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"CLINICAL AND SOCIODEMOGRAPHIC INSIGHTS FROM DATA OF CHILDREN VISITING MENTAL HOSPITAL, INDORE FOR OPENING A CHILD GUIDANCE CLINIC"

Psychiatry

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ABSTRACT

Introduction: Various studies from developing countries including India show that a significant percentage (ranging between 7-35%) of child and adolescent population suffers from mental illness. Psychiatric morbidity profile of children and adolescents may indicate different needs and priorities.

Aim: To study the sociodemographic and clinical profile of the children visiting mental hospital outpatient department during a span of 1year (2013-14) and obtain insights about the diagnostic breakup and medicine use by the child population utilizing mental health service.

Methodology: All records of patients visiting mental hospital OPD during the year were accessed and records of children below age of 15 years were separated. The data was obtained by retrospective chart review method. The data recorded was adequate and sufficient for simple statistical methods and was reliable. Analysis was done using SPSS.

Results: A total of 175 new Child and adolescent cases out of total 2544 patients attended the general psychiatry OPD in Mental hospital Indore during the study having a prevalence of 6.8%. Mental retardation was commonest (n=112; 64%), without (n=42; 24%) and with co morbidities (epilepsy n=42; 24%, behavioral disturbance n= 28; 16%). Next more common diagnosis was Epilepsy (7%) followed by ADHD (5.7%). substance use disorders were found 1.7%. Other diagnosis were schizophrenia and other psychosis 5.7%, autism 1.1% and BPAD 1.1%

Conclusion: This study has shown that there is a 6.8% prevalence of child and adolescent related disorders of which mental retardation form a major bulk so there is a intense need for raising human resources and specific programmes including CGC clinics in psychiatric and general hospital settings. The study was aimed at assessing the prevalence and clinical profile of patients attending mental hospital OPD as a step forward for gathering data which is lacking in our region.

KEYWORDS

INTRODUCTION

Most mental disorders begin during youth (12–24 years of age). Poor mental health is strongly related to other health and development concerns in young people notably lower educational achievements, substance abuse, violence, and poor reproductive and sexual health. Psychiatric morbidity is ubiquitous, affecting children adolescents and adults. Age factors play a great role in pattern of morbidity profile.

Various studies from developing countries including India show that a significant percentage (ranging between 7-35%) of child and adolescent population suffers from mental illness[1,2]. Psychiatric morbidity profile of children and adolescents may indicate different needs and priorities.

A total of 175 new Child and adolescent cases out of total 2544 patients attended the general psychiatry OPD in Mental hospital Indore during the study having a prevalence of 6.8% which falls in the range of previous studies done in India, but is lower than other foreign studies[3].

A recent Indian Study shows the prevalence rate of child and adolescent psychiatric disorders in the community has been found to be 6.46% (95% confidence interval 6.08% - 6.88%) and in the school it has been found to be 23.33% (95% confidence interval 22.25% - 24.45%).(Malhotra et al 2014)[4]

Most mental-health needs in young people are unmet, even in high-income countries. Key challenges to addressing mental-health needs include the shortage of mental-health professionals, the fairly low capacity and motivation of non-specialist health workers to provide quality mental-health services to young people, and the stigma associated with mental disorder.

AIM OF THE STUDY

To study the sociodemographic and clinical profile of the children visiting mental hospital outpatient department during a span of 1year (2013-14) and obtain insights about the diagnostic breakup and medicine use by the child population utilizing mental health service.

METHODOLOGY

All records of patients visiting mental hospital OPD during the year were accessed and records of children below age of 15 years were separated. The data was obtained by retrospective chart review method. The data recorded was adequate and sufficient for simple statistical methods and was reliable. Analysis was done using SPSS.

RESULTS

TABLE 1: Socio-demographic Data

1.	**Age**		
		0-5 years	18 (10)
		6-10 years	54 (31)
		11-16 years	103 (59)
2.	**Gender**		
		Male	99 (57)
		Female	76 (43)
3.	**Religion**		
		Hindu	135 (77.1)
		Muslim	39 (22.3)
		Christian	1 (0.6)
4.	**Education**		
		illiterate	90 (51)
		Upto primary	50 (29)
		Upto secondary	35 (20)
5.	**Occupation**		
		Unemployed	113 (65)
		Employed	2 (1)
		Student	60 (34)
6.	**Family type**		
		Nuclear	71 (41)
		Extended	32 (18)
		Joint	59 (34)
		Orphan	13 (7)
7.	**Family income**		
		Upto 5000	54 (31)
		5001-10000	74 (42)
		Above 10000	34 (19)
		Nil	13 (8)
8.	**Residence**		
		Rural	59 (34)

		Urban	107 (61)
		Sub-urban	9 (5)
9.	**Current medical diagnosis**		
		Absent	166 (95)
		Present	9 (5)
10.	**Family history**		
		Absent	135 (77)
		Present	27 (16)
		Unknown	13 (7)

A total of 175 new Child and adolescent cases out of total 2544 attended the general psychiatry OPD in Mental hospital Indore during the study period which provide a prevalence of *6.8* .

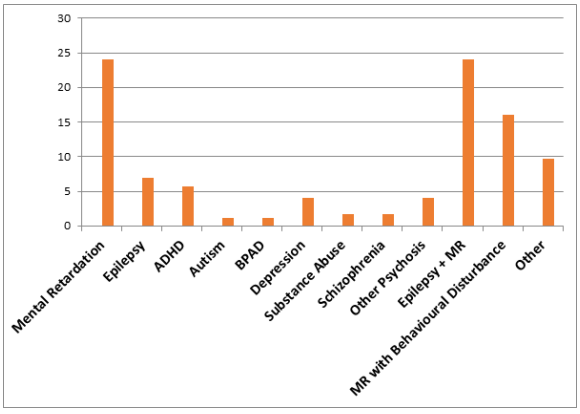

Figure 1: *Diagnostic Breakup*

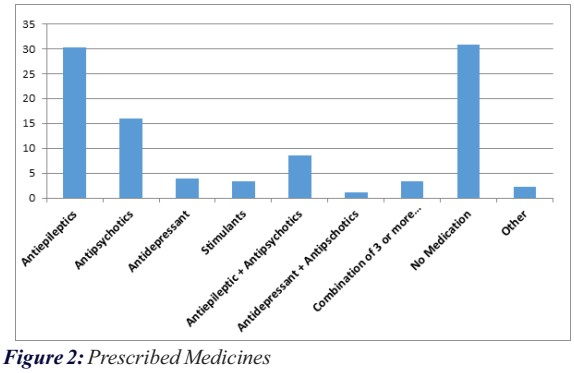

Figure 2: *Prescribed Medicines*

A total of 175 new Child and adolescent cases out of total 2544 patients attended the general psychiatry OPD in Mental hospital Indore during the study having a prevalence of 6.8% which falls in the range of previous studies done in India, but is lower than other foreign studies.

Most Indian studies report lower psychiatric morbidity than large-scale studies from other countries. A mean prevalence rate of 29% is found in studies from France, Germany, New Zealand, Puerto Rico, USA, Canada and the Netherlands.This difference may not necessarily imply truly lower rates of psychiatric disorders in Indian children and adolescents.

Other reasons could include poor awareness and psychological sophistication leading to lower sensitivity to certain disorders, higher threshold of tolerance for certain symptoms and other socio-cultural factors.

In the present study mental retardation was commonest (n=112; 64%), without (n=42; 24%) and with co morbidities (epilepsy n=42; 24%, behavioral disturbance n= 28; 16%).

It was comparable with study by Malhotra et al[7] (2007) in case of without comorbidities but overall prevalence was higher in our study.

It may be due to this institute was authorised for issuing disability certificate through which they can avail various benefits from govt. schemes. Next more common diagnosis was Epilepsy (7%) followed by ADHD (5.7%).

Epilepsy prevalence was lower than study by Malhotra et.al[7] (2007) but it was comparable to it with comorbid mental retardation. The ADHD prevalence was comparable with the same study. In case of depression, prevalence in this study was 4% while it was higher (6%) in study by Malhotra et al[7] (2007).

In this study, substance use disorders were found 1.7%. In a study by Costello et al and others (2004), substance use disorders were found 5%. This difference was due to that comparing study sample was from developed country. Other diagnosis were schizophrenia and other psychosis 5.7%, autism 1.1% and BPAD 1.1% which were comparable to 4.7%, 1.4% and 0.94% respectively in study by Chaudhary et.al (2007).In a study done by Srinath et al (2005)[9,10], anxiety disorders were prevalent among the children of age group 0-16 yr. In our study, only one case of OCD was found which was included in other disorders.

The difference of prevalence due to the fact that our samples were from mental hospital setting and child with anxiety disorder may prefer to consult paediatrician for their complain.

The studied population were not prescribed medication (31%) mostly in cases of mental retardation as they were psycho educated about the illness and referred to concerned centres for further psychosocial management.

Most of them were on antiepileptic medication (30%) as the mostly were suffering from epilepsy or behavioural disturbance associated with organic brain insult. Next common medication was antipsychotic (16%) which was prescribed to control aggression or psychotic symptoms.

CONCLUSION

Child and adolescent psychopathology is a major concern among health professionals and educators in the developed countries. Mental and psychiatric services for children lag behind those for adults in developing countries.

The study was aimed at assessing the prevalence and clinical profile of patients attending mental hospital OPD as a step forward for gathering data which is lacking in our region.

This study has shown that there is a 6.8% prevalence of child and adolescent related disorders of which mental retardation form a major bulk so there is a intense need for raising human resources and specific programmes including CGC clinics in psychiatric and general hospital settings.

IMPLICATIONS

This analysis led to opening of 1st Child and Adolescent Psychiatry Clinic in Central India. It is now effectively running since last 4years and is providing child psychiatry health care services to children of M.P., Chhattisgarh, parts of Gujarat, Rajasthan, Maharashtra, U.P. and Orissa.

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