



A STUDY ON MENTAL HEALTH STATUS AMONG SCHOOL CHILDREN IN SOUTHINDIA

Soujanya.A ^{1*}

¹Assistant Professor of Psychiatry, Tagore Medical College and Hospital, Chennai, Tamilnadu, India.

ABSTRACT

India is a developing country whose rapid socio-economic changes could affect the mental health of children and adolescents. This study aims to find out the differences in the mental health of school children in the age group 4-17 and to find out the most common type of psychiatric disorder prevailing among them and to help those children to overcome their difficulties and to make them ready to face the adulthood. **Methodology:** -This is a descriptive study carried out in Tagore Medical College, Chennai, Tamilnadu, India. The study population comprised of 150 school children in the age group 4-17. Permission was obtained from the Institutional Ethical Committee for conducting the study. Children aged between 4-17 yrs were interviewed based on Strengths and Difficulties Questionnaire (SDQ) and the results were documented. **Results and Discussion:-** It is noted that school going children in the age group 4-17 tend to have mental health issues mostly due to peer problems (32.6%) followed by conduct issues (27.3%) , hyperactivity(17.3%), emotional (9.3%), prosocial (3.3%) problems. Of the 150 children who were assessed for mental health issues, only 4.6% children were found to have normal mental health and 3.3% had borderline issues and 92% had abnormal mental health issues according to SDQ scoring system. **Conclusion:** - From above interpretations, both male and female school going children in the age group 4-17 are found to be affected equally.

Key words: Mental health, School children, Hyperactivity.

INTRODUCTION

Adolescents and young people are defined by WHO as the age group 10-19 yrs and 10-24 yrs respectively[1]. The special needs of the adolescents and the youth have been a constantly neglected subject and for many years, there were no special programs or services to prepare this vulnerable population for a healthy adulthood.

There is limited available research but increasing concern, regarding the psychological well-being of children of varying age group. These children are exposed to multiple stressors which may compound and complicate the grieving process [2]

Paediatric age group are particularly vulnerable to psychosocial instability and increased risk of abuse.

Poverty also plays a vital role in the mental health of

children as these kids frequently lack sufficient food, permanent shelter, schooling and medical care and are at a risk of abuse and economic exploitation . This includes the children of daily wage workers who are people who could not spend enough time with their kids owing to their work schedule. Because of this, these children are more prone for mental health disorders.

Mental health is a catalyst of change and its role in the process of national development cannot be over-emphasised. Media and peer pressure have a definite influence on mental health and so do family structure and values. Hence it becomes mandatory to shape the young minds for a better tomorrow.

Studies about prevalence of psychiatric disorders among youth population in various geographic places of the world are different with a rate of 10% in developed countries and 15% in developing countries[3]. In a Siberia study in 2007, the prevalence of psychiatric disorder in youths was reported to be 15-20%⁴. In a study in Norway 2004, it was reported that 1/3rd of children had minor problems and 5% had major and severe psychiatric disorders[5].

Simpson et al in USA reported that 5% of children aged 7-14 yrs suffered from emotional and behavioural disorders that affect their functioning, learning, friendship, family life and joyful activities[6].

India is a developing country whose rapid socio-economic changes could affect the mental health of children and adolescents. This study aims to find out the differences in the mental health of school children in the age group 4-17 and to find out the most common type of psychiatric disorder prevailing among them and to help those children to overcome their difficulties and to make them ready to face the adulthood.

METHODOLOGY:

This is a descriptive study carried out in Tagore Medical College, Chennai, Tamilnadu, India. The study population comprised of 150 school children in the age group 4-17. Permission was obtained from the Institutional Ethical Committee for conducting the study. Children aged between 4-17 yrs were interviewed based on Strengths and Difficulties Questionnaire (SDQ) and the results were documented. The questionnaire comprised of 5 domains namely Emotional, Conduct, Hyperactivity, Peer relations and prosocial behaviour. Each domain contained 5 questions and the children were made to fill a total of 25 questions and their responses were interpreted as normal, borderline and abnormal based on the SDQ scoring scale which is as follows. Each scale was given a score [0-2] and the total score of each subscale was considered from [0-10] and classified as normal[0-15], borderline[16-19] and abnormal [20-40].

DATA ANALYSIS AND INTERPRETATION:

Based on the scores obtained from the school children, data was recorded in the Microsoft excel sheet and evaluated as follows:

RESULTS

Normal(0-15)	4.6%
Borderline(16-19)	3.3%
Abnormal(20-40)	92%
total students	100%

According to estimates through the World Health Organization, approximately 600 million new cases of symptomatic APT because of GAS arise annually in children international. Of these, approximately 500,000 develop RF, and approximately broaden three hundred, 000 RC. Most of those instances occur in less developed countries, with three instances better prevalence of RF in those countries, which includes Latin America, than in advanced countries.⁶ While established acute tonsillitis, bacterial pathogens and their antibiotics sensitivity that might indicate the most desirable line of treatment and save you the headaches of acute tonsillitis and avoids unnecessary surgical remedy.⁷ The aim of this study is to Incidence of acute Pharyngitis and Tonsilities among the pediatric age group in tertiary care hospital.

MATERIAL AND METHODS

One hundred instances of acute tonsillitis had been decided on 56 adult males and 44 female elderly from 4-18 years at random from the sufferers attending the outpatient Department of family remedy, paediatrics and ENT. The selected patients had been not given antibiotics for one week before the have a look at.

Ethical approval was obtained from the neighborhood research ethics committee and dad and mom of all kids gave informed written consent earlier than the observe. The laboratory studies have been completed in the Department of Microbiology.

Specimens, one from the tonsillar surface and any other from the cryptamagna have been accrued by way of the use of sterile cotton swabs, positioned in sterile bottles aseptically, added to the laboratory and subjected for direct microscopic examination of the pathogens observed through the isolation of the causal marketers on one of a kind media viz., sheep blood agar, chocolate agar, Mc Conkey agar and so on. The antibiotic sensitivity checks were achieved for all the remoted organisms. First and 2d e Antibiotics disc (penicillin, erythromycin, ampicillin, gentamycin, chloramphenicol, ciprofloxacin, cephalixin, cefotaxime, cefotaxime and amikacin) were located in my view for all of the isolates, and the inhibition pattern became noted. After administering the antibiotics to patients as a remedy to deal with tonsillitis, and after the complete therapy, patients were accompanied up for six months or greater to study any recurrence tonsillitis. The facts collected were analyzed concerning age, sex, profession, socioeconomic reputation, medical manifestations and bacteriological.

sex percentage	
female	57.70%
male	49.30%

SDQ scale abnormality age wise	Percentage
4-7	2.6
11-15	59.3
>16yrs	19.3

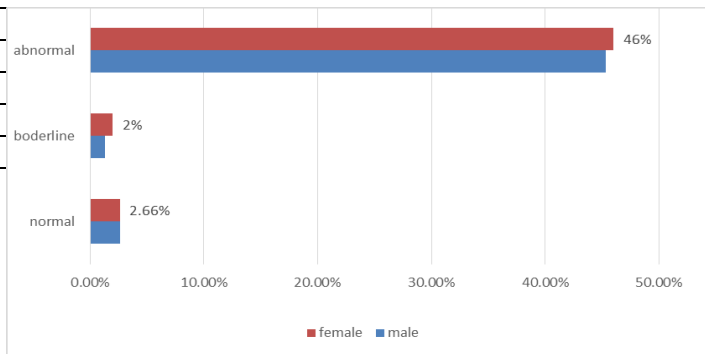


Figure 1. SDQ scale abnormality age wise

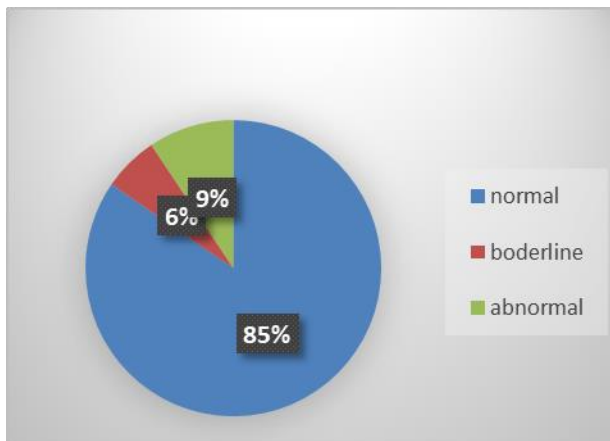


Figure 2. Emotional problems

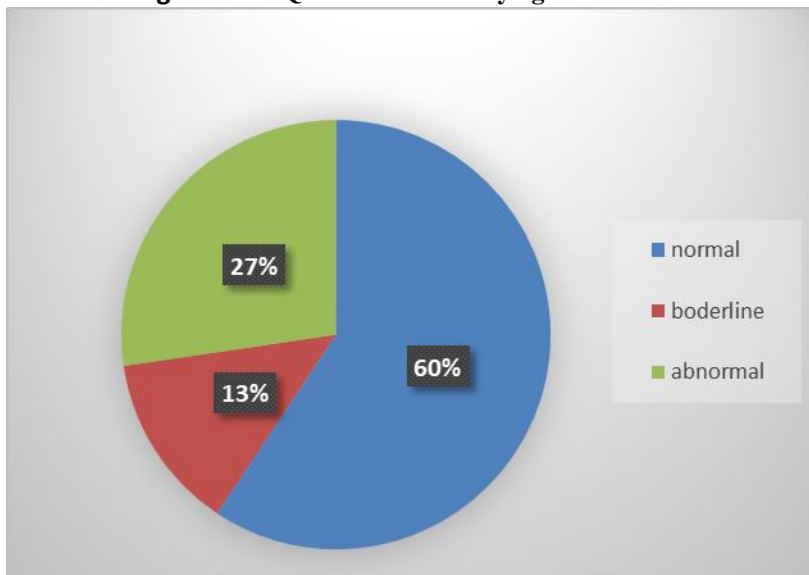


Figure 3. Conduct problems

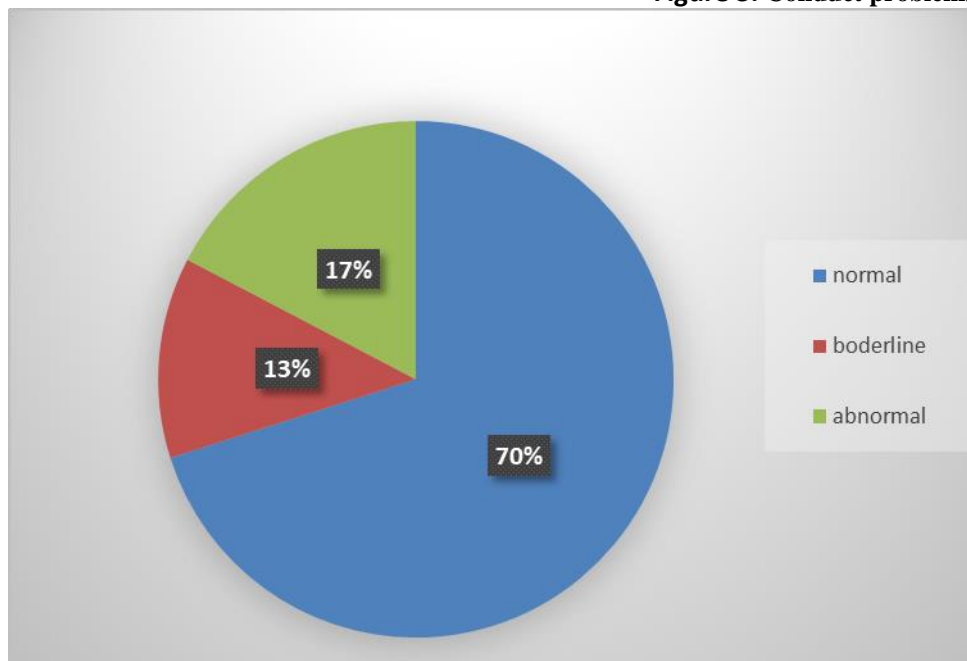


Figure 4. Hyperactivity problems

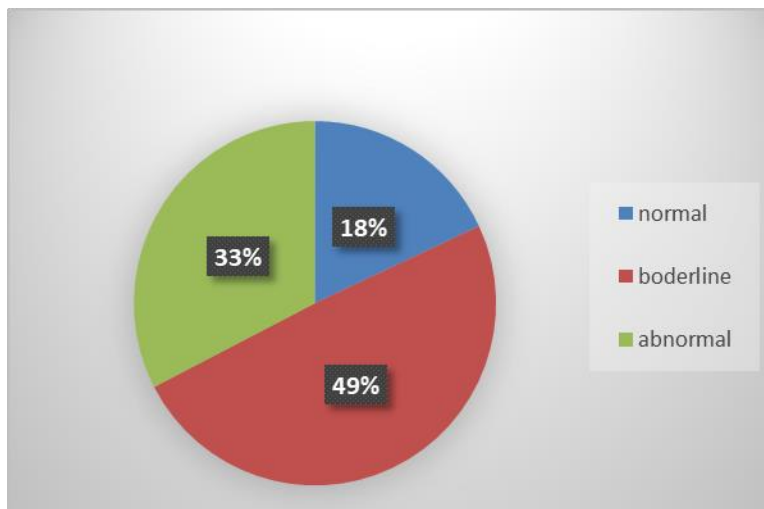


Figure 5. Peer problems

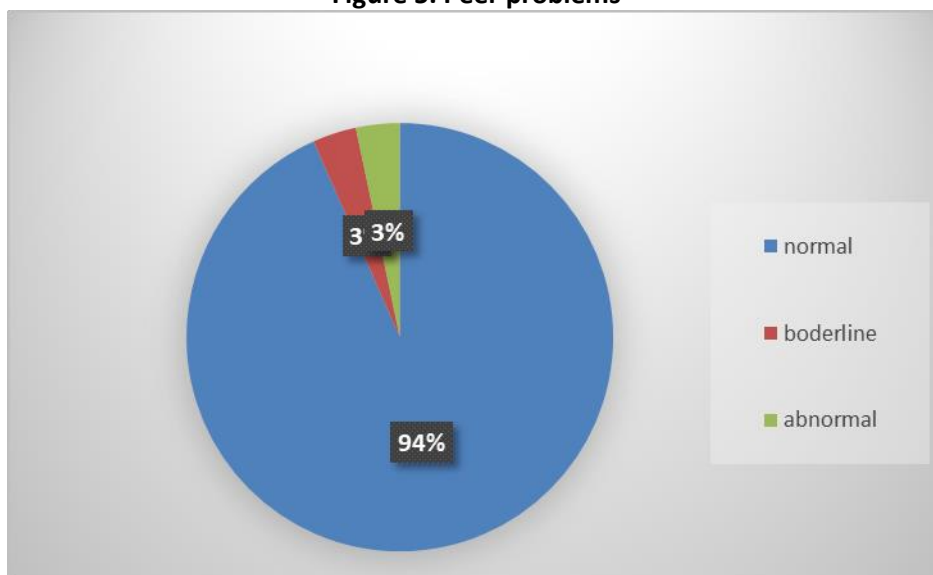


Figure 6. Pro-social problems

It is noted that school going children in the age group 4-17 tend to have mental health issues mostly due to peer problems (32.6%) followed by conduct issues (27.3%) , hyperactivity(17.3%), emotional (9.3%), prosocial (3.3%) problems.

Of the 150 children who were assessed for mental health issues, only 4.6% children were found to have normal mental health and 3.3% had borderline issues and 92% had abnormal mental health issues according to SDQ scoring system.

DISCUSSION:

The main objective of the study was to provide a generalized assessment of mental health in school children of age 4 to 17 years using SDQ scale. The study shows that

92% of the children have mental health issue. But it is higher when compared to previously done study assessment of mental health of Indian adolescents studying in urban school in Bangalore, where it was only 10.36% have an abnormal SDQ score.

812 to 13 percent school students in India- as per Indian Council of Medical Research- who suffer from emotional, behavioural, and learning problems.

In Gujarat 15% participants had a high SDQ score. Girls had more emotional problems, while the rest of the mental health problems were more prevalent in boys. Rural children were found to have more mental health issues. Having an eye problem, scoring <50% in last annual examinations, failure in examinations, difficulties in studying at home and difficulties in relationships were associated with high SDQ score. Keeping physically fit

and having friends were associated with normal SDQ score. Logistic regression model revealed that age, receiving punishment in form of more homework and difficulty discussing friends with parents increased odds of high SDQ score, while having friends and after-school entertainment like watching movies decreased odds of high SDQ score.

10 Incidence studies are extremely rare even in the other parts of the world. In a collective expert report, published in 2007, on mental illness in children and adolescents in 2001-2002, incidence of mental illness in children in France was reported to be 1 in 8. In this report, the incidence of anxiety disorders was 5%, hyperactivity 1-2%, mood disorder 3% (13-19 yrs olds), and autism and schizophrenia 1%. In another study, incidence of somatoform disorders was reported to be 12% (lifetime incidence) and 7% (12 month incidence) among adolescents in a general population sample in Germany. There are reports that ethnicity is one of the factors in prevalence of psychiatric disorders in children. In a report of a survey of mental health of children and adolescents in Great Britain, it was shown that the overall rate of mental disorder, among 5-15 yrs olds, as per ICD-10, was 10% (including those who had more than one disorder). Differential rates as per ethnicity were: 10% among white children, 12% of black children, 8% among Pakistanis and Bangladeshis and 4% among the Indian children. Considering this and other findings of relatively lower prevalence rates in Indian children, it is likely that the incidence rate will also be lower and the incidence of 18/1000/yr in our study could actually be a true reflection.

11 To gain insight into the opinions and attitude of the community of mental health professionals who work in

schools, Fortis conducted a survey. The study revealed that there is a high level of unawareness among school children about issues related to mental health. According to the study, 65% counsellors (and allied professionals) believed that students were unaware of the most common mental illnesses. 91% of the participants believed that mental health is not given proper importance in their schools, and students actually preferred search engines and social media to get information about mental health.

Among the participants, 96% recognized that there is a dire need to incorporate a curriculum for mental health in schools. According to 29% counsellors (and allied professionals), children, when in distress, keep their worries to themselves rather than communicating, which obviously happens due to unawareness. 88% of participants believed that when there is conversation on psychological or emotional concerns among friends, children do not know how to respond.

CONCLUSION:

From above interpretations, both male and female school going children in the age group 4-17 are found to be affected equally. The study revealed that 92% of children have unaddressed mental health issues. Given the high prevalence of psychiatric morbidities among school children and to avoid its hazardous effect on the community, we recommend proper supervision of the school going children and regular training courses for the caregivers (Parents, Teachers) to help improving their children caring skills. Psychiatric surveillance for the school going children must be available for early detection, counselling and treatment of psychiatric disorders.

References

1. Parul Kotdawala, Vinith Selvi, Usha R Krishna – Adolescent girl -an update; page:1; Jaypee publishers.
2. <https://static1.squarespace.com>
3. Goodman R, Scott S. Child Psychiatry 2nd edition; Blackwell publishing Ltd, 2005; p 390.
4. Slobodskaya HR, Akhmetova OA, Ryabichenko TI. Siberian child and adolescent mental health: prevalence estimates and psychosocial factors. Alaska Med 2007.
5. Ronning JA, Handegaard BH, Sourander A, Morch WT. The strengths and difficulties self-report questionnaire as a screening instrument in Norwegian community samples. Eur child Adolesc psychiatry 2004;
6. Simpson GA, Bloom B, Cohen RA, Blumberg S, Bourdon KH. U.S. children with emotional and behavioural difficulties: data from the 2001, 2002 and 2003 National Health Interview Surveys. Adv Data 2005;
7. Malaysian journal of paediatrics and child health {assessment of mental health of Indian adolescents studying in urban school 2011}.
8. Indian Council of Medical Research.
9. Epidemiological survey of mental health in adolescent school children of Gujarat, India.
10. Indian Journal of Psychiatry 2009.
11. <https://thellogicalindian.com> > awareness > mental-health-school-kids