



TO STUDY ON MENTAL HEALTH STATUS AMONG SCHOOL CHILDREN IN INDIANS

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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. This is a descriptive study carried out in SLIMS, Puducherry, India from September to December 2020. 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. 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. From above interpretations, both male and female school going children in the age group 4-17 are found to be affected equally.

Keywords :- Developing country, Socio-economic changes, Mental health, School children, Adolescents.

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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 Puducherry, India in September to December 2020. 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:

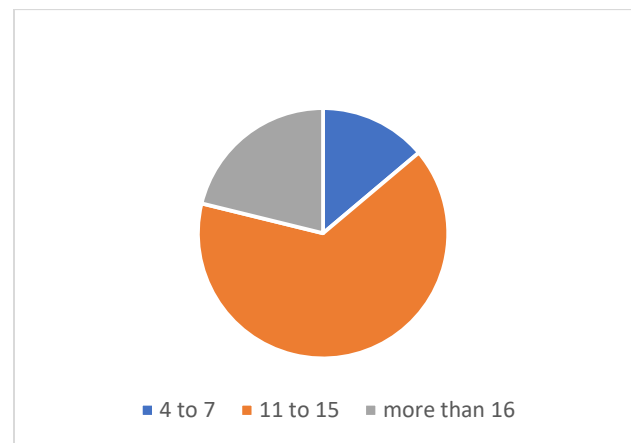
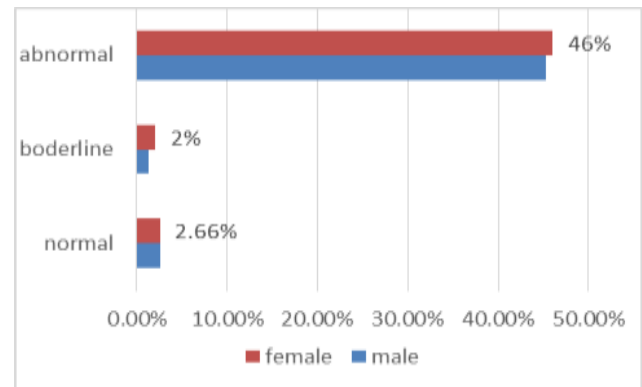
Based on the scores obtained from the school children, data was recorded in the Microsoft excel sheet and evaluated as follows:

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

Sex percentage

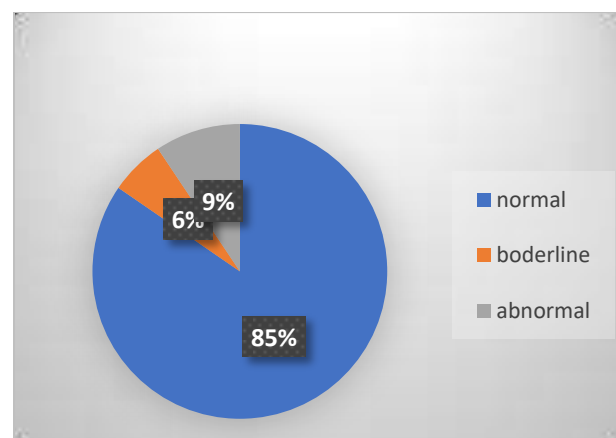
female	57.70%
male	49.30%

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



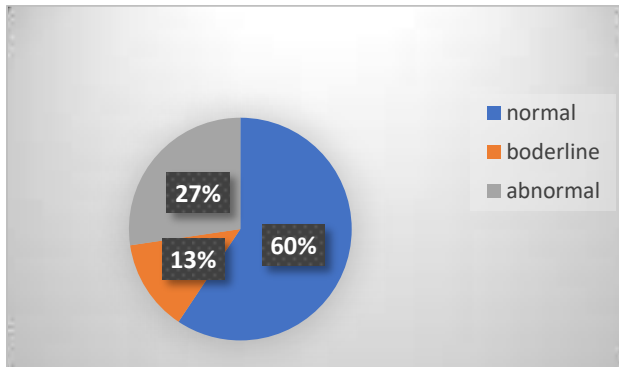
Emotional problems

Normal 84%
 Borderline 6.00%
 Abnormal 9.30%

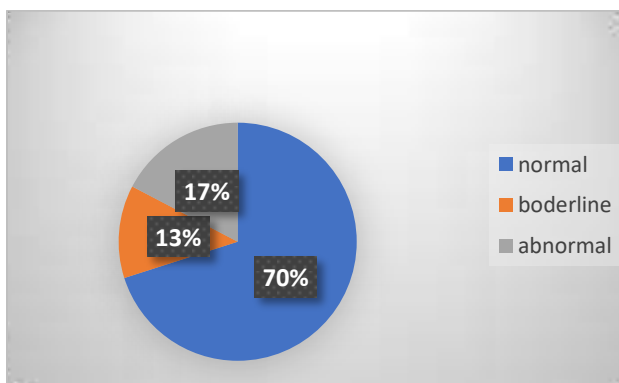


Conduct problems

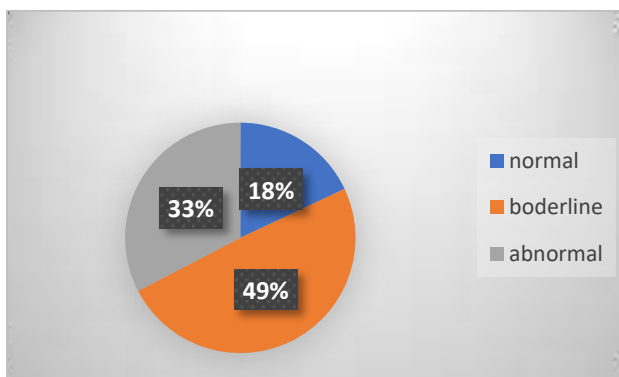
Normal	59.30%
Boderline	13.30%
Abnormal	27.30%

**Hyperactivity problems**

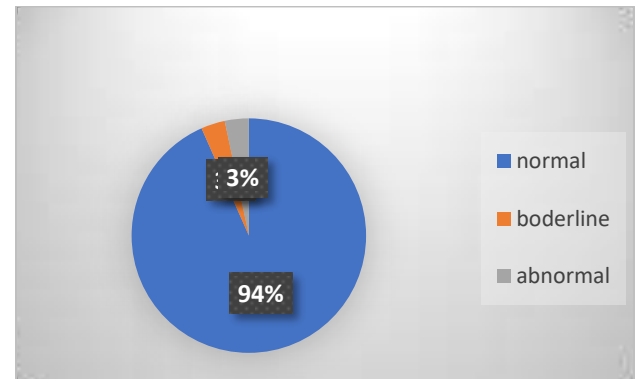
Normal	70%
Boderline	12.60%
Abnormal	17.30%

**Peer problems**

Normal	18%
Boderline	49.30%
Abnormal	32.60%

**Pro-social Problems**

Normal	93.30%
Boderline	3.30%
Abnormal	3.30%



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. 9In 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.

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