# Prevalence of Mental Disorders among School Children

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## ABSTRACT

Child and adolescent mental health has been largely a neglected area in India. Researches in the area of child and adolescent mental health of rural and urban areas is negligible and epidemiological information gathered in this area cannot be generalized because of methodological limitations like small and non-representative samples, and the lack of standardized screening tools. Prevalence studies reveals the prevalence of clinically significant child and adolescent psychopathology ranging from 1.56% to 35.5% in school going children. Surveys of individual psychiatric disorders and of incidence and period prevalence are yet to be conducted in this population of children. Looking into this perspective, current research work has been carried out in the area of Child Mental Health.

The present study was an exploratory research on school children which focused on the nature and extent of behavior problems (i.e. neurotic, antisocial and undifferentiated) and prevalence and diagnostic distribution of mental disorders across school, gender and socio-demographic variables like age, class, birth order, family type, parent's occupation and income. To begin with equal number of boys and girls of VI, VII & VIII standards were included in the sample of 1200 students, selected from both public and government schools (N=600 in each case). The tools used to collect data were Child Scale $B_2$ (Teacher's Rating) developed by Rutter (1970), Childhood Psychopathology Measurement Schedule (Parent's Rating) developed by Malhotra and Chaturvedi (1984), Socio-demographic Information Schedule and Psychiatric Interview. The diagnosis was made on the basis of clinical interview, taking detailed clinical history and doing mental state examination by the researcher with the help of a trained psychiatrist using ICD-10 criteria. Data was collected in three stages. In the first stage of screening potential cases were identified using Child Scale $B_2$. In the second stage, Childhood Psychopathology Measurement Schedule (CPMS) was administered on parents of potential cases identified at the first stage of screening followed by clinical interview, detailed case history, and Mental State Examination was conducted on the cases that were found morbid and psychiatric disorders were diagnosed following ICD-10 criteria. Further, 5% cases were randomly selected out of the sample of non potential cases (i.e. 864) and CPMS was administered followed by psychiatric interview. The data were analyzed by (a) calculating percentages and by applying chi square test to study the differences across school, gender and socio-demographic variables, (b) binary and multinomial logistic regression was applied to study risk factors in each group (c) comparisons on various factors of CPMS were studied by using Kruskal Wallis test and (d) significant pair wise comparisons were further evaluated by Mann Whitney U test.

After the first stage of screening, 28% cases were found potential, public school children showed more characteristics of antisocial behavior whereas in govt. school children undifferentiated i.e. mixed type (neurotic and antisocial) behavior problems were more prevalent. Females exhibited more characteristics of neurotic behavior whereas males showed more antisocial behavior. Multinomial logistic regression analysis showed significant results for three categories of behavior problems (neurotic, antisocial and undifferentiated) i.e. (i) 'type of school' was observed to be significant risk factor in govt. school children in terms of 3.57% times more at risk to be neurotic than public school children (ii) 'gender', 'age' and 'school' were significant risk factors in males in terms of 2.82% times more likely to become anti social than females, govt. school children were 1.48 % times more likely to suffer from antisocial behavior problems than public school children and higher the age higher is the risk of becoming antisocial (iii) 'type of school' was significant risk factor i.e. govt. school children exhibited undifferentiated behavior 2.60 % times more than public school children.

At the second stage of screening, 5.75 % children had psychopathology and males and govt. school children were the most affected one. Significant differences were observed across 'gender' and 'school' groups on the CPMS factors of depression, special symptoms and conduct disorder with (a) females in govt. schools showing maximum manifestation of special symptoms, (b) govt. school males exhibiting more conduct disorders, (c) govt. school females showing more depression and special symptoms as compared to their counterparts in public school and males as well. At the third stage, overall prevalence of psychiatric morbidity was 5.4%, it was 1.75% and 3.67% in public and government schools respectively; 3.42% and 2% was the rate of prevalence among boys and girls respectively. It was found that (a) among government school children enuresis, substance abuse, ADHD, conduct disorder, social phobia and adjustment disorder were the most prevalent disorders while among public school children, mild mental retardation, dissociative disorder, sleep walking, panic attack with agoraphobia and somatisation disorders were observed (b) enuresis was the highly prevalent psychiatric disorders among boys, followed by sleep walking, insomnia, substance abuse, adjustment disorder, social phobia, ADHD and conduct disorder; mild mental retardation and sleep disorder (night terrors) were more prevalent in girls. Enuresis was the most prevalent disorder followed by substance use and ADHD. 5% cases selected randomly out of the non potential cases yielded 43 (6.9% ) cases to be potential.

On socio-demographic variables, comparisons showed that mental disorders were manifested more among children who were youngest in birth order followed by 11 years old and those who belonged to nuclear family, service class parents and low income families. However, no other socio-demographic variable yielded significant results. Low prevalence rate in this study, as compared to other epidemiological studies could be explained on the basis of the methodological considerations which led to a refinement of screening procedures. In view of above findings it was concluded that it is highly imperative that epidemiological studies should start early in childhood and be carried longitudinally for years, so that better preventive, curative and rehabilitative care could be provided in early stages of child development. Thus it can promote positive health in children sustained through a comprehensive approach adopted in primary health care system.