



## Study of psychosocial problems in adolescent children in an urban area- pilot study report

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### ABSTRACT

With fast urbanization, changing social values, and excessive electronic media influence, psychosocial distress among adolescents is hypothesised to be high. Earlier studies were done in schools where students of all strata of society were studying. Hence this study was planned at a most urban area of modern day Bangalore city to understand extent and factors associated with psychosocial distress among otherwise normally functioning adolescents. Study was questionnaire based. Needy children with their parents were given a brief counselling intervention. 38% participants had subjective distress. 15% students experienced suicidal thoughts in prior 3 months. Living with one parent was significantly associated with distress levels. Students expressed helplessness in expressing their distress. Brief intervention of the problem resulted in drastic alleviation of distress in follow up assessment.

### KEYWORDS

Adolescents, psychosocial problem, brief intervention.

### Introduction

Adolescent population in India during 1991 was 181,419,000 which are projected to be around 215,332,000 by the year 2016 (UNFPA, 2003). Adolescents suffer from psychosocial problems at one time or the other during their development. Many of these problems are of transient nature and often not noticed. Further, children may exhibit these problems in one setting and not in other (Ahmad et al., 2012). Most of the epidemiological surveys on school going children and adolescents have reported wide variation (17 – 45%) in the prevalence of psychosocial problems (Anita et al., 2003, Arun & Chavan, 2009). Studies have found that 3-9% of teenagers meet criteria for depression at any one time and at the end of adolescence, as many as 20% of teenagers report a life time prevalence of depression (Zuckerbrot & Jensen, 2006). Maharaj et al, 2008 noted that females were 1.7 times as likely to be depressed when compared to males. Those who were not living with both parents were 1.5 times as likely to be depressed as those who were living with their parents. Suicidal behaviour amongst adolescent students is a matter of great concern due to the tragic loss of prime years of life it entails. In the last two decades, official figures of suicide rate have increased from 7.9 to 10.3 per one lakh adolescents. The actual number is understandably more than that reported official figures, as non-reporting, under-reporting, and misclassification are prevalent due to various socio-cultural stigmas, religious sanctions, legal issues and insufficient registration systems (Vijayakumar, 2007). Although research has been inconclusive, some findings have indicated that excessive indulgence in electronic communication, negatively affects adolescents' social development, replaces face to face communication, impairs their social skills, and can sometimes lead to unsafe interaction with strangers (Pew Internet & American Life Project, 2007).

Because of rapid industrialization and urbanization majority of young couple are employed and live in unitary set up. So unavoidably they get less time to look after their children. Under these circumstances, psychosocial (emotional & behavioural) difficulties are on the rise. The changing social values and excessive electronic media influence altering the pattern of interpersonal relationships also add to the problems (Ahmad et al., 2012). To achieve full potential of young children, diagnos-

ing psycho social issues at right time is a must. The combination of ignored psychosocial problems and the lack of mental health services in our country amplify the risk of precipitating academic underachievement and rising delinquent behaviours in adolescents. So there is needed to raise public awareness about the prevalence of these often hidden emotional disorders in Indian adolescents.

In view of above current school based study was planned to understand the extent, nature and factors associated with adolescent psycho social problems of an urban area and the impact of a brief psychological intervention of the problems.

### Materials and Methods

The study was done in an urban area of Bangalore. It can be assumed that life in Bangalore would entail the inherent psychological stress and strain of urban life. Schools selected for the study had students of high intellectual calibre and from higher socioeconomic strata. 4 schools were selected for the study. Earlier Indian studies were carried out in either rural set up or in schools where students from all strata of society were studying, thereby resulting chance for higher number of adolescents having psychosocial problems due to predominantly inner pathology than environmental influence. Hence current study was expected, to bring out a normative pattern of prevalence of psychosocial problems among otherwise normal adolescent children in the current scenario of changing culture and social values. A brief counselling session was given to adolescent and parents in case of detecting a psychosocial problem in them.

As part of study, researcher after obtaining permission of principal approached all students studying between class 9<sup>th</sup> and 11<sup>th</sup> of selected schools (10<sup>th</sup> & 12<sup>th</sup> avoided because of board exam). A sensitization lecture was conducted in the school auditorium. The presentation covered topics on inborn temperaments, development of personality due to interaction between nature and nurture, about normal adolescence, adolescent crisis, substance use disorders, body dysmorphic disorders (BDD) /eating disorders, internet/mobile use problems, rape, depression, suicide, important personality disorders and advice on how to seek help when needed. Informed consent of parents, teachers, and children were taken. Paediatric Symptom

Check List (PSC) (35 items, both youth and parent, English version), Strengths & Difficulties Questionnaire (student & parent) (SDQ) and a semi structured proforma were used. Semi structured questionnaire also included information sections on various important adolescent issues. After analysis of the data, needy children were contacted. Those who were ready were given a brief counselling session at the school.

Results

Current result is based on part of the study done in one of the school, as pilot report. The children were sceptical about the study initially. Significant more resistance was from the parents' side in enrolling their children for the study. However, the acceptance of the study procedure was fair following the sensitization lecture. All were from similar higher socio-economic background with parents being highly educated (avg 15.5 yrs of formal education). Out of 200 students eligible for the study, only 100 children responded (50%). Parents' responses were available for 45 (22.5%). There was no history of any significant illness among the participants or their family members. Though various subscales as well as total scores in both SDQ as well as PSC list were in normal limits for all the children, 38 students (38%) were noted to have significant distress over prior 6 months (reflected in impact score of more than 2 in SDQ). Surprisingly, none of the parents' report reflected any distress levels for their wards. 15 children (15%) expressed suicidal ideas during prior three months though none had made any suicidal attempts. 21 out of 38 distressed children (55.26%) attributed family issues as important factor for their distress. 30 children (78.94%) out of 38 distressed children complained of inadequate time spent with parents where as only 18 (29.03%) out of 62 non distressed group complained about the same. 25 (25%) children had academic difficulties with significant difference between distressed and non distressed children. 52 (52%) children reported spending time with electronic gadgets as preferred mean of relaxation. There were no significant differences among distressed or non distressed group of children in use of electronic gadgets. There were no cases of addiction to internet or mobile. No significant male/female difference was noted among distressed and non distressed children. Similarly no significant difference was observed among children living with one parent or both parents among distressed and non distressed group. 20 children (20%) had used alcohol as experimentation, but none had substance use disorder. All distressed children were evaluated by psychiatrist (as the husband of principle researcher was psychiatrist) and were found not to have syndromic psychiatric disorder. The awareness about important adolescence problems was quite low among all children. (Table 1)

Table 1

Item	Good knowledge	A Little Knowledge	Poor Knowledge
Substance Use	Nil	35 (35%)	65(65%)
Depression/suicide	15(15%)	38(38%)	47(47%)
Inborn temperament	Nil	Nil	100(100%)
Body dysmophic disorders	Nil	25(25%)	75(75%)
Eating disorder	Nil	20(20%)	80(80%)
Internet/Mobile addiction	12(12%)	30(30%)	58(58%)
Rape	Nil	100(100%)	Nil

Out of 38 distressed children, all were offered help. Those 15 children with suicidal ideas were more coerced for a counselling session. The other 23 children were given telephonic advice and offered help whenever needed. The 15 distressed children with suicidal ideas were contacted and nature of help offered was explained. Their parents were taken into confidence, which was a bit challenging task. Subsequently, the affected children were called to an earmarked place and their problems were understood in detail. The following were the major conflicts resulting in their disturbed psychological functioning resulting in suicidal ideas (Table 2):

Table 2

Conflicts	No of children
Substance use of relative	5 (cannabis – 2, alcohol -3)
Insensitivity of parents	4 (mother insensitivity – 3)
Relationship with opposite sex	2
Absence of one of the parent (due to work commitment)	4 (father – 3)

The above issues were leading to frequent conflicts at home with high negative expressed emotions resulting in reduced self esteem, academic performance and problem behaviours at home environment only. Apparently teachers had not noticed similar problem behaviours in school (As reported by parents). Children were feeling helpless about the state and were trying to cope with it by indulging in increased peer group activities but had not ventilated the personal problems to anyone. All the issues were patiently listened and misconceptions present if any were clarified. Children were educated probable ways of reducing the tension in form of positive methods of ventilation of the stress as well as importance of increasing the tolerance level to frustration. They were advised about alternative adaptive coping techniques to deal with the problems and sources of help were identified when needed a distress call. Subsequently the parents were individually counselled in light of needs of their children and group session was arranged for each child with their parent. Those needing subsequent help (substance using family members) were given necessary contact numbers and address for further specialist consultation. After a month, they were evaluated again, and were noticed to have significantly improved family relationship as well as subjective sense of alleviation of distress as reflected in impact score of SDQ.

Discussion

The current study showed a prevalence of 38% of children having psychosocial problems causing distress to them. Similar prevalence rates (45%) had been noticed by Arun and Chavan, 2009 in a study of large sample (2400) of adolescents in Chandigarh. The same study had noticed a rate of 45% children having academic difficulties. Though only 25% of children in the current study had academic difficulties, the difference among distressed and non distressed groups was significant. Lesser amount of academic difficulties would probably be result of high intellectual calibre of students of the selected schools, higher educational levels of parents as well as higher quality of teaching methods of these elite schools. 20% children in the present study had used substance as experimentation though had no substance use disorder. Ahmad et al., 2002 had reported substance abuse prevalence of 13.3% in a study of 390 adolescents. 55.26% of children attributed family issues being major causative factor for their distress. Chabra et al., 2011 in a school based study on 500 male adolescents had noticed similar finding (59.6% children cited family as most common contributory factor). 15 children (15%) had reported suicidal ideas with no history of suicidal attempts prior. Similar findings were also seen in Indian studies by Chabra et al., 2011, Sharma et al., 2008, Logaraj et al., 2005 and Lalwani et al., 2004. Living with single parent for reasons other than death of a parent, was significantly associated with distress levels of children. More than half the participant children were using electronic media as preferred mean of relaxation as reported elsewhere too (Pew Internet & American Life Project, 2007).

Interestingly it was noted that the parents as well as the teachers had paid less attention to the perceived psychosocial distress of the children. There had been a school counsellor in all the schools where the participants were studying. However, no regular psychological checkups of the students were being carried at routine unless asked specifically by parent or teacher, due to poor acceptance of preventive psychological enquiries among teachers and parents. The students had sense of helplessness with their perceived problems. The awareness about common problems resulting psychological disturbances was very poor among adolescents. Brief counselling session

had produced considerable distress alleviation and better psychosocial functioning later. All participants unequivocally had echoed their need for pro active approach from teachers and parents in understanding their unexpressed distress as well as importance of inclusion of information sections on important adolescent problems in their curriculum.

### Limitations

This research paper is based on principal author's preliminary PhD work. During current study, teachers' review is not taken regarding any difficulties or problem behaviours in the school environment. Multiple challenges are envisaged when larger number of children of various schools would be approached. Since the study sample had been small in number a generalization to larger population is currently not possible and have to wait for results of complete study.

### Conclusion

An accepting and supportive family relationship during adolescence may have long term association with better psychosocial functioning into adulthood. The present results raises the strong need for proactive approach from teachers and parents in identifying and negotiating the unexpressed distress of otherwise normally functioning adolescent before it results in difficult to manage problem behaviours. Results of the complete study will help addressing this issue at a larger level by forming school policies with regards to adopting preventive strategies thereby preventing development of serious problems.

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