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FREQUENCY AND PATTERN OF MORBIDITY OF MENTAL HEALTH AMONG CHILDREN

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Abstract:

Objectives: The aim of this research work is to find out the rate & pattern of morbidity of mental health attending the OPD (Outpatient Department) of the Jinnah Hospital Lahore.

Methodology: This research work was transverse study carried out in the Pediatric outpatient department of the Jinnah Hospital Lahore. Total 200 children up to the age of fourteen years were the part of this research work. The evaluation of these children carried out with the help of the interview and we diagnosed the various psychiatric abnormalities with the help of the diagnosis standard of DSM-4

Results: Psychiatric abnormalities were more common in males as 63.0% (n: 126) in comparison with the females as 37% (n: 74). Most of the patients with the complications were available with the age from 5 to 10 years (62.50%). Among the mental complications, oppositional disobedient abnormalities were 20.0%, ADHD were available in 17.0%, elimination abnormalities & disorders of anxiety were 11.0% in each. The other less common psychiatric disorders were disorder of mood, somatoform abnormalities, disorders of specific development, sentimental & habit abnormalities.

Conclusion: The morbidities of the mental health are very vital issues in low age children attending the clinic of psychiatry in pediatric OPD of the Jinnah Hospital. The quick sense of parents, doctors and teachers for awareness is the requirement. So, an early consultation should be carry out prior to the development of the condition of illness.

Key Words: Psychiatric, Vital, Abnormalities, Complication, Disorder, Psychosomatic, Disorders, Consultation.

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INTRODUCTION:

It is very common hypothesis that there are no mental sufferings or psychiatric disorders among children. But it is under observation that the psychiatric complications are very common in childhood days the supposed to be in normal population of the societies. In accordance with the statistics of the World Health Organization, the occurrence of the disabling psychiatric disorders among children & adults visiting various urban centers of health care ranges from 20.0% to 30.0% and 13.0% to 18.0% in region of non-urban areas. Among these children, 3% to 4% are the victims of severe complications of mental illnesses & they are in need of treatment [1]. The research works conducted in the West have displayed the prevalence of 10% to 12% [2]. Most of the countries which are under development concluded the high incidence of these disorders in children as compared to the various countries of the West.

Most common abnormalities stated by different research works are ADHD (Attention Deficit Hyperactive Disorder), disorders of oppositional disobedient, abnormalities of conduct, psychosomatic complications, anxiety & elimination abnormalities [3-5]. Attention deficit hyperactive disorder is one of major psychiatric disorders concluded in mental clinics. In a research work carried out in our country Pakistan, attention deficit hyperactive disorder was present in 34.0% small aged children while information from the country of India stated that 6% to 9% children were suffering from this complication [6, 7]. In the countries which are under development, the mental abnormalities of children & adolescent are not negligible. There is deficiency of the professional child mental illness units & knowledge about the psychiatric disorders in our communities and there is also limitation of the health care facilities. This research work aimed was to find out the rate and pattern of the morbidity of the psychiatric health in the children attending the OPD of the Jinnah Hospital.

METHODOLOGY:

This was a transverse research work carried out in the OPD of the Jinnah Hospital Lahore. About six hundred to eight hundred patients are the daily visitors of the OPD of this hospital. These patients were also the referrals from various OPDs of different hospitals. Total 200 patients up to the age of fourteen years were

under examination in the total duration of this research work. The interview of the selected patients carried out with the help of P-CHIPS. Child interview for psychiatric syndrome (CHIPS) is well-organized interview totally in accordance with the criteria of the DSM-4. This interview screened for the availability of the twenty psychiatry complications as well as mental anomalies. The management of this standard is possible in any setup [8].

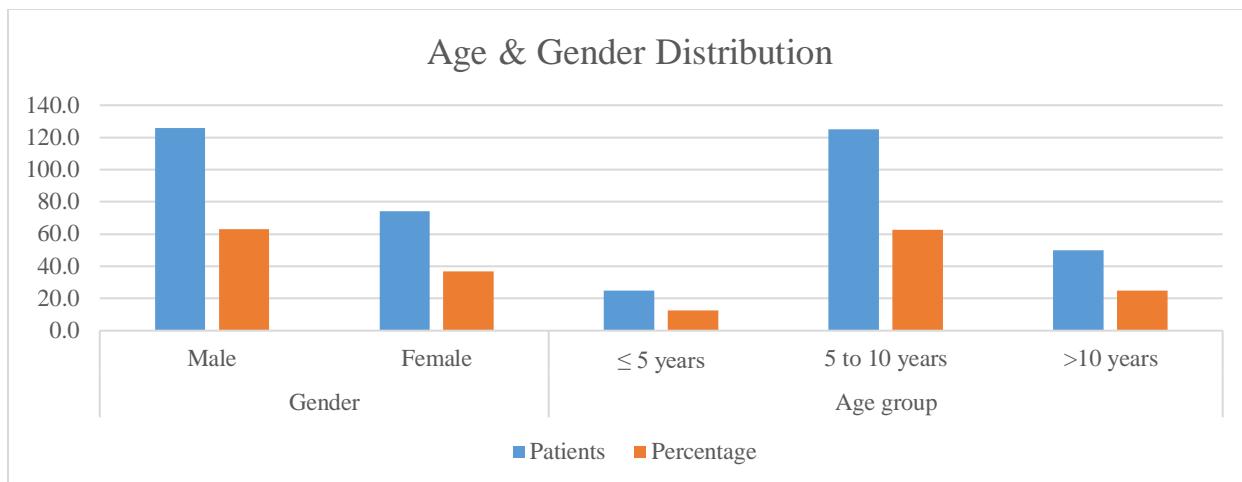
In this research work, the administration of the P-CHIP carried out which is interview of parent version and it is very effective for the patients where there is no possibility of the interview of the child. The scholars of the research works supported the parents in the management of the interview. The children suspected of having any mental abnormality were the part of this research work. The children suffering from any other serious complication were not the part of this research work. We provided the patients with medicine & we carried out the counselling of patients & families in the similar setup independently holding the secrecy & privacy of all the patients. The evaluation of some of the complications carried out with the standard of DSM-4. SPSS V.10 was in use for the analysis of the collected information. Frequencies & percentages were in use for the presentation of the results.

RESULTS

Total 200 patients up to the age of fourteen years were the part of this research work. The sex distribution displayed that mental complications are very frequent in males in comparison with the females. Sixty-three percent females and 37.0% females were the part of this research work. The most affected group of age was available with age from 5 to 10 years as available in Table-1.

Table-I: Gender and Age Distribution

	Variables	Patients	Percentage
Gender	Male	126.0	63.00
	Female	74.0	37.00
Age group	≤ 5 years	25.0	12.50
	5 to 10 years	125.0	62.50
	>10 years	50.0	25.00

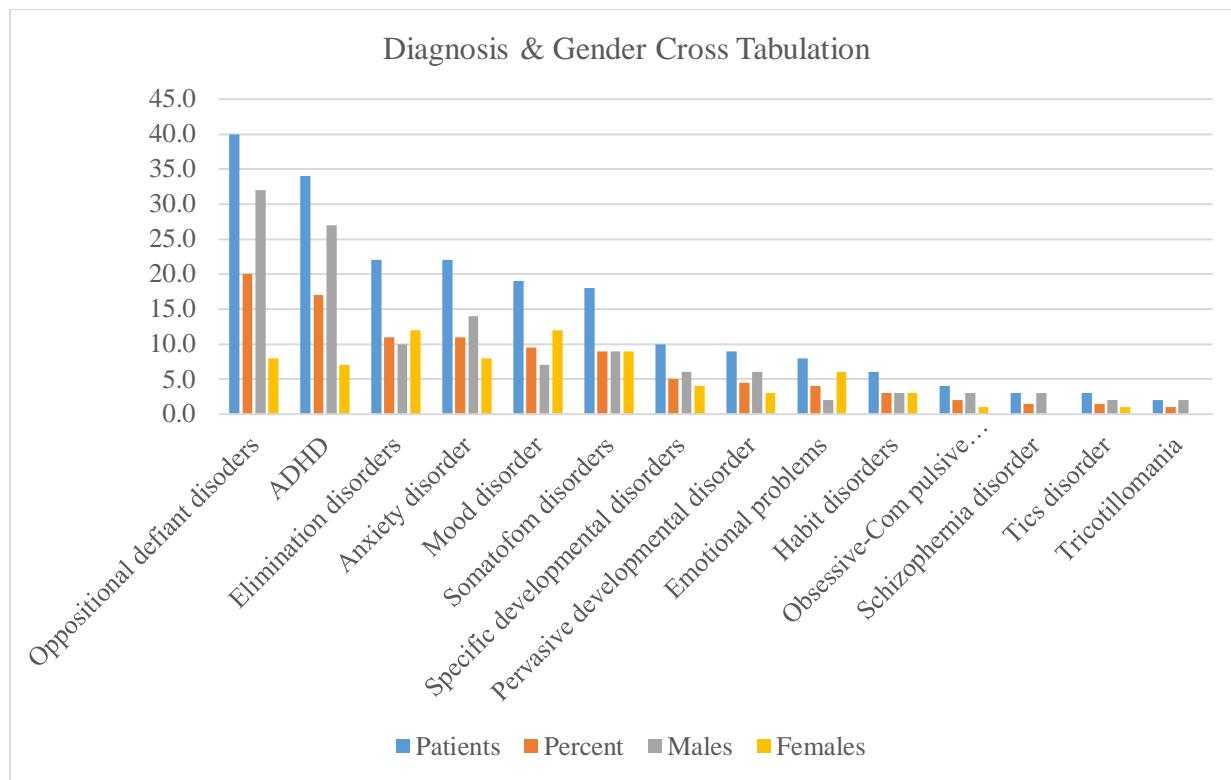


The most frequent psychiatric disorder was disorder of oppositional defiant present in 20.0% (n: 40) children, followed by the disorder of ADHD in 17.0% (n: 34) patients. Disorders of elimination & anxiety were available in 11.0% (n: 22) patients each.

Other abnormalities were mood disorders present in 10.0% (n: 19), somatoform anomalies in 9.0% (n: 18), development of specific development available in 5.0% (n: 10), pervasive developmental complications in 4.50% (n: 9) patients & emotional issues in 4.0% (n: 8). There were some other mental issues with less frequency as mentioned in Table-2.

Table-II: Diagnosis and Gender Cross Tabulation

Psychiatric Diseases	Patients	Percent	Males	Females	Male : Female
Oppositional defiant disorders	40.0	20.00	32.0	8.0	4.0: 1.0
ADHD	34.0	17.00	27.0	7.0	3.8: 1.0
Elimination disorders	22.0	11.00	10.0	12.0	1.0: 1.0
Anxiety disorder	22.0	11.00	14.0	8.0	1.7: 5:1
Mood disorder	19.0	9.50	7.0	12.0	1.0: 17.0
Somatoform disorders	18.0	9.00	9.0	9.0	1.0: 1.0
Specific developmental disorders	10.0	5.00	6.0	4.0	1.5: 1.0
Pervasive developmental disorder	9.0	4.50	6.0	3.0	2.0: 1.0
Emotional problems	8.0	4.00	2.0	6.0	1.0: 3.0
Habit disorders	6.0	3.00	3.0	3.0	1.0: 1.0
Obsessive-Compulsive Personality disorder	4.0	2.00	3.0	1.0	3.0: 1.0
Schizophrenia disorder	3.0	1.50	3.0	0.0	3.0: 0
Tics disorder	3.0	1.50	2.0	1.0	2.0: 1.0
Trichotillomania	2.0	1.00	2.0	0.0	2.0: 0.0
Total Cases	200.0	100.00	126.0	74.0	2.0: 1.0



DISCUSSION:

The field of child psychiatry is gaining importance in our country Pakistan, but there are very limited services in our country to tackle this issue particularly in the main cities which contains 30.0% population of the country [9]. There are any reasons that can contribute in the problems of mental health in our country Pakistan, including inter family marriages, very high frequency of the injuries at the time of birth, decline in the economic condition & high rate of joblessness, fragmentation in the system of family & loss of the values of religion [10]. The disorder of oppositional defiant is the main cause of distress which has a deep impact on the social & professional functioning of those children [11]. In this research work, these disorders were present in 40 patients. These complications were more common in men in comparison with females. These complications were more common in the age group of 5-10 years.

A research work conducted in Lahore displayed occurrence of 9.30% for the problems of behavior [12], while another research work conducted in Al-Ain United Arab Emirates also stated the dominancy of male patients & average age of the patients as ten years [13]. Another complication was ADHD which was present in 34 patients. The occurrence of the ADHD as presented in the research works from the west is 3% to 5% [14-15]. Some research works reported men to women ratio as 4:1, whereas most of the medical

research works displayed the sex ratio of (1:1 [16]). The information about this matter is very less in our country Pakistan but the research works from the country of India displayed an occurrence of 5% to 10% [17]. The disorder of mood and anxiety are very common in those children who are unable to express their depression as well as their feeling [18-20]. It has effects on the academic performance and it leads to the despair in later life [22- 24]. The occurrence of disorders of depression is available with same male to female ratio [25-26], this research work displayed the same findings. There are some limitations of this research work as it was hospital base research work conducted on a sample size of 200 patients. Large surveys are the requirements with large sample size on community base for the consolidation of the findings of this research work and to find the mental issues from their depth.

CONCLUSION:

The morbidity of the psychiatric health is very vital issue of health in children as seen in the OPD of the Jinnah Hospital. The very frequent mental issues of health available in children are disorders of oppositional disobedient, complications of ADHD, disorders of anxiety & mood. There is requirement of surveys based on communities to evaluate the real scene of the mental issues in childhood.

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