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REVIEW

Nurse's role in the context of childhood depression in CAPSi: Diagnostic approach of nursing

Atuação do enfermeiro no quadro de depressão infantil em CAPSi: Abordagem diagnóstica de enfermagem

El papel de la enfermera en el contexto de la depresión infantil en CAPSi: Enfoque diagnóstico de enfermería

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ABSTRACT

Objectives: To assess the signs and symptoms of depression in childhood and identify nursing diagnoses based on NANDA for this child and from this diagnostic approach, proposing strategies for child care on children's psychosocial Care Centers - CAPSi, thus contributing to the discussion of nurses regarding the care system for children with depression. **Method:** A qualitative, exploratory review of literature about depression and its characteristics in the child. **Results:** The analysis of the possible signs and symptoms of depression led to the construction of a frame where it suggests some nursing diagnoses compatible behaviors found in the syndrome. **Conclusion:** The nursing process provides different performances of nurses in CAPSi, allows formulating intervention strategies in order to improve the quality of life of children with depression and family. **Descriptors:** Psychiatric nursing, Child depression, Nursing care.

RESUMO

Objetivos: Verificar os sinais e sintomas da depressão na infância e identificar os diagnósticos de enfermagem baseado em NANDA para essa criança e a partir dessa abordagem diagnóstica, propor estratégias de cuidado à criança em Centros de Atenção psicossocial infantil - CAPSi, colaborando assim para a discussão da enfermagem no que tange à sistematização da assistência à criança com depressão. **Método:** Estudo exploratório-qualitativo com revisão bibliográfica acerca da depressão e suas características na criança. **Resultados:** A análise dos possíveis sinais e sintomas de depressão possibilitou a construção de um quadro onde se sugere alguns diagnósticos de enfermagem compatíveis aos comportamentos encontrados na síndrome. **Conclusão:** O processo de enfermagem possibilita diferentes atuações do enfermeiro nos CAPSi, permite formular estratégias de intervenção com intuito de melhorar a qualidade de vida da criança com depressão e da família. **Descritores:** Enfermagem psiquiátrica, Depressão infantil, Assistência de enfermagem.

RESUMEN

Objetivos: Evaluar los signos y síntomas de la depresión en la infancia e identificar los diagnósticos de enfermería basado en la NANDA para este niño y desde este enfoque diagnóstico, proponer estrategias para el cuidado de niños en centros de atención psicossocial de los niños - CAPSi, contribuyendo así a la discusión de enfermeras sobre el sistema de atención a los niños con depresión. **Método:** Una revisión cualitativa, exploratoria de la literatura sobre la depresión y sus características en el niño. **Resultados:** El análisis de los posibles signos y síntomas de la depresión llevó a la construcción de un marco donde se sugiere algunos diagnósticos de enfermería comportamientos compatibles se encuentran en el síndrome. **Conclusión:** El proceso de enfermería ofrece diferentes actuaciones de las enfermeras en CAPSi, permite formular estrategias de intervención con el fin de mejorar la calidad de vida de los niños con la depresión y la familia. **Descriptor:** Enfermería psiquiátrica, La depresión infantil, Los cuidados de enfermería.

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INTRODUCTION

Mood disorders are a group of clinical conditions characterized by loss of the sense of control of moods and emotions and subjective experience of great suffering. Mood disorders compromise the interpersonal, social and occupational functioning.¹

Depression is a type of mood disorder with features such as sadness or depressed mood, loss of interest, feelings of worthlessness, as factors prevalent. Expressions of anger, discontent, and opposition, negligible may be in most cases, symptoms indicators.²

Depression has become increasingly common among children. It was necessary to have prior knowledge of the context of depression to assess the child's behavior, and then to establish a nursing diagnosis and differentiated from the possible diagnoses, defining the role of the nurse in the care of that child.

To get to the nursing diagnosis is necessary to harvest the history of nursing and after that will be established to provide subsidies for individualized care to the child and family.

After a child is diagnosed with depression by experts, is referral to treatment and monitoring in Psychosocial Care Center Child - (CAPSi.), where there is specialized care for children with different mental disorders.

From possible nursing diagnoses more present in different frames of childhood depression, based on the signs and symptoms presented by children, nursing professionals can trace some action plans that allow improving the quality of life of the child and family.

The object of this study was made with the nurse's role in caring for childhood depression in CAPSi based on nursing diagnosis, with the following questions: What are the possible nursing diagnoses in childhood depression? What is the nursing care in childhood depression, in CAPSi? And the main objectives were: Discuss nursing diagnoses in the context of childhood depression in CAPSi and propose strategies to care for children with symptoms of depression in CAPSi.

The increase in diagnoses of depression in childhood aroused the curiosity to seek nursing diagnoses, based on NANDA, facing this clinical presenting signs and symptoms that interfere with the individual, family and community, affecting the well-being of all involved with a child with this mood disorder.

The relevance of this study occurred due to the existence of a few references found on childhood depression by the look of nursing. It is important to define the role of nurses and their skills in the diagnostic approach in CAPSi.

METHODOLOGY

This is an exploratory study of qualitative type.³ The method used was literature, which gave rise to the reflective study of the actions of the nurse in the care of children with depression CAPSi. From the analysis of the theoretical Child Depression has highlighted the possible nursing diagnoses, based on NANDA and nursing care were proposed.⁴ This survey was conducted between May and September 2010, when the results were presented.

RESULTS AND DISCUSSION

Depression can designate an affective state normal or a symptom, syndrome or disease, which can arise in various clinical conditions, including: post-traumatic stress disorder, dementia, schizophrenia, clinical diseases, among others. It can also be seen as responses to stressors, or adverse social and economic circumstances.⁵

While disease, depression has been classified in the literature as a major depressive disorder, dysthymia, bipolar depression integral type I and II depression as part of cyclothymia, among others.⁵

While syndrome, depression includes not only a change in mood (sadness, irritability, inability to feel pleasure, apathy), but also includes a range of other symptoms, including cognitive, psychomotor and vegetative (sleep, appetite).⁵

In the diagnosis of depression takes into account the psychic symptoms (depressed mood, reduced ability to experience pleasure in most activities once considered enjoyable, fatigue or feeling of loss of energy, decreased ability to think, concentrate or decisions); physiological symptoms (changes in sleep, changes in appetite, decreased sexual interest) and behavioral changes (social withdrawal, crying spells, suicidal behavior, and psychomotor retardation generalized slowing or agitation).⁵

Depression in Childhood

Depression has become increasingly common among children. The depressive disorder alters mood of the child and often manifest from a traumatic situation such as parental separation, change of school, death of a loved one or pet.²

The greatest difficulty of epidemiological studies provides data on childhood depression is that most children with depressive syndrome is not taken to specialized care in mental health and is often misdiagnosed and consequently mistreated.²

When your child is angry is generally regarded as 'poor', 'angry', 'angry', or parents say, 'she is not never happy', 'she never conforms', 'always says no, and 'nothing gives him pleasure.' These expressions of anger, discontent, and opposition, negligible may be in most cases, indicators of depressive symptoms in children.²

Key features of depression in children: ^{2, 5}

- Sad, unhappy, depressed (not necessarily conscious of his sadness);
- Attitude of withdrawal and disinterest more or less permanent, hassle-looking;
- Dissatisfaction with little ability to feel pleasure;
- Feeling of being rejected or unloved, tendency to get away easily when disappointed;
- Inability to receive or ask for help, or feeling of dissatisfaction when they met;
- General trend to regress to a phase with increased oral needs;
- Insomnia or other sleep disorders;
- Difficult to establish a good contact with the therapist;
- Irritability, pessimism;
- Variation of humor;
- Diurnal variation of fatigue, lack of energy or fatigue;
- Difficulty concentrating, and slowed thinking;
- Psychomotor agitation or retardation;
- Changes in weight;

- Anorexia, bulimia;
- Suicidal ideation, thoughts of death or tragedies.

Mental Health Policy for Children

The Centers for Psychosocial Care (CAPS), including all available mental health care, have strategic value to the current mental health policy of the Ministry of Health.⁶

The Center for Psychosocial Care for Children - (CAPSi) is a category of CAPS, facing childhood and adolescence, specializing in the monitoring and treatment of children and adolescents with mental disorders, which provide outpatient services daily.

It was created from the need for an answering service daily for children and adolescents, being implemented through Decree No. 336 of February 19th, 2002. The CAPSi is a service geared toward ambulatory care, psychiatric care, supervision and training in child care, with intersectoral actions in areas of social welfare, education and justice.⁷

A child diagnosed with childhood depression and her family are sent to a specialized treatment and follow us at CAPSi, which participate in therapeutic workshops, individual sessions and group care in a multidisciplinary team.

Ordinance number 336, establishes the need for at least one nurse as a participating member of the multidisciplinary team, where it, after establishing nursing diagnoses, act in childcare.

Practice Nurses in CAPSi

The nurse's role in CAPSi before the diagnosis of childhood depression and symptoms reported by the child is based on nursing diagnoses, which will set targets for the care of children with depression. These diagnostics can be found on the client or potential problems that affect a variety of ways, interfering with his recovery and well-being. The diagnosis is made following an order of priority based on the degree of threat and risks to the customer.⁸

Nursing diagnoses in childhood depression do not differ completely from the adult, keeping thus also some nursing interventions in common.

The nurse acts in direct assistance to children and aims to alleviate the suffering caused due to factors related to depression in children, thus improving the quality of life of the child and those involved with it.

Nursing Process

The nursing process guides the implementation in practice of nursing theory, its division and terminology may vary according to the authors, but most of the splits in: research or history of nursing, nursing diagnosis, intervention or implementation and evolution or nursing assessment. Nursing diagnosis constitutes the second step of the nursing process, after being established will provide subsidies for differentiated and individualized care.⁹

The nursing diagnoses are clinical judgments about the responses of individual, family and community health problems or potential. Nursing diagnoses provide the basis for the selection of nursing interventions to achieve outcomes for which the nurse is responsible.⁹

Thus, nursing professionals can draw up action plans to care for children who suffer from depression, from potential nursing diagnoses, based on NANDA (international standard of nursing diagnoses), more present in different frames of childhood depression.⁴

From the analysis of the possible signs and symptoms of depression was built a framework where it suggests some diagnoses that fall under depression in children, who were chosen through compatibility relationship to the behavior found in the syndrome: ¹⁰

Diagnostics	Identification	Nurses' action
1- Hopelessness	<ul style="list-style-type: none"> • Verbal clues (do not believe in the possibility of changes) or reduction of the amount of communication; • Emotional blunting; • Lack of initiative; • Decreased response to stimuli (cognitive function depressed; regression); • Reduction of appetite; • Increase or decrease in sleep. 	<ul style="list-style-type: none"> • Identification of factors involved; • Evaluation of intensity; • Help the client identify their feelings and face their problems after the perception.
2-Impaired Social Interaction	<ul style="list-style-type: none"> • Skill/knowledge deficit about ways to expand mutual relationships; • Disturbance of self-image; • No family; • Family style modification report or in the pattern of interactions; • Perceived discomfort in social situations; • Adoption of inappropriate behaviors observed social interaction; • Dysfunctional interaction with family and/or others. 	<ul style="list-style-type: none"> • Identification of factors involved; • Assessment of the degree of limitation; • Help the client/family to recognize/make changes to positive social interactions and interpersonal prejudiced; • Promote the well-being of those involved through guidance and considerations in high.
3-Social Isolation	<ul style="list-style-type: none"> • No satisfactory personal relationships; • Non-existent personal resources; • Inability to establish rewarding personal relationships; • Traumatic events or incidents causing physical and/or emotional suffering; • Expressed feelings of rejection; • Expressed feelings of isolation imposed by others; • Experience the feeling of being different from other people; • Failure to give customer support network; • Interests/activities inappropriate or immature for age or stage of development; • Express hostility in the voice or behavior; • Demonstrates behavior unacceptable by dominant cultural group. 	<ul style="list-style-type: none"> • Identification of factors involved; • Attenuation of the conditions that contribute to the feeling of isolation; • Promoting the well-being of those involved through guidance and considerations in high.
4- Risk of low situational self esteem	<ul style="list-style-type: none"> • Negative perception of self-worth in response to a current situation; • Lack of recognition / reward; • Failures / rejections; • History of hopelessness acquired; • Neglects or abandonment; • Auto-unrealistic expectations. 	<ul style="list-style-type: none"> • Evaluation of factors involved; • Avoid/mitigate the response. • Evaluation of factors involved; Avoid/mitigate the adverse response to change.
5-Risk of Stress Syndrome by Change	<ul style="list-style-type: none"> • Lack of appropriate support group/system; • Lack of advice before the change; • Passive coping; • Feeling of powerlessness the recent losses, current or past. 	
6- Risk of Loneliness	<ul style="list-style-type: none"> • Affective deprivation; • Physical isolation; • Social isolation. 	<ul style="list-style-type: none"> • Evaluation of factors involved; • Help the client identify the feelings and the situations in which he feels only; • Help the customer to engage; • Promote the well-being of those involved through guidance and considerations in high.
7- Risk of Suicide	<ul style="list-style-type: none"> • Sudden euphoric recovery from major depression; • Impulsiveness; • Striking changes of behavior, attitude and school performance; • Children living in unusual situations (juvenile detention center, prison, temporary home, collective households); • Loss of important relationships, conflicted family life; • SLA support systems; • Social isolation, sense of regret; • Deprivation; • Loneliness; • Hopelessness; • Helplessness and/or disciplinary problem; • Reports death wish. 	<ul style="list-style-type: none"> • Evaluation of factors involved; • Help the customer to accept responsibility for their own behavior and to prevent suicide; • Help the client to plan the actions to fix/deal with the current situation; • Promoting the well-being of those involved through guidance and considerations.
8-(real) Risk of violence directed at others	<ul style="list-style-type: none"> • Individual demonstrates that may cause damage to physical, emotional and sexual or other people; • Beat, kick, scratch, bite, spit or throw objects at someone; • Verbal threats against the property/person; • Social threats, name-calling, tickets/cards or threatening gestures; • Refusal to eat; 	<ul style="list-style-type: none"> • Evaluation of factors involved; • Help the customer to accept responsibility for his own behavior to help the client to plan the actions to fix/deal with the current situation; • Promoting the well-being of those involved through guidance and considerations

	<ul style="list-style-type: none"> • RIP the clothes; • Urinate/defecate on the floor; • Beat your feet; • Moody explosions; • Running the halls; • Screaming loudly; • Scribble on the walls; • Boot the objects hanging on the walls; • Shoot objects, break a window, knocking the doors. 	
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CONCLUSION

Before clinical symptoms in childhood depression can come up with some nursing diagnosis, the common mood disorder, regardless of whether there is variation in symptoms from one child to another. Despite the diagnosis and the proposed role of a nurse being presented in general, it is necessary to state that these should be developed based on the life story of the child and their family, their individual quirks and their social context. Note that the nursing process enables different performances of nurses in CAPSi, such as evaluating causative factors and employees involved, help the client either with guidance, support, encouragement, facilitation and promotion of actions that bring reality to promote their welfare.

The nurse acts to promote physical well-being, mental and social order fundamentally improve the quality of life of children with depression as well as their family or caregivers within the context and alleviate suffering caused due to factors related to depression in children. Another theme (Humanization) is of great importance to assisting these children to collaborate with your recovery and minimize the maximum of sequels to the future of the child and family.

It is worth mentioning the need for evaluation and monitoring of children with depression by professionals trained to deal with the situation, considering the best course possible for the promotion of child welfare and family.

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