needs (Kwame & Petrucka 2021, 158).

The erratic, restless, impulsive, and irrational behaviour of children which are normally deemed as a child's healthy phase of development could be progressive symptoms of mental health disorders that can be difficult to determine (Morgan & Townsend 2020, 599). According to the World Health Organization 50% of mental health problems start before the age of 14 years while in Finland children comprising of young adults who are below 13 years are being diagnosed with mental health challenges (WHO 2020, 2023). This means that there is an increased awareness about paediatric mental health problems and an urgent need to address the problem which is now a global burden (WHO 2020). The fragility and vulnerability of children's mental health are hence matters that mental health nurses have made their goal to protect and provide developmental tools or mechanism for their mental upbringing (Goodman & Scott 2012).

The mental health nurse's ability is mainly centred on providing means to restore a healthy mental health, preventing mental illness through guidance and education, promoting suitable mental performance for patients, and understanding the legal aspect of mental health nursing (American Psychiatric Nursing Association 2019). This is why patient-centred care and the provision of

positive children's mental healthcare have been noted as been relevant in the prevention of mental health problems in adulthood (Shannon & Cusack, 2015). Due to the variety of nursing activities provided in the diverse settings of care such as in hospitals, homes and communities there have been questions and scholarly responses as to the roles of nurses who provide mental health care (Varcarolis, Carson & Shoemaker 2006, 13).

This thesis will focus on gathering up-to-date information in order to discover, examine and elucidate the experiences of nurses who provide mental healthcare for children. Selected common mental health problems faced by children would be analyzed while the general and specific roles nurses play in the assessment, diagnosis and treatment of these problems in the various health care settings will be highlighted. The terms "pediatrics", "children and adolescents" would be used interchangeably in this thesis.

2 PAEDIATRIC MENTAL HEALTH AND ROLE OF NURSES EXAMINED

This chapter will focus on examining the common mental health problems children face and some of the recommended treatment models. It will present the various roles of nurses from a general and mental health care perspective.

2.1 Common Mental Health Problems in Children

A child by straightforward definition is an individual below the age of 18 (UNICEF 1990). The developmental process of a child starts from birth and proceeds to infancy, toddler, childhood, adolescence or teenage years and finally walking towards legal years of adulthood (Balasundaram & Avulakunta 2023). Child and adolescent psychiatry is a branch of medical studies popularly known to majorly encapsulate the clinical, scientific, social, biological, psychological, and neurological aspect of a child and adolescent (Sheppard 2022).

Evidence has shown that children are not exempt from mental health problems which are considered to be of a serious nature when they affect the child's development and daily life (Centers for Disease Control and Prevention 2023a). However, mental health challenges such as difficulties with sleeping, eating, unhappiness and over-activity have been shown to be different from mental health disorders which include eating disorders, emotional disorders like anxiety, depression and so on (Royal College of Nursing 2014, 10). According to the World Health Organization (2021) behavioural problems and anxiety disorders are among the most commonly diagnosed mental health problems amongst children.

Professionals are of the view that childhood is a stage that involves all round development or physical growth and changes in a child's mental health and any impairment can affect the child's emotional and social well-being (Centers for Disease Control and Prevention 2023a). Mental health problems can stem from everyday challenges at the family level, could be due to stressors at school or a reaction caused by genetic interactions with exposure to life experiences and responses to stress that a child encounters (Sheehan 2017, 97). There is a high probability that a child who has experienced challenges and abuse can be diagnosed with mental health problems or mental impairment which can continue in adulthood (Schlack, Peerenboom, Neuperdt, Junker,

& Beyer 2021, 3 -19). As mentioned earlier, mental health problems in children can be categorised into emotional, developmental and behavioural disorders (Ogundele 2018, 9-26; Sheehan 2017).

In this section we will be focusing on three of the common mental health problems children are diagnosed with which includes eating disorder, anxiety disorder and depression (Ogundele 2018). These have been noted to result in the child being anti-social, aggressive, and impulsive (American Psychiatric Association 2013).

2.1.1 Anxiety disorder

Anxiety disorder is the second commonest group of psychiatric disorders among children and adolescents and research conducted on Finland shows that between 1998 and 2012 there was an increase in its diagnosis among both genders (Khanal, Ståhlberg, Luntamo, Gyllenberg, Kronström, Suominen, & Sourander 2022, 144). Genetic influence is a risk factor to be considered during process of diagnosis for children, the possibility of this heritability can cause extended range of disorder known as distress disorder or a combination of depression and generalised anxiety disorder (Goodman & Scott 2012, 95 & 96). In other words, the emergence of anxiety disorder which comes at an early period in life may be as a result of having guardians or family members who were diagnosed with anxiety disorder or other types of disorder. Anxiety in children may result in alcohol abuse or dependence and substance use later in life. (Essau, Lewinsohn, Lim, Ho & Rohde 2018 248 – 253.)

Anxiety disorder can include over anxious disorder, generalized anxiety disorder, obsessive–compulsive disorder and separation anxiety disorder, post-traumatic stress disorder and panic disorder (Esau et al. 2018, 249). Typical symptoms includes worrying which can become persistent, anger, irritability, sadness, difficulty eating or sleeping and tiredness (Centers for Disease Control and Prevention 2023b).

Parental involvement and association with their child can be a significant and potential risk factor of them developing anxiety disorder (Fjermestad, Lium, Heiervang, Havik, Mowatt Haugland, Bjelland, & Henningsen Wergeland 2020, 18-24). This can be the case when the parents expose the child to violence, suppression of feelings and self-assertiveness, proclamation of dependency for the child and placement of extreme high standards all categorised as poor parent-

ing. These are risk factors which can cause the arrival and background for anxiety disorder and panic in a child. (Ogundele 2018.)

Treatment of anxiety disorder is medically expanded to include different care classifications such as pharmacological, psychological and other treatment interventions all undertaken with patients or guardians consent (Bandelow, Michaelis, & Wedekind 2017, 93 -107). However cognitive behavioural therapy CBT is the most common direct treatment for anxiety disorder (Curtiss, Levine, Ander, & Baker 2021, 184-189).

2.1.2 Eating disorders

Main eating disorders are anorexia, bulimia and binge eating and this can occur at any age (Mieli 2021). Despite the fact that most people say that their eating disorders started in childhood, teenage years, or early adulthood, any age can witness eating disorder although adolescence is regarded as the peak phase for eating disorders because of the increased attention on appearance and body image during this crucial developmental risk period (Gander, Sevecke, & Buchheim 2015, 1).

Eating disorders have a substantial negative influence on children's and adolescents' physical and mental health (Suarez-Albor, Galletta, & Gómez-Bustamante, 2022). In teenagers, the prevalent rates of Binge Eating, Anorexia Nervosa, and Bulimia Nervosa are 0.3%, 0.9%, and 1.6% respectively (Swanson, Crow, Le Grange, Swendsen, & Merikangas 2011). Children and teenagers with eating disorders may experience various systemic failures such as, cardiac abnormalities, brain impairment, very low blood pressure, disturbances in the metabolic balance and other diseases (Mieli 2021). Adolescent eating disorders are linked to several comorbid psychiatric problems, such as depression, anxiety, self-harm, and suicidal thoughts (Suarez-Albor et al. 2022).

2.1.3 Depression

Depression as a common mental health problem affects a person's reasoning, mood and daily activities and this is totally different from sadness or feeling low (Torres 2020). Common depression symptoms include social dissociation, pessimism, and feeling of melancholy, low engagement in school or social activities, restlessness, low personal identity, feeling worthless, lethargy, fluctuations in weight, sleep, and appetite (Mieli 2021). Some children instead of show-

ing the normal symptoms of depression might become difficult to manage due to depression and as such wrongly termed bullies or naughty (Centers for Disease Control and Prevention, 2023b). These symptoms can provide apparent differentiation from normal sadness through greater severity, extensive depressive indications, psychosocial difficulties, and the person portraying intelligible and typical signs different from normal sadness. (Goodman & Scott 2012, 104.) Puberty in adolescence can be a huge factor that triggers depression disorder (World Health Organization 2021).

Signs and risk factors of depression can include promiscuity, substance abuse, truancy, extreme aggression, academic failures, physical retardation which are predictable signs, family histories of depression, socially stressful experience, loss of an individual, toxic environment all of which are relatively important and provide a brilliant opportunity to identify the possibility and/or prevalence of depressive disorder (Maughan, Collishaw, & Stringaris, 2013).

Depression if not effectively managed, most often, results in suicide attempts or suicide. Hence, suicide, substance abuse, alcohol dependence and other mental health problems could stem from depression and has common signs such as previous attempts of suicide, vivid suicidal thoughts and self-harm. In Finland suicide is the leading cause of death among young people who are under 25 years and usually accompanied with self-harm. (Nordic Centre for welfare and social issues 2017, 7 – 8.) For this reason, Finland in her second nationwide suicide prevention programme 2020 – 2030 raised an action plan geared towards creating awareness and ensuring suicide prevention (THL 2023a). In America, anxiety is the eighth leading cause of death in children (National Institute of Mental Health 2021). Young people are more likely to execute suicidal attempts through the use of firearms, poisoning, drowning and suffocation (Cash & Bridge 2009, 613-619).

2.2 Role of Nurses Examined

Health promotion involves a universal focus which includes the provision of a supportive environment and individualized opportunities to enhance the making of healthy choices by individuals especially adolescents (World Health Organization 2020, viii). The Universal Bill of Rights recognizes the fundamental rights of every person to the best available mental health care, emphasizes the rights of persons with mental health illnesses to be treated with dignity and respect

and protects the rights of minors to special care while discouraging any form of discrimination against them (UNHR Resolution 46/119).

In the same vein, the nursing profession has as its main aims the prevention, protection, promotion and provision of health care services for individuals, families and communities (International Council of Nurses 2002). This health promoting and provision services are geared towards ensuring improvement from illnesses or the attainment and maintenance of a healthy lifestyle where possible (Smith 2023). Hence these services are a hallmark of the nursing profession despite the area of practice which may be public health centres, hospitals, prisons, home care, national defence, supported and service houses, schools and so on (Finnish Nurses Association 2023a).

The role of nurses usually depends on the field of nursing the focus is on and can range from critical care, geriatric care to occupational health, genetics nursing, neo-natal, public health, mental health care, anaesthesiology, rehabilitation, and several others (US Bureau of Labor Statistics 2023). Despite the various fields, nurses are in their daily routines generally expected to provide patient-centred care that appreciates the uniqueness of each person and meets their healthcare needs, they have to support the patient's choice and decisions regarding their lives (Kwame & Petrucka 2021). Most of their responsibilities with proper training have expanded to include the provision of several advanced, specialized and general care for children of various ages in cases of diagnosed mental, emotional and behavioural disorders such as anxiety disorder, isolation, depression, suicidal attempts and suicide (Mcallister 2019, 275-277).

Going by the sensitive nature of paediatric mental health care especially since mental health problems in children are the main causes of physical, emotional and social disabilities among children (World Health Organization 2021). The moment a person who is experiencing signs of a mental health problem reports same at a health centre, school, the hospital or via any approved means, mental health services comprehensive assessment, diagnosis, care, education, timely interventions, guidance for the promotion of the individual's well-being, prevention and treatment of the mental health problem should be effectively provided at various levels of the health care system. (THL 2023b.)

It is undisputed that nurses play a vital role in paediatric mental health care and their experiences highlight and provide valuable insights into the unique approach and specialized skills they apply

in the daily provision of comprehensive care for children and adolescents suffering from mental health problems together with their families (Machailo et al. 2023, 6625). With the rising number of mental health cases globally, especially with regards to children and young adults, nurses, which includes school nurses, are in the forefront of identifying mental health symptoms, providing constant care, support, comfort, compassion and the needed sustenance for recovery in the public, private, primary, intensive and specialized health care systems (National Association of School Nurses 2022; Teixeira, Freitas, Moura & Monteiro 2020).

Nurses have a role to develop the children's self-esteem and social skills, assess a patient's susceptibility to suicide and self-harm, observe persons at risk, keep accurate records, plan discharge, provide mental health promotion and prevention (Machailo et al. 2023, 6). They play a major role in the administration of treatments such as the use of coercive measures and restraints (Laukkanen 2021). School nurses have been known to actively support young people in the early management of mental health problems, conduct initial evaluations, identify mental illnesses, process and make referrals for further assessment, treat and educate the pediatric patients on mental health issues (Bohnenkamp, Stephan & Bobo 2015).

In Finland, due to the international nature of the society, nurses also have a duty to provide culturally safe healthcare environment. Therefore acknowledging cultural diversity in healthcare provision is also a role of nurses. (Tobah & Ndayishimiye 2021.) Nurses also play a major role in the rehabilitation and reintegration of patients into the society (Arya & Rentala, 2022). Their role or duty also involves the carrying out of a comprehensive assessment of pediatric patients in order to determine their mental health needs, emotional, behavioural, and developmental status (Johanna, Elin, Mats, Henrik, & Jonas 2022). These nurses also often engage in therapeutic interventions such as individual counselling like child-centred play therapy, cognitive behavioural therapy, psychotherapy or group therapy which helps children and adolescents to understand, accept and cope with their emotions and mental health challenges (Centres for Disease Control 2023c).

Nursing process, as defined by Ida Jean Orlando is a: "systematic approach to care using the fundamental principles of critical thinking, client-centred approaches to treatment, goal-oriented tasks, and evidence-based practice (EDP) recommendations and nursing intuition". It is divided into five stages namely assessment, diagnosis, planning, implementation, and evaluation. (Tony-Butler & Thayer, 2023.)

2.2.1 Assessment

In this stage, the patient's data are collected from the patient or family member(s) through interview, examination or observation. Therefore this phase is important because it serves as the foundation where all the other stages are premised. (Townsend 2015.) The aim is to gather as much information as possible about the patient that can help in the patient's diagnosis and care plan such as patient's life history which can include family history, allergies, life style and developmental stages. Also other objective data which are tangible, measurable and observable such as vital signs, height and weight, laboratory results, intake and output, head circumference and neurological examinations using tools like the Glasgow coma scale and so on can be obtained. (Toney-Butler & Thayer, 2023; Belleza 2023.)

A child or adolescent is usually brought for mental health assessment when such person exhibits traits such as poor academic performance, developmental delays, disruptive or aggressive behaviour, irritable or liable mood that are heightened and disrupting the Child's everyday activities, self-harm, substance abuse and suicide attempts (Ogundele 2018). Conducting assessment and obtaining accurate information from the child and/or family is usually difficult which is why collaboration with other healthcare professionals is essential in order to get a holistic assessment that would facilitate treatment (Srinath, Jacob, Sharma, & Gautam 2019, 158-175). While carrying out the assessment, it is instructive for the nurse to observe for signs of abuse, neglect, trauma, violence, or bullying on the patient (Ernstmeyer & Christman 2023).

Additionally, mental status evaluation of the patient should be simultaneously carried out by the nurse when the patient is being interviewed and this is done when the appearance and general behaviour of the patient is being taken into cognizance. Mental status evaluation also includes the assessment of the patient's speech, motor activity, mood, thoughts and perceptions, attitude and insight and cognitive abilities. All these factors will be taken into consideration when the paediatric patient's mental health assessment is being done. (Ernstmeyer & Chrisyman 2023.)

2.2.2 Diagnosis

Nursing diagnosis is performed when the nurse analyzes information obtained during the initial assessment stage in order to determine the possible problems and risk factors. This is usually done with a nursing classification system (Townsend 2015, 159). In Finland, nurses have a duty to draw up possible existent health care problems, related issues and future challenges which are alleviated with nursing interventions in relation to a patient (FinCC 4.0, 2019). The process of diagnosis of a child's mental health problem requires a huge consideration of the aetiology, epidemiology, clinical evidence, classifications, and patient's personal factors like gender, family backgrounds or social exposure of different types of mental disorders. These considerations will provide a relevant and comprehensive progress in discovering a child's mental ailment. Understanding the fragility that comes with studying a child or adolescent provides more delicate knowledge in assessing and evaluating mental health problems. (Ogundele 2018.)

Diagnosis and recognition of mental health problems in paediatric patients are most times difficult because most pediatric patients display a modicum of reluctance in participating in the care process because they feel they are being compelled to receive the care, cannot comprehend what is being said or due to impaired verbal communication or social interaction (Ogundele 2018). This can be partly attributed to the fact that their communication and comprehension skills are dependent and limited to their developmental stage. (Towsend 2015, Chapter 33.) Another reason that makes diagnosis of paediatric mental illness challenging is the age factor as the diagnostic criteria used for children are different from the ones used for the adolescents (Flamez, King & Francis 2015, 3-27). Diagnosis usually depends on the collaboration of a multi-professional team which also includes the nurse, parents or guardians, teachers and most times the child's peers (Ogundele 2018).

2.2.3 Treatment

There has been an established foundation of mental health care all around the world and countries are encouraged to develop systematic data collection, policies, programmes, actions for promotion of mental health and engage in initiatives that are significantly made to benefit children and families (World Health Organization 2005, x). There are dimensions to paediatric treatment and responsibilities of nurses for the different mental health problems a child or adolescent is proven to struggle with as such nurses are responsible to conducting comprehensive holistic assessment, sustaining positive relationships with the child and family and services that

serve as a vehicle to solution and satisfaction, authoritative and facilitative interventions (Callaghan, Playle & Cooper 2009, 58).

Behaviour therapy as an approach is implemented in the treatment of most mental illnesses and involves teaching the children, their families, teachers or guardians ways of rewarding or strengthening the children's positive behaviours (Society of Clinical Child and Adolescent Psychology 2020). This therapy can be used for hyperactivity disorder, depression and stress and is usually the first line of treatment (Halder & Mahato 2019, 279-283). Systematic desensitization for overcoming phobias and implosion or flooding therapy which steadily presents the phobic stimuli to the patient until they overcome anxiety resulting from it are two forms of behaviour therapy (Townsend 2015, 296).

Nurses play an effective role in the treatment process of children suffering from mental health problems as such they are expected to be consistent in establishing care plan for this approach. They also develop the children's self esteem through education and the provision of consultative psychiatric services, collaborate with other medical teams to achieve improvement of social and interpersonal skills that portray a caring approach to train and reinforce behaviour modification. (Kumar, Kearney, Hoskins, & Iyengar 2020.) Communicative and supervisory care, empathy, flexibility, tolerance and knowledge of mental health problems are skills nurses are trained with to ensure the promotion of progressive and preventive interventions (Machailo et al. 2023).

Cognitive therapy as an approach focuses on changing the child's negative, illogical thoughts and emotions and is achieved by examining how the children's emotions, thoughts and behaviours are intertwined in order to reduce negative thoughts, anxiety responses, depression, substance abuse or post-traumatic stress disorder (Society of Clinical Child and Adolescent Psychology 2020). The nursing goal is to concentrate on solving present challenges. The process is focused on triggering awareness of a child's maladaptive thoughts and stressors by positive self-talk, providing nursing interventions to help with nutrition and hydration, cognitive problem skills training and improving communication. (Wayne 2023.) Nursing roles are displayed during therapeutic relationships by supporting patient - nurse interaction, using of communicative skills like, listening actively and empathetically, encouraging the patient through planning and promoting cognitive therapy activities that boost mental and physical health and so on (Currid, Nikcević & Spada 2011, 1443-1447) .

Play therapy is a child intervention supported with research and evidenced based practice implemented for a child's therapy. It is a fun; creative and pleasurable activity designed to psychoanalyse and treat a child with mental health problems. (Foley 2010, 447-464.) Daily nursing care can be provided through game therapy which helps to increase the potency of children to overcome their challenges, develop emotional, social and behavioural competencies and cultivate skills that enhance and affirms their development (Sezici, Ocakci, & Kadioglu 2017, 162-169).

The Family is a unified system and the support they provide for each other are unlimited in the face of mental health problems like drug and alcohol abuse, anorexia and bulimia nervosa and this type of therapy expects the contribution of the family members as the child's mental health problems is not seen as an individual problem but resolved by improving communication among members and relationships in the household (Society of Clinical Child and Adolescent Psychology 2022). Nursing treatment process therefore involves working in partnership with the family who communicate with the nurse to design a collaborative and empowering process for providing services to the child and the family as well (Foley 2010, 110).

On the other hand, group therapy allows children and adolescents to interact with peers, learning social behaviour, tolerance, acceptance, and support from their peers (Malhotra & Baker 2019). The responsibilities nurses are delegated with are confirmed by their participation in developing a suitable group for the child and the goals that will follow through such as leading the group especially where the nurse has psychiatric or behavioural training (Foley 2010, 110).

Psychopharmacology involves treatment of disorders with medications. Registered, nurses who are qualified to administer medications have the authority to administer a medication prescribed by clinicians to a child and the obligation that comes with pharmacologically treating a child requires meticulous assessment and caution. Medication should be combined with other treatment methods in order to achieve a successful care. (Townsend 2015, 544-742.) Educating the family and child about the nature, dosage, function, and side effects of a drug are also important roles of nurses (Machailo et al 2023).

3 PURPOSE, OBJECTIVE AND RESEARCH QUESTION

Having effective aims and objectives gives a research focus and direction. Therefore the authors' purpose in this thesis is to explore the experiences of nurses who are in the forefront of providing mental health care services for pediatric patients and their families at the various healthcare institutions. Additionally, we will be examining some challenges they encounter and the feelings arising from their experiences with the aim of raising awareness of how these experiences and the resultant feelings could affect their roles and the provision of quality mental health care for pediatric patients. The analysis will end with the presentation of recommendations to foster improvement with the objective of ensuring the continued provision of patient-centred care for pediatric patients suffering from mental health problems.

In view of the foregoing, we raised the research question: what are the experiences of nurses who implement and provide paediatric mental health nursing care services at various health care institutions?

4 METHODOLOGY

The focus of this research is the examination of scholarly articles, scientific journal and literary works on the experiences of nurses in the implementation of paediatric mental health care at all levels and units of the healthcare system. This chapter examines the method we adopted and applied in our research process.

4.1 Operational Environment

The groups targeted by this thesis include nurses who provide mental health care nursing to paediatric patients at different settings of the health care system, nursing students of Centria University of Applied Sciences and other university of Applied Sciences. With the assistance of our supervisor we will be able to achieve the objectives of our research which we hope will improve the future of mental health nursing care for children, adolescents, their families and the society at large.

4.2 Research Method

For the purpose of this research we settled for a Literature Review as this process is popular among health and social care will make it easier for us to collate and analyse selected previous works by other researchers and use the results to answer the fundamental question raised in this thesis (Aveyard 2018). A literature review is a systematic procedure of collecting and synthesizing previous research on a specific topic (Tranfield, Denyer, & Smart 2003, 207). It is achieved by merging evidence, analyzing results of similar works, contrasting and summarizing data from scientific materials and giving answers to the research questions.

There are various types of literature review such as descriptive, systematic, rapid, realist, aggregative and narrative and the aim is always about ensuring a reliable summary of literary works on a chosen topic to make it easier for readers to have access to a reliable summary of several researches conducted on a specific idea or area of study. This is achieved through a process that starts with choosing a research question, generating a research design, presenting results from the research followed by a discussion of the results. (Lau, & Kuziemsky 2016, chapter 9; Aveyard 2018, xv - 17.)

4.3 Data Collection

In view of the above and taking into consideration the scope of our research, adopting the literature review method allowed us to have a structured review. The research was commenced with authors defining the purpose of the research and formulating a research question so as to provide a new insight into the selected research question (Aveyard 2018). This was followed by a rigorous search for related and appropriate literary works on scientific databases. Authors effectively planned, collected, critically examined and evaluated a significant number of published literatures written by experts to ensure the actualization of the rationale for this thesis. As such only data relevant to the research question outlined here were searched for.

The comprehensive electronic database searches were conducted on several scientific databases on Centria University of Applied Sciences library website (Centria Finna) after which CINAHL database was selected as a main source of information. PubMed and Google Scholar were also used for conducting reliable searches. Hence a total of three (3) scientific and evidence-based databases were resorted to for this literature review (TABLE 2). To obtain more relevant data and to add depth to our research, the full text and references of selected articles were read and examined comprehensively.

4.4 Inclusion and Exclusion Criteria

Further searches were conducted using advanced search processes which involved the inclusion and exclusion criteria (TABLE 1). By inclusion, only data that were related to and answered the research question were approved while exclusion criteria restricted or excluded data that were irrelevant for the research. To avoid misrepresentation, only trusted and evidence-based scientific databases with scholarly articles and journals that have full texts written in English language were considered. The inclusion criteria and paucity of available data on the topic limited us and resulted in the extension of our search and inclusion of publications ranging from year 2009 to 2023.

Inclusion method also involved using databases which offered open access articles and journals, however during the literature review authors felt that some articles without open access were relevant and contacted the scholars for copies of these articles. Scholars granted access to authors

but restricted access to the public as such these articles were only studied for knowledge but excluded because of lack of access to the public.

Going by the rigorous searches conducted, data selection process which involved the application of the inclusion and exclusion criteria, a total of 10 evidence-based articles and publications from reliable scientific sources were selected as being relevant and to have effectively answered the research question (TABLE 2).

TABLE 1. Inclusion and Exclusion Criteria

INCLUSION CRITERIA	EXCLUSION CRITERIA
Articles that were relevant to the research topic	Articles that were irrelevant to the research topic
Evidence based and Peer reviewed studies	Non-evidence based nor peer reviewed studies
Articles with full text, written and published in English language	Articles not available in full text, not written and published in English language
Open access articles that do not require access approval from authors, payment or subscription	Articles without open access, requiring approval, payment or subscription fees
Studies published from year 2009 to 2023	Works published before year 2009
Scholarly articles found only in academic data bases and websites	Articles from non-academic data bases and websites

4.5 Data Analysis

Data analysis is a process that involves rounding up data into common groups so as to come up with recurring and same views of research (Lo Biondo-Wood & Haber 2013, 290). While considering the main aim of the thesis, research was based on trusted and relevant data which were gathered through the use of keywords such as nursing and mental health and Pediatrics and nurses experiences. These were taken from the research question and combined to produce several search options.

Several data obtained through searches on selected databases were collated, synthesized and reviewed using . Data were extracted from major themes found in the results and these were documented. To verify their usability articles were chosen based on their titles and abstracts. Authors selected 41 of these articles for further assessment and 23 were excluded for not being re-

lated to paediatrics mental health and nurses experiences, the inclusion and exclusion criteria and being duplicates. Professional thesis guidance resulted in a further exclusion of more scholarly articles after which n =10 articles were finally selected for the research (TABLE. 2). Authors proceeded to take notes while going through the full texts and paid more attention to the results of selected works that closely answered the research question. An analysis of the data collated showed recurring results and recommendations in some of the selected articles. These were assessed and the results which were consistent in all the articles were selected and used to create themes and sub-themes. Once this was achieved a mind map of the themes and sub-themes was designed to paint a vivid picture of the ideas generated and show the link between the themes as seen in (TABLE 3).

TABLE 2. A Tabular Representation of Articles Reviewed for our Research (n=10)

Databases	Final Number of Articles Selected after Inclusion & exclusion method
PubMed	3
Centria Finna (Particularly from Cinahl)	2
Google Scholar (Particularly from Sage, Academia.edu and Wiley Online Library)	5
TOTAL	n = 10

5 RESULTS

This chapter will focus on presenting a tabular summation of the data gathered from the ten reviewed articles. These will be outlined under various headings ranging from authors names, year of publication, title of research, and database source to the results gotten from each of them. (TABLE 3.)

TABLE 3. Summary of the data and the primary findings in the included studies

Research Question - What Are The Experiences Of Nurses Who Implement And Provide Paediatric Mental Health Nursing Care Services At Various Health Care Institutions?			
Author, Year of Publication & Data Source	Research Design/Sample	Title of Research Articles	Findings
1. Buckley, S., 2010., 19(19), pp.1226-1230 CINAHL	Exploratory mixed methods approach, with both descriptive statistics and qualitative findings	Caring for those with mental health conditions on a children's ward. British journal of nursing	Need for more in-house trainings and education for nurses
2. Deaton, C., 2012 PubMed	Literature Review	Implementing clinical practice guidelines: a responsibility for nurses and allied health professionals	Clear guidelines guarantee the making of best patient-centred clinical decisions
3. Johanna, Z., Elin, V., Mats, H., Henrik, A., & Jonas, A. (2022). CINAHL	Qualitative content analysis.	Nurses' experiences of encountering patients with mental illness in pre-hospital emergency care - a qualitative interview study	Most nurses in pre-hospital emergency care (PEC) expressed a lack of trust in the mental health patients due to inability to be sure of the patient's action or behaviour towards them on arrival.
4. Moen, Ø. L., & Jacobsen, I. C. R. 2022. Google Scholar	Qualitative descriptive inductive design	School Nurses' Experiences in Dealing with Adolescents Having Mental Health Problems.	Inadequate knowledge and assessment tools made some school nurses to question their ability to identify students with mental health problems.
5. Li Y-L, Li R-Q, Qiu D, Xiao S-Y. 2020 PubMed	Quantitative Synthesis	Prevalence of Work place Physical Violence against Health Care Professionals by Patients and Visitors: A Systematic Review and Meta-Analysis.	Nurses experienced more physical violence than other health care professionals.

(Continues)TABLE 3.

(Continues)

6. Liu, J., Gan, Y., Jiang, H., Li, L., Dwyer, R., Lu, K., Yan, S., Sampson, O., Xu, H., Wang, C. and Zhu, Y., 2019.	Quantitative synthesis	Prevalence of workplace violence against healthcare workers: a systematic review and meta-analysis. Occupational and Environmental Medicine	Health care providers and nurses working in the mental health and emergency department settings have experienced both physical and non-physical aggression at work.
Google Scholar			
7. Reid-Searl K, Dwyer T, Happell B, Moxham L, Kahl J, Morris J, Wheatland N. 2009	Participatory Action Research approach	Caring for children with complex emotional and psychological disorders: experiences of nurses in a rural paediatric unit.	Nurses felt unprepared for their roles of managing children who indulged in self harm and suffered from mental and psychological issues
Google Scholar			
8. Söderberg, A., Ejneborn Looi, G.-M. and Gabrielsson, S. 2022,	Qualitative Content Analysis	Constrained nursing: Nurses' and assistant nurses' experiences working in a child and adolescent psychiatric ward	Feeling of uncertainty by nurses especially since doing things differently would in most cases lead to questions or criticism from other team members.
Google Scholar			
9. Vejzovic V, Carlson L, Löfgren L, Bramhagen A-C. 2022	Inductive qualitative study	Early Identification of Mental Illness in Primary School Pupils by School Nurses: A Qualitative Study	Described the experiences of school nurses in the identification of mental health problems among students. Continuous education for nurses and written guidelines are essential.
Google Scholar			
10. Yosep, I., Mardhiyah, A., Hendrawati, H. & Hendrawati, S. 2023.	Scoping review design with a descriptive approach to data analysis	Interventions for Reducing Negative Impacts of Workplace Violence Among Health Workers: A Scoping Review	Nurses who experienced aggression reported that it negatively affected their emotional wellbeing and relationship with patients.
PubMed			

The list of articles that were used to generate the above results is set out in (APPENDIX 1).

6 DISCUSSION

In this Chapter we will present an in-depth analysis and discussion of the findings or results that were clearly set out in the table above (TABLE 3). The mind-map below is a representation of the results gathered from the literature review (FIGURE 1). Our research revealed that insufficient knowledge, constraints of work environment and patient aggression or violence triggered various responses or feelings in nurses and these were collectively termed ‘themes’. Flowing from these themes are sub themes which depict the negative feelings or emotions stemming from nurses experiences. The map also outlines recommendations for the improvement of nurses’ experiences in the provision of patient-centred care.

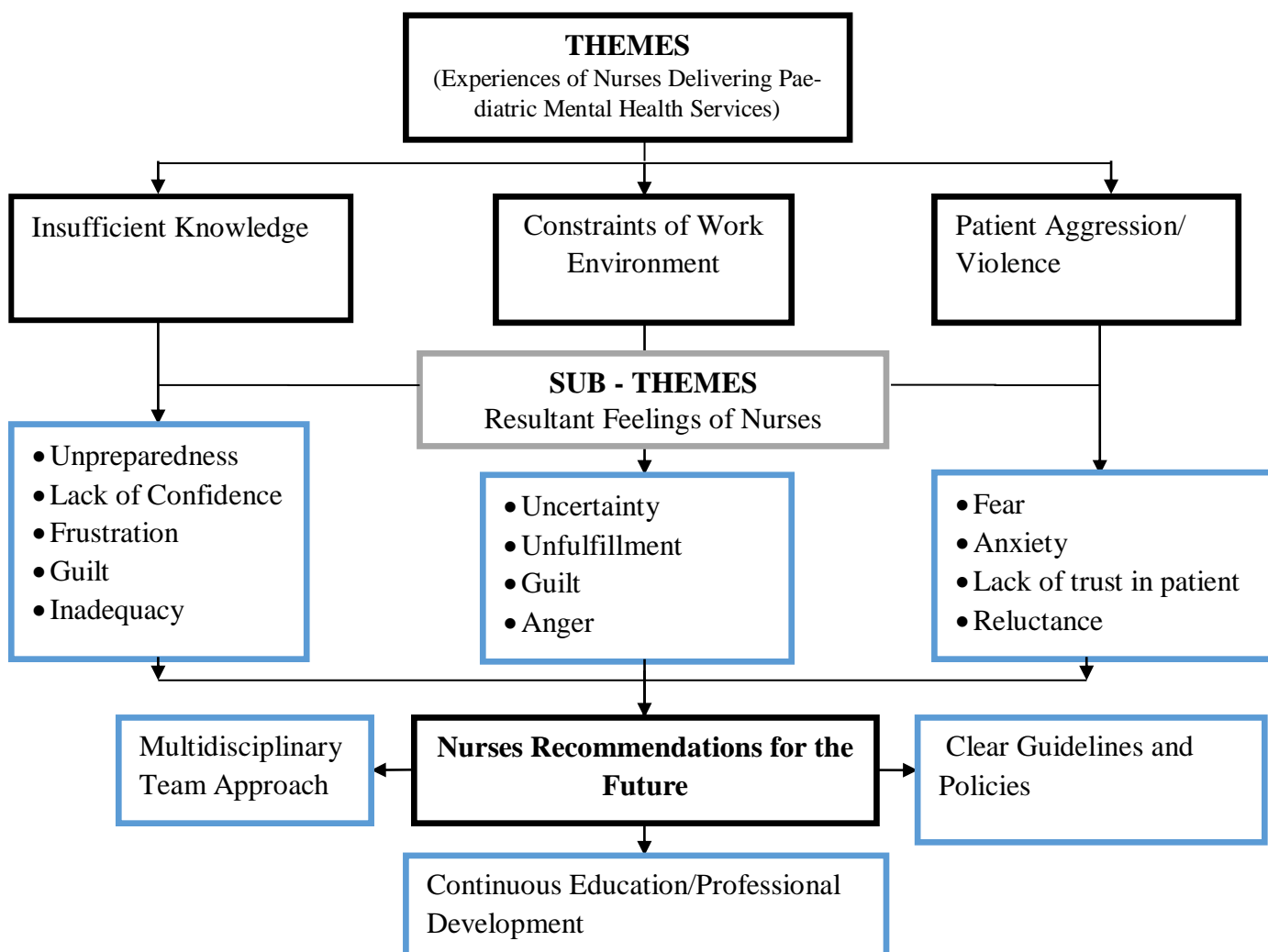


FIGURE 1. A Mind-Map of the Results Showing Themes, Sub-themes and Recommendations

6.1 Insufficient Knowledge

The lack or absence of suitable knowledge of nursing interventions and common paediatric mental health diagnosis needed for providing optimal and safe care for children with mental health was a prominent problem in some of the reviewed articles. Some registered nurses who worked with paediatric patients felt that they were not fully equipped with the knowledge of their roles, how to communicate, what to assess and the actions they needed to take during observations. This resulted in nurses feeling inadequate and frustrated. (Buckley 2010, 1226-1230; Vejzovic, Carlson, Löfgren & Bramhagen 2022.)

The effect of insufficient knowledge was also experienced by nurses who felt unprepared for their roles of managing children who indulged in self harm and suffered from mental and psychological issues this they linked to their lacking knowledge of the communication skills needed for connecting with the children. These nurses felt uncertain and frustrated for failing at their duties while this was accompanied by fear that they would make the children worse. (Reid-Searl, Dwyer, Happell, Moxham, Kahl, Morris & Wheatland 2009, 3443-3444.)

Review also showed that experienced school nurses showed that the experienced nurses relied on their gut feelings in the identification of students who required additional mental health care while the new nurses had a tough time conducting assessments due to a gap in knowledge which made them less competent (Moen & Jacobsen 2022; Vejzovic, Carlson, Löfgren & Bramhagen 2022).

6.2 Constraints of Work Environment

Nurses experienced several challenges in their various working environments or units. Some reported experiencing the constraint of using old routines and generic approaches as against practices that focused on patient's individual needs. This resulted in uncertainty especially since doing things differently would in most cases lead to questions or criticism from other team members. (Söderberg, Ejneborn Looi, & Gabrielsson 2022.) Yet other nurses felt that the absence of established and clear guidelines could result in inconsistencies which might lead to confusion or conflicting regulations as the child would be receiving mixed information or guidelines from different nurses. This was experienced by nurses who worked with casual staff nurses in acute care wards. (Reid-Searl et al. 2009.) Some nurses felt conflicting emotions arising between

their personal desires and existing rules as they wanted to respond with empathy for the children but their feelings were contrary to the demands of their organization or regulations which required emotional distancing and having control of their feelings (Söderberg et al. 2022, 189 - 198).

For nurses working at acute care wards and pre-hospital emergency units, their failure to give enough time and attention to paediatric patients with mental health problems whom they felt did not have serious physical illness requiring medical care and treatment resulted in feelings of guilt and inadequacy especially when it resulted in the children harming themselves, worsening of their mental problems or when it affected the nurse-patient relationship (Reid –Searl et al. 2009, 3444 – 3445; Johanna et al. 2022).

The challenge of insufficient resources such as the lack of adequate assessment tools and consensus between nurses and other professionals involved in the provision of professional collaborative care for the children was experienced by nurses who provided care for children with mental health problems at schools. This resulted in a feeling of uncertainty. (Moen & Jacobsen 2022.) Other nurses felt under-valued, ignored or excluded by other professionals during multi-disciplinary collaboration and this raised feelings of inadequacy (Söderberg et al. 2022).

6.3 Patient Aggression/Violence

It was gathered from research that nurses experienced more physical violence or assault than other health care professionals like physicians (Li, Li, Qiu & Xiao 2020). However, professional health care providers and nurses working in the mental health and emergency department settings have experienced both physical and non-physical aggression at work (Liu, Gan, Jiang, Li, Dwyer, Lu, Yan, Sampson, Xu, Wang, Zhu, Chang, Yang, Chen, Yang, Song & Lu 2019, 927-935).

Nurses who experienced aggression reported that it negatively affected their emotional wellbeing and relationship with patients with the most common effect of violence at work being mental health disorders like depression in some nurses and psychological challenges (Yosep, Mardhiyah, Hendrawati, & Hendrawati 2023, 1409-1421). Most nurses in pre-hospital emergency care (PEC) expressed a lack of trust in the mental health patients. PEC nurses are those who provide emergency medical services like the ambulance service and the distrust they felt could be traced

to their inability to be sure of the patient's action or behaviour towards them on their arrival at the patient's location. In most cases the responses of patient's with mental health disorders were contrary to their expectations and these nurses felt reluctant and afraid to be alone with the patients during assessment as any action was a potential trigger and could result in an attack or aggression on the nurses. (Johanna et al. 2022.)

Review also showed that nurses in children's acute care wards who experienced aggression felt that having patients, particularly children suffering from overdoses or who could harm themselves at the ward with other paediatric patients was a risk and the safety of the whole unit was at stake because these nurses felt unprepared and lacked the skills to contain these children and safeguard everyone at the unit (Reid-Searl et al. 2009).

6.4 Recommendations for Improvement

The following recommendations were discovered to be of importance to nurses whose duties involved providing mental health care for children and adolescents in the various healthcare settings analyzed in this research.

6.4.1 Multidisciplinary Team Approach

Team work emphasized the importance of collaboration between mental health care providers and added a multidisciplinary approach to care being provided (Buckley 2010) Collaboration could be with a team that comprises of the police and fire-fighters (Johanna et al. 2022, 5). Also, having families of patients, psychotherapists and physicians being part of the team was essential as it will provide valuable perspectives from various professionals which will boost nurse's morale, provided a positive working environment and ensure the provision of patient-centred care (Söderberg et al. 2022). However effective communication and inclusiveness should be practiced by parties to the team, that is the hospital and the community the children belong to (Buckley 2010, 1228). School nurses were also encouraged to outline their roles and describe same to other professionals in the collaboration scheme (Moen & Jacobsen 2022).

6.4.2 Clear Guidelines and Policies

Nurses despite feeling safe and positive about the collaboration between multi-disciplines were discovered to have experienced a lack of trust in their competencies when other mental health experts undervalued or ignored their contributions (Söderberg et al. 2022). For this reason developing clear guidelines becomes very essential (Vežovic, Carlson, Löfgren & Bramhagen 2022; Buckley 2010, 1228).

Clear guidelines are believed to guarantee the making of best patient-centred clinical decisions especially since adherence to guidelines is a professional responsibility to be effectively carried out by healthcare providers with patient's consent and ensured by establishing implementation processes (Deaton 2012, 263–264). Clear guidelines was also emphasized in the case of nurses in a public school and this was suggested as a means of removing the provision of deficient care that was based on personal intuition and experience of the school nurse (Vežovic, Carlson, Löfgren & Bramhagen 2022).

Having holistic and laid out guidelines for nurses who encountered any form of violence or need emotional support to report such incidences and discuss personal experiences without fear of being judged was also found to be beneficial. As part of the emergency department's guidelines, nurses are encouraged to know occupational safety measures, patient's details and work in pairs with a team mate they feel safe with when going to encounter mental health care patients. (Johanna et al 2022.)

6.4.3 Continuous Educational / Professional Development

Several articles examined clearly emphasized the need to improve nursing education on specialized mental health care practices to boost confidence and knowledge of the nurses and mental health care providers (Reid-Searl et al. 2009, 3441-3449). Studies conducted on school nurses showed that continuous professional development will not only boost nurses knowledge but would improve quality of care and help with the early identification, assessment and evaluation of mental health challenges in young pupils (Vežovic, Carlson, Löfgren & Bramhagen 2022). It was also recommended that nurses should feel a personal sense of duty to improve their mental health knowledge (Buckley 2010)

The need for continued professional development for nurses is a topic that cannot be ignored as regular professional development which is different from mentoring has been noted by the Finnish Nursing Association to increase skills and evidence-based knowledge which are needed for encountering work demands (Finnish Nurses Association 2023b).

6.5 Ethical Considerations and Trustworthiness

Ethical consideration is one of the bedrocks of a credible scientific research and covers the whole research process (Research Council of Finland 2023).

Due to the sensitive nature of our topic which deals with paediatric care and nurses experiences, authors worked towards abiding by the Responsible Conduct of Research guidelines. Research fraud and disregard for responsible conduct of research can also be violations of law therefore all information obtained during the research was handled with utmost professionalism and care (The Finnish Advisory Board on Research Integrity 2012).

The processes of literature search and data analysis were recorded in a precise manner, data analysis table was provided in a manner to increase the reliability of the study by giving details of the study with the original articles (Elo & Kyngäs 2008, 107–115). The contributions from authors and expert publishers were presented with references both in-text and on the reference list to avoid the violation of intellectual property rights (Gajjar 2013). In other words, the works, achievements and publications of other researchers was cited in line with the approved guidelines of Centria UAS thesis guide 2024 so as to ensure that their due value was given to them.

Furthermore, the authors applied transparency and honesty in carrying out this research and removed any form of conflict of interests that may affect the integrity of the research and thesis. This was achieved by addressing the research question raised and ensuring that our conclusion was in relation to the question.

Although academic work builds on ideas and works of others, active steps will be taken by authors to avoid plagiarism. Hence before publication of this thesis it will be submitted to Centria University of Applied Sciences plagiarism detection system to demonstrate credibility and willingness to shun misconduct. Continuous tutoring/guidance were also maintained and utilized to ensure that the laid down guidelines and procedures were followed to the letter.

7 CONCLUSION

The foundation of this literature research-based thesis was built on pillars of acquired and accumulated articles, studies, and empirical based research to understand the meaning of paediatric mental health illness and present an insight of the experience of nurse in paediatric mental health care and how it reflects their roles, interventions, responsibilities, and challenges. The studies published under paediatric mental health nurses provided a dim light of substantial information on nursing care and their experiences with mentally ill children. However, large studies provided a brighter light on paediatric psychiatry and mental illness. Different factors subject a child to mental health problems and unhealthy psychological lifestyle that results in them requiring mental care attention either inpatient or outpatient care and they will encounter many professional teams on their behalf, especially nurses, who are the largest group of professionals that come in contact with children. Our findings describe nurses' delivery of mental health care for children and adolescent and how it is determined by their professional attributes that eventually create a therapeutic environment for them.

Our findings highlighted the minimalism of nursing care training and knowledge pertaining to mental nursing care plan for paediatric patients which reveals nurses' experience of sporadic but transient sense of incompetence that can affect their professional judgement and enthusiasm.

This thesis is done to serve as a representative for health care system, childcare organizations and many more to increase their effort in putting their hands together to ensure the awareness of nurses' experience with children and how this action can indubitably contribute better to credible recognition of paediatric nursing mental healthcare across the globe.

7.1 Learning Experiences

Conducting this literature review and writing about the different paediatric mental health problems, nursing roles in the care of paediatrics and experiences of nurses who implement mental health nursing care for children diagnosed with mental health problems was an eye opener for the authors.

Going by the continuous global rise in the figures of children suffering from mental health problems and the increase in the demand for nurses, this topic was chosen by authors because of their

interest in the mental and paediatric health care. As student nurses who will someday become nurses, authors by conducting this review gained more knowledge and understanding of the topic and field of study and also succeeded in creating an awareness of the current studies conducted by scholars on the various ways the work environment and daily functions of providing care for paediatrics with mental health problems affect nurses and the services being provided.

It was revealing to learn that nurses engage in the provision of paediatric mental health care not just at the traditional psychiatric wards but also at all sectors of health care which could be schools, emergency units, pediatric in-patient wards, communities, at home by ambulance nurses, rehabilitation or correctional centres and so on. As the roles of these nurses continue to expand, they have become the most important members of the paediatrics mental health professional collaboration network and this has increased the need for specialized trainings and continuous education.

We learned from the research that lack of or in-sufficient paediatric mental health knowledge results in problems of nurses failing to understand their roles with regards to mental health care for children which made them to feel guilty, unprepared, afraid and most times inadequate. Some studies showed that it resulted in a failure to give the patient the best patient-centred mental health care. This challenge experienced by nurses needs to be effectively resolved through specialized trainings like; continuous training in appropriate crisis management techniques for nursing staff, trainings for families on the provision of mental health care for their loved, plus appropriate patient guidance to ensure that the patient is informed of the purpose of the treatment and effectively carried along throughout the process. More training would translate to more knowledge and should not end at a single training. In other words, training should be continuous with nurses having the responsibility of maintaining their professional development.

Authors also learned that when nurses worked closely with other healthcare professionals, such as child psychologists, clinicians, educators and/or psychiatrists it was easier to arrive at accurate diagnosis and provide a holistic treatment. Nurses who collaborated with other healthcare systems and families recorded successes especially where the team was functional, had effective communication and discussion throughout the treatment and collaboration process. Safety in health care provision should also be prioritized in order to ensure that nurses have the best emotional capacity which will help to ensure a continuous growth or improvement in the quality of

care being provided. This is encouraged especially in the case of nurses who experienced or faced threats of violence from patients and/or their family members.

In the course of the review, authors realized that achieving the objective of this thesis was not an easy task. This was basically due to challenges and engagements such as studies, work, nursing practices, distance and other personal issues experienced by authors. To mitigate the challenges, meet up with agreed deadline and achieve the goal of writing this thesis, authors commenced data collection at the tail end of 2022. All evidence-based information available on prominent scientific and healthcare databases and books on the chosen topic were gathered based on their titles and abstracts. Scientific articles and books on mental health and children's mental health and role of nurses were examined so as to figure out the opinions of authors and results derived from their researches on the experiences of nurses who provide mental health nursing care for children suffering from mental health problems.

At this juncture it must be mentioned that this research was restricted to the review of articles on the experiences of nurses in their daily face-to-face provision and implementation of mental health nursing care for paediatrics with mental health problems. As such, the provision of paediatrics mental health nursing care via online or telephone services were not examined. Also, articles written in Finnish language were not examined due to language barrier, our intention to avoid misrepresentation of fact which can occur during text translation and the desire to focus on scientific articles written in English language. However, authors believe this thesis would be a basis for more research to be done in the future in order to specifically examine the Finnish nurses' experiences in their provision of paediatric mental health care.

Without any doubt, the whole process of our research which involved; conducting researches, having group zoom meetings, engaging in guidance discussions/meetings with the Centria library officials and our supervisor and following the Centria UAS thesis guidelines was an insightful and interesting learning process.

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APPENDIX 1

List of Articles Used For the Research Results

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