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Neurodevelopmental and Childhood Psychiatric Disorders

Mental Health Nursing

Autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD), intellectual disability, learning disorders, behavioural disorders and nursing care of children.

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CHAPTER 12 / MENTAL HEALTH NURSING 12. Neurodevelopmental and Childhood Psychiatric Disorders

1. Assessment principles

Assess developmental, prenatal/birth, medical, education, language, family and social history; observe child and obtain caregiver/teacher information as appropriate. Screen hearing, vision, sleep, nutrition, trauma and other causes. Obtain proper consent/assent and preserve safeguarding. Symptoms must be understood relative to development, settings and impairment.

Autism spectrum disorder

Definition and pathophysiology: Neurodevelopmental differences in social communication and restricted/repetitive behaviour or sensory patterns.

Clinical features and investigations: Variable communication, routines, sensory needs and interests; specialist assessment based on history and observation.

Management and nursing care: Individualized communication, educational and occupational support, environmental adaptation and strengths-based goals; address coexisting conditions. Avoid claims of cure or forced normalization.

ADHD

Definition and pathophysiology: Persistent impairing inattention and/or hyperactivity-impulsivity across settings, with developmental onset.

Clinical features and investigations: Difficulty sustaining attention, organizing, waiting, excessive movement or impulsivity; assess sleep, learning and anxiety.

Management and nursing care: Behavioural/parent and school strategies, structured routines, prescribed stimulant/nonstimulant medication when indicated; monitor growth, appetite, sleep, pulse/BP and adverse effects.

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B.SC. NURSING / CHAPTER-WISE STUDY NOTES

Intellectual disability

Definition and pathophysiology: Significant deficits in intellectual and adaptive functioning with developmental onset.

Clinical features and investigations: Difficulties in conceptual, social and practical skills; standardized

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assessment and clinical history.

Management and nursing care: Accessible communication, adaptive skills support, early intervention and inclusive education; assessment of comorbidities, caregiver support and safeguarding. Severity based on adaptive function/support needs.

Specific learning and communication disorders

Definition and pathophysiology: Persistent difficulty acquiring academic or language skills, distinct from lack of opportunity.

Clinical features and investigations: Reading, writing, mathematics, speech or receptive/expressive communication difficulties; specialist evaluation.

Management and nursing care: Tailored educational support, speech-language therapy, accommodations and self-esteem support; assess hearing/vision.

Disruptive and behavioural disorders

Definition and pathophysiology: Oppositional defiant or conduct-related patterns may involve persistent impairment; behaviour can also reflect trauma, unmet needs or neurodevelopment.

Clinical features and investigations: Observe context, frequency and triggers, assess safety, family/school needs and alternatives.

Management and nursing care: Parent management and behavioural support, predictable routines, positive reinforcement and problem-solving, multidisciplinary care; avoid humiliation and corporal punishment.

2. Role of the nurse

Create child-friendly assessment, explain procedures at developmental level, support family and school, document demonstrated abilities, monitor medication and safety, refer early. Maintain inclusion and respect child's preferences. Loss of acquired skills, abuse concerns or serious self-harm requires prompt evaluation.

3. Important Examination Questions

Long Answer Questions

1. 1. Explain autism, ADHD and intellectual disability with nursing care.

Short Answer Questions

1. 1. Describe childhood assessment
2. 2. discuss learning disorders
3. 3. explain role of family/school.

Very Short Answer Questions (with answers)

1. 1. What does ADHD stand for? - Attention-deficit/hyperactivity disorder.
2. 2. Is intellectual disability severity determined solely by IQ? - No.

4. Quick Revision

- Developmental context is essential.
- Use strengths-based support.

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- Screen and refer rather than diagnose from a single behaviour.

5. Conclusion

Developmental context is essential. Use strengths-based support. Screen and refer rather than diagnose from a single behaviour.

Practice questions

Choose one best answer. The answer key and explanations follow the questions.

1. Which assessment pattern supports the described concept of ADHD?

A. Persistent impairing inattention or hyperactivity-impulsivity across settings

B. A single episode of restlessness in one unfamiliar setting

C. A sudden loss of consciousness during illness

D. Only a low academic mark without functional assessment

2. What determines the severity of intellectual disability in this chapter?

A. IQ alone

B. Adaptive functioning and support needs

C. Age alone

D. The number of school absences alone

3. Which care goal is appropriate for an autistic child?

A. Forced normalization of all behaviours

B. A guaranteed cure of autism

C. Individualized communication and environmental support using the child's strengths

D. Identical goals for every autistic child

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Answer key and explanations

1. A - Persistent impairing inattention or hyperactivity-impulsivity across settings

ADHD is described as persistent, impairing and present across settings with developmental onset.

2. B - Adaptive functioning and support needs

Severity is based on adaptive functioning and the support required.

3. C - Individualized communication and environmental support using the child's strengths

The notes recommend individualized, strengths-based support and environmental adaptation.

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