

ASSESSMENT OF MENTAL SUFFERING AND LEVELS OF ANXIETY AND DEPRESSION IN PARENTS OF CHILDREN ADMITTED TO A PEDIATRIC ICU IN GOIÁS

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Abstract: The Pediatric Intensive Care Unit is a hospital environment that provides intensive care for children in delicate medical conditions. Thus, for the family, the hospitalization of a child in the PICU is a difficult experience that brings feelings of anxiety, distress, fear, and stress, making them more vulnerable to emotional instability. The objective of this study was to assess mental distress and levels of anxiety and depression in parents of children admitted to the Pediatric Intensive Care Unit. This is an analytical, observational, cross-sectional study conducted from November 2023 to March 2024 with 30 family members of children admitted to the pediatric ICU at Santa Casa de Anápolis-Goiás, Brazil. The Self-Reporting Questionnaire (SRQ-20) was used to assess mental distress, while the Hamilton Anxiety and Depression Scale (HAD) was used to analyze anxiety and depression. In the present study, 66.3% of parents reported mental distress on the SRQ-20. In addition, 46.7% of parents had probable anxiety, and 33.3% had probable depression. Therefore, the study reveals the profound emotional impact of a child's hospitalization on their parents, making it necessary to seek ways to mitigate parental suffering.

Keywords: Anxiety; Depression; Pediatric Intensive Care Unit

INTRODUCTION

The Pediatric Intensive Care Unit is a hospital department that provides intensive care to critically ill children or those who require continuous monitoring due to complex or critical medical conditions. The PICU provides respiratory support, continuous cardiac and neurological monitoring, intravenous therapy and medication, nutritional support, and specialized nursing care (MULLER *et al.*, 2021).

For the family, the hospitalization of a child in the PICU brings feelings of great anxiety and uncertainty, and is reported as a difficult experience, causing stress, fear, and distress. In addition, in the family's imagination, hospitalization in an intensive care bed is associated with a high probability of death, intensifying concern for the child. Thus, family members experience psychological symptoms that can lead to depression, stress, and anxiety disorders due to the child's hospitalization, and these symptoms may persist after discharge (BAZZAN *et al.*, 2020; MARTINS, 2019; MARÇOLA *et al.*, 2019).

The way adults view children and adolescents also influences the feelings experienced by the family. This age group is associated with life, as

these individuals still have so much to live for. In families living with neonatal ICU, there is the factor of the imaginary child who is idealized as a healthy child, conflicting with reality in a situation of vulnerability and separation, which causes parental suffering (MARTINS, 2019; MARÇOLA *et al.*, 2019).

However, studies show that readmissions cause increased family anxiety, high material costs, and greater professional stress. In addition, the lack of humanized care is felt by family members and is often cited as a factor that casts doubt on the medical team. Therefore, although it is known that historically patients admitted to the ICU tend to be separated from their family group, today, strategies aim to change this reality, demonstrating recognition that the family is a strong ally in the patient's recovery process (RENNICK *et al.*, 2019; VIEIRA *et al.*, 2019; MACIEL *et al.*, 2022; SILVA *et al.*, 2023).

Therefore, the present study aimed to assess mental distress and levels of anxiety and depression in parents of children admitted to a Pediatric Intensive Care Unit in Goiás.

METHOD

This is an analytical, observational, qualitative, quantitative, and cross-sectional study with non-probabilistic sampling, for convenience, composed of parents or guardians of children admitted to a Pediatric Intensive Care Unit (PICU). The study was conducted at the Santa Casa de Anápolis Hospital, which has 13 beds in its Pediatric Intensive Care Unit, the only one in the northern region of Goiás.

The sample consisted of 30 parents and/or guardians of children aged between 0 days and 15 years, of both sexes, admitted to the PICU, who were aged 18 years or older and voluntarily consented to participate in the study by signing the Free and Informed Consent Form (FICF). Those who refused to answer the questionnaires or who did not agree with the instruments and methodologies used were excluded.

Data collection took place between November 2023 and March 2024, through the use of printed questionnaires. Three instruments were used, the first developed by the authors themselves to collect information on sociodemographic profile (age, frequency of visits, relationship with the child, age and sex of the child, length of stay and reason for hospitalization) and two

validated questionnaires, the Hamilton Anxiety and Depression Scale (HAD) and the Self-Reporting Questionnaire (SRQ-20). At the end, the questionnaires were collected randomly and stored in different folders from the TCLE to ensure data confidentiality.

The data collected were entered into a spreadsheet and analyzed using IBM SPSS Statistics 2023. In the analysis, descriptive statistics were performed in the form of mean and standard deviation, as well as simple frequency and percentage.

The study began after authorization from the Santa Casa Anápolis Hospital and approval by the Research Ethics Committee. It complies with Resolution 466/2012 of the National Health Council (CNS) and was approved by the Research Ethics Committee of the Evangelical University of Goiás (CEP/UniEVANGÉLICA), with CAAE: 68796623.3.0000.5076 and opinion no. 6.482.584.

RESULTS

In the present study, 30 parents of children admitted to the Pediatric Intensive Care Unit (PICU) participated, with females being more prevalent (80%). The age range varied from 18 to 57 years, with a mean of 24.9 years (SD \pm 9.57). The main cause of hospitalization was prematurity (53.3%), followed by low birth weight (13.3%), respiratory failure (13.3%), stroke (6.7%), and others (13.3%). In addition, it was found that most parents remained in the hospital throughout the day, every day of the week (66.7%).

Regarding the mental health of parents with children admitted to the Pediatric Intensive Care Unit, at the time of the questionnaires, 66.3% of parents were suffering from mental distress according to the Self-Reporting Questionnaire (SRQ-20), while 36.7% were not showing mental distress.

Furthermore, regarding anxiety and depression among parents with children admitted to a Pediatric Intensive Care Unit, the HAD scale was used with 14 questions, 7 for anxiety and 7 for depression. Thus, it is possible to observe that the anxiety variable was present in most cases, being possible (30%) or probable (46.7%), with the highest presence of probable anxiety standing out.

Table 1: Anxiety and depression index according to the HAD scale.

Anxiety	n
Unlikely	7
Possible	9 (30.0)
Likely	14

Depression	n (%)
Unlikely	14
Possible	6 (20.0)
Probable	10

Source: Prepared by the author (2024).

Still according to Table 1, there is a different pattern in the depression variable compared to anxiety, since the vast majority fall into the unlikely depression category (46.6%). However, it is noted that 20% of parents had possible depression, while 33.3% already had probable depression.

Referring to Table 2, which analyzes a cross-tabulation between the reasons for the child's hospitalization and the parents' mental distress, it can be seen that the parents of children hospitalized for prematurity (47.4%) constitute the majority of the sample, followed by parents of children hospitalized for respiratory failure (21.1%), low birth weight (10.5%), and others (21.1%). In addition, it can be noted that four children were admitted for respiratory failure and all of their parents were experiencing mental distress at the time of the study.

Table 2. Comparison between the reason for the child's hospitalization and mental distress in parents.

Reason for hospitalization	n	Mental distress (n (%))
Prematurity	16	9 (47.4)
Low birth weight	4	2 (10.5)
Respiratory failure	4 (13.3)	4 (21.1)
Other	6	6 (21.1)
Total	30	19

P= 0.32 **Source:** Prepared by the authors (2024).

CONCLUSION

The analysis of the experiences of families in the Pediatric Intensive Care Unit at Santa Casa de Anápolis Hospital reveals the profound emotional impact of a child's hospitalization on family dynamics. Therefore, it is vital to include family members in the care process to reduce family stress and mental

suffering. Thus, further studies are crucial to better understand the emotional impact and find ways to alleviate parental suffering.

BIBLIOGRAPHICAL REFERENCES

BAZZAN, J. S. *et al.* The process of family adaptation to child hospitalization in an Intensive Care Unit. **Journal of the USP School of Nursing**, v. 54, p. e03614, 2020.

MACIEL, S. *et al.* Experiences of family members regarding the hospitalization of children in a pediatric intensive care unit. **Enfermagem em Foco**, v. 13, p. 1-7, 2022.

MARÇOLA, L. *et al.* BREAKING BAD NEWS IN A NEONATAL INTENSIVE CARE: THE PARENT'S EVALUATION. **Revista Paulista de Pediatria**, v. 38, p. e2019092, 2020.

MARTINS, L. **Mothers' perceptions of the needs and essential care of their children admitted to a pediatric intensive care unit.** Thesis (Master's in Nursing) – Coimbra School of Nursing. Coimbra, 2020.

MULLER, R. *et al.* Humanization in the Pediatric Intensive Care Unit: facilities and difficulties of the nursing team. **Research, Society and Development** v. 10, n. 16, p. 18, 2021.

RENNICK, J. *et al.* Exploring the experiences of parent caregivers of children with chronic medical complexity during pediatric intensive care unit hospitalization: an interpretive descriptive study. **BMC Pediatr** v. 19, n. 272, 2019.

SILVA, J. D. DOS S.; ALMEIDA, V. C. DE.; CORRÊA, E. A.. The Private World in the ICU: Analysis of the Hospitalization of Oncology Patients. **Psychology: Science and Profession**, v. 43, p. e255152, 2023.

VIEIRA, L. *et al.* The experience of vulnerability of nurses in pediatric intensive care. **Enferm Foco** v. 10, n. 5, p. 58-64, 2019.