

# Community Paediatric Review

A national publication for child and family health nurses and other professionals



Centre for Community Child Health

Vol 21 No. 2 May 2013

## Promoting child and family social and emotional wellbeing

**The foundations of good social and emotional development are formed in early infant-parent and caregiver relationships** (Centre for Community Child Health, 2009). **In developing those relationships, families and caregivers ensure that their child develops on a healthy trajectory. With strong foundations, each child can go on to develop the capacity to manage life's struggles and celebrate the joy that life brings.**

The child and family health nurse also has a role in helping families and caregivers to develop and maintain the relationships that enhance children's development. Good social and emotional development, which stems from these early relationships and plays a role in children's lifetime mental health, is fundamental.

For some children, issues with social and emotional development in early childhood can be an indicator of mental health problems. Around half of all childhood mental health problems continue into adulthood (Bayer et al, 2009) and are associated with subsequent social, educational and financial costs for the individual and the community. As the costs, both financial and other, can be so significant, helping children and families to encourage healthy social and emotional development is essential.

Children all deserve the opportunity for healthy social and emotional development, the foundation of good mental health. One of the ways child and family health nurses support children's healthy development is by working with children and their families to develop and maintain good social and emotional development and ultimately, mental health.

### Risk and protective factors

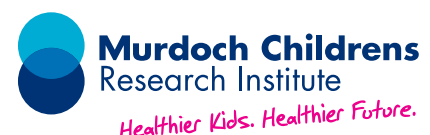
In the course of their growth and development, all children will experience things that can either pose a risk or have a protective effect in terms of mental health and social and emotional development.

Risk factors include:

- a birth injury or very low birthweight
- a disability—their own, a sibling's or a parent's
- early childhood illness
- a challenging temperament (as perceived by the parent or carer)
- poor living conditions (e.g. poverty, overcrowded housing)
- natural disasters (e.g. floods, drought)
- traumatic events (e.g. catastrophes or accidents)
- being new to the country, city, town
- living in a new culture; communicating in a new language
- family break-up
- early separation from the main caregiver
- the birth of a new sibling (especially when under two years old)
- frequent changes in life (e.g. home address, caregivers)
- illness or death of a parent, sibling or other close relative or friend
- violence or tension in the home
- abuse (physical, sexual, emotional) or neglect.

(KidsMatter Early Childhood, 2011)

ISSN 2202 - 0675



Protective factors include:

- secure attachment relationships
- responsive care
- easy temperament (of child)
- good social and emotional skills
- supportive parenting
- consistency of boundaries and limits
- participation in community networks
- strong cultural identity and pride.

(KidsMatter Early Childhood, 2010; KidsMatter Early Childhood, 2011)

A single risk factor on its own is not necessarily indicative of a problem. However, risk factors act in a cumulative fashion and multiple sequential or simultaneous risk factors in a child's life can present significant challenges to their healthy social and emotional development. The relationships that children have with their families and their wider communities are critical to those children's ability to ameliorate the impact of adverse early experiences.

## Healthy social and emotional development for children

The tasks of early childhood include not only physical and cognitive development, but social and emotional development too. For children, this means mastering the skills of regulating emotions and behaviour. When those skills are not mastered, it can be a sign of early mental health issues. Mental health problems in early childhood can go on to affect children's ability to learn at school, get along with others and even to affect their health (Center on the Developing Child, 2008).

The Center on the Developing Child likens children's mental health development to a wobbly table leg—the whole function of the table goes awry when it can't maintain a level—and notes that taking care of an issue early when it is small can head off larger problems further along the line (Center on the Developing Child, 2008). When children are subject to early mental health problems, their brains are not able to develop in a typical way, possibly setting them up for later mental health issues. By intervening early, children can be helped back on to a healthy developmental path.

The same paper points out that there can be both internal and external causes for mental health problems in children—within the child and within their environment—and both need to be addressed. Forming a relationship that can help you to find out about the many factors which could be having an effect is a crucial part of working with families. In this way, health practitioners can work to alleviate parent and caregiver concerns about children's social and emotional development and assist to reduce the impact of risk factors on the child and the family.

Concerns are regularly raised about the need to avoid medicalising and medicating normal childhood peaks and troughs. Descriptions of mental health conditions that have been developed based on how they appear in adults and codified in volumes like the *Diagnostic and Statistical Manual of Mental Disorders*, cannot simply be applied to children (Center on the Developing Child, 2008). Children's developmental stages and experiences are distinct from adults' and require distinct consideration. While conditions such as anxiety or depression can certainly be present in children, the way that they present and are diagnosed and treated is different.

## Parents' mental health

Parenting offers a whole range of challenges that are new and can be testing for parents and for their wider networks. Working with parents to look after their own mental health and encourage their children's mental health development is one of the challenges of the child and family health nurse's role.

Parental mental health is closely connected to children's emotional and cognitive development. Good relationships with caregivers and strong attachment behaviour are at the core of children's ability to develop healthy brain architecture in the early years. The interaction experienced when children and adults participate in what is known as serve and return behaviour, is also crucial for healthy brain development.

### Serve and return

From very early in their lives, babies are babbling, gesturing and making facial expressions in response to the world around them. When the adults in babies' lives react and respond to those sounds and gestures—by following baby's gaze, mirroring baby's facial expressions and so much more—this is what is known as serve and return. Serve and return is vital for building the architecture of babies' brains as neural circuitry is developed in response to these interactions, providing a base for future circuitry to develop throughout the child's life.

Learn more about serve and return behaviour in this short video on the Center for the Developing Child's website: <http://developingchild.harvard.edu/index.php?cID=429>

When a mother is clinically depressed, very stressed or anxious it can mean that her ability to engage in this sort of serve and return interaction and develop strong attachment with her child is compromised. This affects her child's social and emotional development and later life outcomes (beyondblue, 2010; Center on the Developing Child, 2009). This applies to both pre- and post-natal stress and anxiety. While not all children who have a mother affected by post-natal depression will go on to experience developmental delay, the risk for those children who do, is roughly double the rate for other children (beyondblue, 2010).

The beyondblue initiative provides some guidelines for practitioners who are working with new mothers. Their guidelines include:

- Consider depression and anxiety in all mothers and ask about it.
- If you are working with a mother before birth, encourage stress management in pregnancy.
- Consider other risk factors during pregnancy and after birth that might also require management. Consider how you can work with the mother to ensure those supports are in place.
- Consider the mother's relationship with her partner and the partner's own need for support.
- Discuss any issues and barriers to accessing treatment.

(beyondblue, 2010)

## Fostering positive mental health

It can be all too easy for parents and caregivers to become focused on the day-to-day activities of raising a child and to miss the need to work on their relationship with their child and with other adults as part of supporting their child's healthy development.

The way in which parents and other caregivers interact with the child—and with one another—is an 'active ingredient' in the way in which children develop. Children's experience of their interactions with others and of observing the interactions of those around them forms what has been described as their 'working model' (Bowlby, 1979). This model influences the way that children will behave and how they expect others to behave with them. If children experience and witness kind and respectful relationships then, in time and with help, they will learn to do the same in their relationships with others.

## Mental health and children: a challenging concept

In your work with families, you might encounter some resistance to the idea that mental health concerns can be present in childhood. Zeanah et al. (2005) found that most people believe 'early childhood is a happy time' and that this precludes mental health problems for children. Maniadaki et al. (2005) found that parents may be resistant to the thought that their child's behaviour could suggest a mental health concern.

If any health practitioner has concerns about the social and emotional development of a child who they see as part of their practice, or about the mental health of a primary caregiver of a child, a response is required; there can be potentially serious implications for the child's long-term developmental outcomes. It is important to consider how best to work with the family to address those concerns and ensure that the child, and/or the child's mother or other primary caregiver, has all the help they need.

## The parent-practitioner relationship

All families differ in nature, in size and composition, marital status, ethnic and cultural background, sexual orientation of parents, biological relationship to the child, religion, and socioeconomic and employment status. However, the critical aspect of a family is the *nature* of the family's relationships, and the way in which a family is able to support child wellbeing and development, rather than the *type* of family (Perrin, 1997).

The nature of the relationship between health practitioners and families is also important. To effectively support families, all health practitioners need to build supportive, positive, and non-judgemental relationships based on trust and respect, irrespective of family dynamics. Communication with families needs to focus on promoting trust, respect and a sense of equality—the quality and content of the communicative exchanges between families and practitioners 'what is said, what is not said and how and when the messages are exchanged' will form the basis of an effective parent-practitioner relationship (McWilliam, 2010). Practitioners also need to have an understanding of the hardship that many families face.

Develop and maintain relationships with families that will allow you to create trusting and respectful relationships. In this way, your work can help to support families, in turn, to support and enhance their child's social and emotional wellbeing.

### Reflection

*Is addressing the social and emotional wellbeing of the child a routine part of your practice?*

*When a child is exhibiting challenging behaviour, do you focus on the child, the family reactions to the child or a combination of the two?*

*What strategies could you use to work with a family when you have concerns about the child's mental health?*

*What strategies could you use to work with a family when you have concerns about the mother or primary caregiver's mental health?*

*How can you help families to consider their own relationships and the effect that those relationships will have on their child?*

*Do you feel that you have the information you need to explain the importance of good social and emotional development in childhood to family and to discuss the impact on children's developing brains and longer-term outcomes?*

## References

- beyondblue.** (2010). *Perinatal Depression and Anxiety: Evidence relating to infant cognitive and emotional development. Information for health professionals.* [Fact sheet]. Retrieved from [www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health](http://www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health), on 8 April 2013.
- Bowlby, J.** (1979). *The Making and Breaking of Affectional Bonds*, London, Routledge.
- Center on the Developing Child.** (2008). *Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood.* National Scientific Council on the Developing Child, Harvard University.
- Center on the Developing Child.** (2009). *Maternal Depression Can Undermine the Development of Young Children.* National Scientific Council on the Developing Child, Harvard University.
- Center on the Developing Child (producer).** (2010). *Serve and Return Interaction Shapes Brain Circuitry* (video podcast). Available from [developingchild.harvard.edu/index.php?cID=429](http://developingchild.harvard.edu/index.php?cID=429)
- Centre for Community Child Health.** (2009). Policy Brief No 15 2009. *Caring for Young Children: What Children Need.* Available from [www.rch.org.au/ccch/resources\\_and\\_publications/Policy\\_Brief\\_Archives/](http://www.rch.org.au/ccch/resources_and_publications/Policy_Brief_Archives/)
- KidsMatter Early Childhood.** (2010). *Overview: Framework, components and implementation details.* Australian Government Department of Health and Ageing.
- KidsMatter Early Childhood.** (2011). *How Risk and Protective Factors Affect Children's Mental Health.* Australian Government Department of Health and Ageing. Retrieved from [www.kidsmatter.edu.au/sites/default/files/public/How%20risk%20and%20protective%20factors%20affect%20childrens%20mental%20health%20PC3.pdf](http://www.kidsmatter.edu.au/sites/default/files/public/How%20risk%20and%20protective%20factors%20affect%20childrens%20mental%20health%20PC3.pdf) on 8 April 2013.
- Maniadaki, K., Sonuga-Barke, E., & Kakouros, E.** (2005). *Parents' causal attributions about attention deficit/hyperactivity disorder: The effect of child and parent sex.* *Child: Care, Health and Development*, 31, 331-340.
- McWilliam, P.J.** (2010). *Talking to Families.* In **McWilliam, R.A.** *Working with Families of Young Children with Special Needs.* New York: The Guildford Press.
- Zeanah, C.H. & Smyke, A.T.** (2005). *Building attachment relationships following maltreatment and severe deprivation.* In **L. Berlin, Y. Ziv, L. Amaya-Jackson, & M. Greenberg (Eds.)** *Enhancing early attachments: Theory, research, intervention and policy* (pp. 195-216), New York, Guilford Press.

## Constipation and encopresis

Constipation is a common childhood problem that around a third of children will experience. It is defined as the infrequent passage of hard stools.

Young, toilet-trained children might experience constipation for a range of reasons—too busy playing for a toilet break, because it hurts to go to the toilet, or because they do not want to use the toilets at preschool or kindergarten. Passing large, hard stools can lead to anal fissures and the pain subsequently experienced at future poos can lead to a cycle of avoiding the toilet because it hurts.

Low dietary fibre intake, slow transit time, coercive toilet training and, in rare cases, abnormal contraction of the sphincters and pelvic floor, can also cause constipation. There are a number of other rare causes for constipation, including Hirschsprung's disease, thyroid deficiency and cow's milk allergy.

For younger children and babies, bottle-feeding is more commonly associated with constipation than breast-feeding. It's important to check that formula has been correctly made up if a bottle-fed baby is experiencing constipation as concentrated formula can cause constipation. The period of weaning from breastmilk to solids, and the time when toilet training is underway can also be times when children experience constipation.

Constipation in a baby is indicated by dry, crumbly poo or pellet-like poo. Baby poo should be the consistency of toothpaste or softer. The baby may appear to be in pain during a poo. However, going red in the face and straining during a poo is normal behaviour for babies and not an indication of constipation, unless there is also hard poo.

### Managing constipation

To manage constipation the toddler/child's diet needs to include food that offers healthy fibre; adequate, but not excessive water to drink and free access to it; and encouragement to poo when the child feels the 'need to go' sensation. Encouragement and advice to both child and parent is important. Taking a supportive approach, not a punitive one, is more likely to be effective in correcting the problem.

Good foods to encourage parents to prepare and serve include wholegrain breads and cereals, wholemeal pasta, brown rice, fruit and vegetables, dried fruit and peanut butter. Particular foods that are high fibre are kiwi fruits, mango, pears, carrot, beetroot, sweet potato, pumpkin, green leafy vegetables, prunes and dates. Fibre supplements are not recommended as they can bulk up stool and make it more difficult and uncomfortable to pass. Regular exercise is also an important part of bowel health.

### Correct toilet position

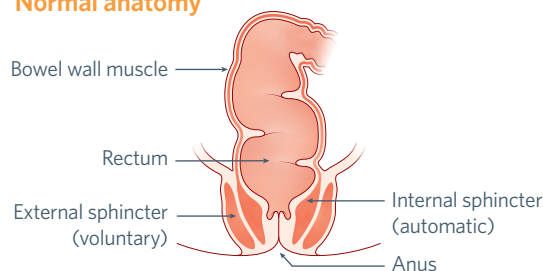
Having the feet flat on the floor while on the toilet can help. If a child is too small in stature to reach the floor with their feet flat, you can suggest that the parents provide a small stool for them to rest their feet on.

### Encopresis

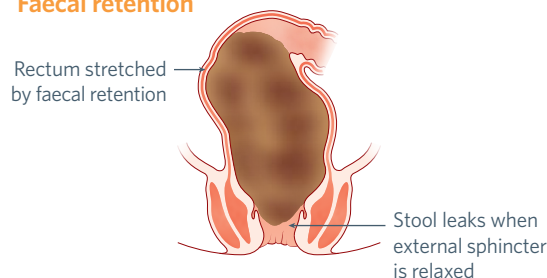
Encopresis is when a child who is past toilet training age poos regularly in places other than the toilet. The pooing occurs when a child has lost the voluntary control of their bowel movements. Encopresis is much less common than constipation; about one child in 40 will have faecal soiling or encopresis. Boys are two to three times more likely to be affected than girls.

There are several known causes of faecal soiling. The most common cause is chronic constipation. When a child has been constipated for some time, the faecal retention starts to stretch the rectum or lower bowel. This can mean that children lose the 'need to go' feeling because the rectum is always stretched.

#### Normal anatomy



#### Faecal retention



### Managing encopresis

When a child has been diagnosed with encopresis, it can be useful for both the child and the parents or caregivers to learn more about the physiological changes that have occurred in the child's distended bowel. This can provide an opportunity to emphasise the involuntary nature of the child's poos and to minimise any blame and shame that may have built up in the family.

Part of encopresis management is learning to control the bowels, a process made more difficult if there is any attempt to force the child to do so. Treatment for encopresis is a long-term process and is likely to take a minimum of six months. Treatment will usually involve a program of 'sits' on the toilet each day and medications to help loosen impacted faeces.

The sort of diet that can help to manage constipation—adequate water and other clear fluids and healthy fibre—is also of benefit to children with encopresis.

## Encouraging healthy bowels

Helping children and families to maintain bowel health can be enormously beneficial. A healthy, varied diet; regular exercise and water and other clear fluids are all essential—for adults as well as children.

If you encounter a child with severe constipation, suspect an underlying organic cause or the child has severe behavioural difficulties, referral to a specialist is warranted.

The Royal Children's Hospital has a training diary with star charts available for download on its website [www.rch.org.au/kidsinfo/fact\\_sheets/Constipation/](http://www.rch.org.au/kidsinfo/fact_sheets/Constipation/) Using the diary can help families to institute a program of regular sits, track progress and to learn more about encopresis.

You can also find out more information about constipation and encopresis on the Raising Children Network, <http://raisingchildren.net.au/articles/constipation.html>

Adapted from an article by Associate Professor Jill Sewell, published in *Community Paediatric Review Volume 15, No 4.*

### About the Centre for Community Child Health

The Royal Children's Hospital Centre for Community Child Health (CCCH) has been at the forefront of Australian research into early childhood development and behaviour since 1994.

The CCCH conducts research into the many conditions and common problems faced by children that are either preventable or can be improved if recognised and managed early.

### Community Paediatric Review

Community Paediatric Review supports child and family health nurses in caring for children and their families through the provision of evidence-based information on current health issues.

### Editorial panel

Carolyn Briggs  
Karen Coffield  
Libby Dawson  
Sue Kruske

### Production editors

Vikki Leone  
Eliza Metcalfe  
Emma Clark

### Enquiries and subscriptions

To see past editions and to subscribe go to [www.rch.org.au/ccch/cpreview](http://www.rch.org.au/ccch/cpreview)

Editorial enquiries contact [eliza.metcalfe@mcri.edu.au](mailto:eliza.metcalfe@mcri.edu.au)  
+61 3 9936 6561

Subscription enquiries contact [mary.nitto@mcri.edu.au](mailto:mary.nitto@mcri.edu.au)  
+61 3 9936 6650

The Bupa Health Foundation supports The Royal Children's Hospital Community Paediatric Review



## Centre for Community Child Health

The Royal Children's Hospital Melbourne  
50 Flemington Road Parkville Victoria 3052 Australia  
TELEPHONE +61 3 9345 6150  
FACSIMILE +61 3 9345 5900  
EMAIL [enquiries.ccch@rch.org.au](mailto:enquiries.ccch@rch.org.au)  
[www.rch.org.au/ccch](http://www.rch.org.au/ccch)

### The Children's

Excellence in clinical care, research and education

