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THE PSYCHOLOGICAL STATUS OF CHILD ADMITTED IN PEDIATRICS WARD

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Introduction

Substantial decreases in all-cause childhood mortality and steady growth in pediatric hospitalizations have flooded pediatric outpatient settings with survivors of illnesses previously not seen. The field of pediatrics has made large strides in improving survival and outcomes of premature infants, preventing injury and disease (i.e., car seats, vaccines, drownings, diarrheal illnesses), with advancing medical and surgical therapies (e.g., congenital heart disease repairs, organ transplants, advanced imaging, ventilators, sepsis management, chemotherapy). This evolving landscape of decreasing mortality and increasing morbidity led us to examine inpatient outcomes beyond the hospital, into outpatient and community care settings. Specifically, long-term mental, developmental, and social health outcomes are now being recognized as important contributors to children thriving. The mental status of the child presented to pediatric ward is severely affected and some needs immediate attention also. We have tried to do a study by collecting data of some admitted children and assess their mental status.

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Aim

To study the psychological status of child getting admitted to pediatric ward.

Objective

The objective of the study is to assess the mental status of the sick child and to take the necessary steps to improve the mental health of them.

Material and Method

The child admitted in pediatric ward were assessed by using Pediatric Symptom checklist (PSC – 17) with the help of interview method.

Result

Symptom/ Name	An uj 13/ M	Dharme ndra 15/M	Mad hav Sada n 11/M	Ira m Jah an 13/ F	Sid dhi 11/ F	Ramak and 11/M	Suy ash 7/M	Har dik 12/ M	Arm an 8/M	Sris hti 12/ F	Adit ya Cha nd 14/ M	Ana iza 4/F
Fidgety, unable to sit still	2	2	2	2	1	2	1	2	2	2	2	1
Feel sad, unhappy	2	2	2	1	1	2	0	2	2	2	1	1
Daydream too much	0	0	0	0	0	1	0	1	1	1	1	1
Refuse to share	2	1	2	1	2	2	1	2	2	1	1	0
Do not understand other people feeling	0	1	1	2	2	2	1	2	2	1	1	1
Feel hopeless	2	1	0	1	0	1	0	1	0	2	0	0
Have trouble concentrating	1	0	0	0	0	1	0	2	2	0	0	1
Fight with other children	2	1	2	1	1	1	1	2	1	1	0	1
Down on yourself	0	0	0	1	1	1	1	1	1	1	0	0
Blame others for your trouble	0	0	0	0	0	0	0	2	0	0	0	1
Seems to be having less fun	0	0	0	1	0	0	0	2	0	0	0	1
Do not listen to rules	0	1	0	1	0	1	1	2	1	0	0	0
Acts if driven by a motor	0	1	0	0	0	1	0	0	1	0	0	0
Tease others	0	0	0	0	0	0	0	1	0	0	0	0
Worry a lot	0	0	1	0	0	0	0	1	0	0	0	0
Take things that do not belong to you	0	0	1	0	0	0	0	2	0	0	0	0
Distract easily	0	0	0	0	0	0	0	0	0	0	0	0
Total	13	10	11	11	8	15	6	24	15	11	6	8

Discussion

According to Pediatric symptom checklist(PSC 17) the score greater than 15 is considered abnormal and appropriate interventions are required for these students.

Following steps can be taken to improve the mental health of sick child admitted to pediatric ward-

- 1) Ask parents to spend time with them
- 2) Assign a qualified mental health counselor for patient.
- 3) Ask for regular session of yoga and meditation
- 4) Create a positive environment around child

Conclusion

1) According to my study out of 12 children ,2 have severely affected mental health.

Symptom wise score

Symptom	No. of students having score 2	No. of students having score 1	No. of students having score 0
Fidgety, unable to sit still	9	3	0
Feel sad, unhappy	7	4	1
Daydream too much	0	6	6
Refuse to share	6	5	1
Do not understand other people feeling	5	6	1
Feel hopeless	2	4	6
Have trouble concentrating	2	3	7
Fight with other children	3	8	1
Down on yourself	0	7	5
Blame others for your trouble	1	1	10
Seems to be having less fun	1	2	9
Do not listen to rules	1	5	6
Acts if driven by a motor	0	3	9
Tease others	0	1	11
Worry a lot	0	2	9
Take things that do not belong to you	1	1	10
Distract easily	0	0	12

Referemces

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10824001/>
2. PSC 17 scale
3. https://bmjpaedsopen.bmj.com/content/6/Suppl_1/A10.2