



CLINICAL PROFILE OF CHILDREN AND ADOLESCENTS ATTENDING A CHILD CLINIC OF PSYCHIATRY DEPT. OF A TERTIARY CARE HOSPITAL IN IMPHAL

Psychiatry

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ABSTRACT

Child and adolescent mental health issues are on the rising trend but studies highlighting the pattern and prevalence across all states of India are limited which is more so with the North- Eastern States. But the existing literature shows wide variation in the prevalence and pattern of childhood mental disorder from study to study and from place to place. For, the North East States of India such data is very limited and for the Manipur State, till date such data is nonexistent. So, to fill the gap in literature, this study aimed to explore the clinical profile of children and adolescents attending the Child Clinic of the Dept. of Psychiatry, JNIMS Porompat.

KEYWORDS

Children, Adolescents, Mental Health, North-Eastern States

INTRODUCTION

Child and adolescent mental health issues are on the rising trend but studies highlighting the pattern and prevalence across all states of India are limited which is more so with the North- Eastern States. The National Mental Health Survey of India (2016) reported 7.3% prevalence of psychological morbidity among adolescents (13-17 years).¹ While reviewing 16 community-based studies, Malhotra and Patra found 6.46% as an overall prevalence rate of child and adolescent psychiatric disorders.² Golhar and Srinath reported data on child and adolescent psychiatry from one of the premier tertiary referral centers of India and concluded that the prevalence of child and adolescent disorders is 12.5%, and is lower than in western countries.³ So, the prevalence rate varied from study to study which may be explained by varied study methods and measures. There is a need to have a uniform data on prevalence of childhood mental disorders which was emphasized by Sharan and Sagar.⁴ So, considering the dearth of studies on prevalence and pattern of childhood mental disorders in the North-Eastern States of India, this study aimed to explore the clinical profile of child and adolescents attending the Child Clinic of a tertiary hospital in the Imphal City.

This Child clinic is the first center in Manipur where the set up is run under a qualified Child and Adolescent Psychiatrist to provide a comprehensive treatment to children and adolescents of the State. The service caters to all sixteen districts of Manipur. This data will fill the gap in the literature and can be used as a basis for better understanding and policy making in the State.

The outpatient service comprises three days a week walk-ins for fulfilling psychiatric and psychological needs. All children and adolescents (along with their family members) are thoroughly interviewed and assessed by the Child psychiatrist using semi-structured interview and a complete Mental Status Examination. All psychiatric diagnoses are based on the Diagnostic and Statistical Manual of Mental Disorders DSM 5.5 All records were maintained in a register.

MATERIALS AND METHODS

Age, Sex & Diagnosis were retrospectively extracted from the record files of the patients from May 2024 to April 2025. Frequency analysis was made with the help of SPSS v 22 to report the data.

RESULTS

For the study, only the six most prevalent diagnoses were shown while the remaining were classified as others. A total 286 patients visited the child clinic during the study period of one year. Males outnumbered females with values of 157 (54.9%) and 129 (45.1%) respectively.

Maximum number of patients fall in the age range 11-15 years with a frequency of 82 (28.7%). Sex differences in the number of patients according to the age was observed as follows: males were more in age group 1-5 years (75% vs 25%) while that in the age group 16-19 years,

females were more than males (56.9% vs 43.1%). Sex distribution pattern according to age follows a reverse pattern like the number of females patients were increasing with age while that of males were decreasing with age.

Age wise distribution of the prevalent diagnoses are shown in the **table 1**. Out of the 64 patients of aged 1-5 years, Autism spectrum disorder (ASD) was the most prevalent diagnosis with the frequency of 56.3%. The mean age of this group was 3.4 years (SD=1.11). The pattern of prevalent diagnoses in both males and females follows a similar nature in the descending order of frequency as ASD, Global Developmental Delay (GDD), Attention Deficit Hyperactivity Disorder (ADHD), Multiple Neurodevelopmental Disorders (NDDs), Others and Behavior problem/Anxiety Disorder.

A total of 68 patients aged between 6 to 10 years attended the clinic out of whom 42 (61.8%) were males and 26 (38.2%) were females. The mean age (years) was found to be slightly higher in females than males with values of 8.31 (SD=1.35) and 7.40 (SD=1.39) respectively. The most prevalent diagnosis in this age range was ADHD (57.5%) but frequency in males were more than females with values of 66.7% and 42.3%. Excluding ADHD, the frequency distribution of other diagnoses were different in males and females like ASD (40.5%) was the 2nd most common diagnosis in males while ID (38.5%) was the second most common diagnosis in females followed by anxiety disorder (30.8%) in females and behavior problem (7.1%) in males.

For the age group 11-15 years, a total of 82 patients visited the clinic where females (56.1%) were more than males (43.9%). The most prevalent diagnosis in females was Depressive disorder (28.3%) while that of males was ADHD (36.1%). The remaining diagnoses pattern were different as ADHD (15.2%) and Behavior problem (15.2%) in females while that of males were Behavior problem (19.4%) and depressive disorder (11.1%).

A total of 72 patients were aged between 16 to 19 years. Out of whom, 31 (43.1%) were males and 41 (56.9%) were females. The mean age of the males was found to be 17.03 (SD=0.94)

whereas for females the mean age was found to be 16.98 (SD=1.21). Among the males, descending order of the most prevalent diagnoses were Anxiety Disorder (22.6%), Behavior problem (22.6%), ADHD (19.4%) and Depressive disorder (16.9%). For females, the most prevalent disorder were found to be Depression (46.3%) followed by Anxiety disorder (14.2%), ADHD (7.3%) and Behavior problem (2.4%).

DISCUSSION

To the best of our knowledge and literature search, this is the first study to report statistics of child and adolescent mental disorders from Manipur, a North-East State. To have a better understanding on the trend of mental disorders according to the developmental stages, the study population was divided into four age groups.

Among the age group of 1 – 5 years, the most prevalent psychiatric disorders were found to be ASD, ADHD, and GDD along with a significant number of cases with multiple NDDs. In the multiple NDDs category in this age group, the most common were ASD co-morbid with either ADHD or GDD. These results were found to be same as that of a recent study conducted by Gupta and Sengupta.⁶ However these findings were different from past research done by Srinath and colleagues where breath-holding spells, pica, and behavioral disorder NOS were the most prevalent.⁷

For the age group 6 to 10 years, the most prevalent psychiatric disorders were found to be ADHD that too were more prevalent in males which supports the previous literature.⁸ The diagnoses pattern were different like anxiety disorder and ID were common in females while ASD and Behavior problem like Oppositional Defiant Disorder (ODD) were comparatively higher in males. There are no data to compare these findings but these differences may be due to biological differences between males and females with respect to age.⁹

Females patient aged 11-15 years had Depressive disorder as the most prevalent diagnosis while that of males was ADHD. The higher prevalence of depression among females than males of this age group was shown by an Indian study of Jayshree and colleagues.¹⁰ The other diagnoses like anxiety disorder was also more prevalent among females which support the past research.¹⁰

In the age group 16-19 years, Depressive disorder and anxiety disorder were the most prevalent diagnoses in both males and females. These finding supports the previous Indian studies of Jayshree and colleagues¹⁰ and Grover and colleagues.¹¹

Other neurodevelopmental disorder present in our study were communication disorder, motor disorder but these are not highlighted considering the lower prevalence rate in the study population. Screen media use related problems was observed in a considerable number of patients which needs further study to understand the actual prevalence and any linkage with other diagnoses.

Important observation in the present study were: multiple NDDs diagnosis were present across the age range which is in similar with the past literature.⁶⁻¹² Gender difference in the diagnoses pattern was prominent in ADHD and depressive disorder like previous researches.⁸⁻¹⁰

CONCLUSION AND LIMITATIONS

The available literature showed varying prevalence of child and adolescent mental disorders with time and location with a limited data from the North Eastern States. This study aimed to fill the gap in literature and provide data about various mental disorders in different age groups in children and adolescents attending the Child Clinic in the Department of Psychiatry of JNIMS, Manipur. However, the results should be interpreted with the following limitations like being a short duration of study period with the small sample size, it cannot be applied to the general population. There is a need for longitudinal studies to see the evolution of different disorder symptoms across the different developmental stages of life.

As the current study is a retrospective chart review comprising data from a total of 286 patients spanning over one year, consent from patients was not taken. However, their anonymity has been maintained.

Table 1: Descriptive data of the study sample: Age wise distribution of prevalent mental disorders

Age (yrs)	Sex	Number	Mean Age / SD	Diagnosis N (%)
1-5	Female	16	3.19(1.2)	ASD=8(50) GDD=5(31.3) ADHD=4(25) Multiple NDDs =6 (37.5) Others=5(31.3)
	Male	48	3.52(1.07)	ASD=28(58.3) GDD=13(27.1) ADHD=18(37.5) Multiple NDDs =10(20.8) Behavior Problems=2(4.2) Anxiety Disorder=2(4.2) Others=6(12.5)

	Total	64	3.44(1.11)	ASD=36(56.3) GDD=18(28.1) ADHD=22(34.4) Multiple NDDs =16(25) Behavior Problems=2(3.1) Anxiety Disorder=2(3.1) Others=11(17.2)
6-10	Female	26	8.31(1.35)	ASD=3(11.5) ID=10(38.5) ADHD=11(42.3) Multiple NDDs =4(15.4) Anxiety Disorder=8(30.8) Others=4(15.4)
	Male	42	7.40(1.38)	ASD=17(40.5) ID=9(21.4) ADHD=28(66.7) Multiple NDDs =12(28.6) Behavior Problems=3(7.1) Others=10 (23.8)
	Total	68	7.75(1.42)	ASD=20(29.4) ID=19(27.9) ADHD=39(57.4) Multiple NDDs =16(23.5) Behavior Problems=3(4.4) Anxiety Disorder=8(11.8) Others=14(20.6)
11-15	Female	46	12.87(1.5)	ID=5(10.9) ADHD=7(15.2) Multiple NDDs =1(2.2) Behavior Problems=7(15.2) Anxiety Disorder=6(13) Depressive Disorder=13(28.3) Others=21(45.7)
	Male	36	12.94(1.60)	ASD=3(8.3) ID=3(8.3) ADHD=13(36.1) Multiple NDDs =1(2.8) Behavior Problems=7(19.4) Depressive Disorder=4(11.1) Anxiety Disorder=2(5.6) Others=12(33.3)
	Total	82	12.90(1.54)	ASD=3(3.7) ID=8(9.8) ADHD=20(24.4) Multiple NDDs =2(2.4) Behavior Problems=14(17.1) Depressive Disorder=17(20.7) Anxiety Disorder=8(9.8) Others=33(40.2)
16-19	Female	41	16.98(1.21)	ASD=1(2.4) ID=2(4.9) ADHD=3(7.3) Multiple NDDs =1(2.4) Behavior Problems=1(2.4) Depressive Disorder=19(46.3) Anxiety Disorder=6(14.6) Others=13(31.7)
	Male	31	17.03(0.948)	ASD=1(3.2) ID=2(6.5) ADHD=6(19.4) Behavior Problems=7(22.6) Depressive Disorder=5(16.9) Anxiety Disorder=7(22.6) Others=15(48.4)
	Total	72	17.0(1.10)	ASD=2(2.8) ID=4(5.6) ADHD=9(12.5) Multiple NDDs =1(1.4) Behavior Problems=8(11.1) Depressive Disorder=24(33.3)

	Total	72	17.0(1.10)	Anxiety Disorder=13(18.1) Others=28(38.9)
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