

# Frequency of Sources of Referral of Child Psychiatric Cases at Hyderabad

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## ABSTRACT

**Objective:** This study is designed to determine the frequency of sources of referral of child psychiatric cases.

**Study Design:** Cross-sectional study

**Place and Duration of Study:** This study was conducted at the Sir Cowasji Jehangir Institute of Psychiatry (CJIP) and Liaquat University Hospital (LUH), Hyderabad from June 2018 to Feb 2019.

**Materials and Methods:** 175 children with psychiatric problems were included in this study. History was taken for the duration of symptoms and the source of referrals was inquired. All information was noted in the proforma.

**Results:** 67.43% (118/175) sources of referral were parents, schoolteachers were responsible for 10.29% (18/175), and doctors for 22.29% (39/175).

**Conclusion:** Mental disorders are among the most burdensome of all classes of disease because of their high prevalence, chronicity, early age of onset, and resulting in serious impairment and disability.

**Key Words:** Childhood psychosocial problems, sources of referral, attention deficit hyperactivity disorder, Epilepsy

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## INTRODUCTION

Psychosocial problems during childhood can have profound effects on growth, functioning, and long-term mental health.<sup>1</sup>In the pediatric outpatient department (OPD) mental disorder is an important issue reported in children.<sup>2</sup>In 2008, WHO global epidemiological data reported disabling mental illness in up to 20% of children and adolescents.<sup>3</sup> Children usually reported primary care physicians or pediatricians and they are having the responsibility to identify and refer them to mental health professionals.<sup>4,5,6,7</sup>Worldwide, there are multiple other sources of referral like family members (80.9%)<sup>7</sup>,parents (56%)<sup>8</sup>, school teachers (20.2%)<sup>7</sup>, (9%)<sup>8</sup> pediatricians, general practitioners, adult psychiatrists (35.2%)<sup>7</sup>,(14%)<sup>8</sup>, social services (7.9%)<sup>7</sup>, (8%)<sup>8</sup> and legal agencies (12%)<sup>8</sup>.The children's mental health services and diagnostic approach of psychiatrists have been changed in the last 2 decades.<sup>9-12</sup>

In the west, there are various patterns of child psychiatric morbidities like depression(44%), behavior disorder (22%), suicide(15%), anxiety disorder(4%)<sup>8</sup>, attention deficit hyperactivity disorder(ADHD) (13.6%)<sup>1</sup> and high rate of overlap of behavioral, emotional and educational deficits reported among school-age children.<sup>13</sup> In regional countries, the prevalence rate of child psychiatric morbidity was 12.5%<sup>14</sup>, 15%<sup>15</sup>, 15.7%<sup>16</sup>and most common diagnoses were mental retardation, expressive language disorder, hyperkinetic disorder<sup>14</sup>, obsessive-compulsive disorder<sup>15</sup>, anxiety disorder(9.3%), behavioral disorder(7.1%)<sup>16</sup>and specific learning disability.<sup>17</sup> In Pakistan, there are no countrywide studies available in literature so the roughly estimated prevalence of childhood mental health disabilities by previous studies was around 17% ( mental retardation eight percent and behavioral, emotional, and pervasive developmental disturbances account for 9 percent of total).<sup>18</sup>

In Pakistan the number of trained child psychiatrists is scarce, so most pediatricians and adult psychiatrists are consulted in such cases but often they are not able to detect and treat them.<sup>20</sup> Despite an intensive search, unable to find any research/study which could identify sources and patterns of referral of child psychiatric morbidity in our population. In this study, we will determine those potential sources of referral, and will provide the level of awareness to them.

## MATERIALS AND METHODS

This cross-sectional study was conducted at Sir Cowasji Jehangir Institute of Psychiatry (CJIP) and Liaquat University Hospital (LUH), Hyderabad from June 2018 to Feb 2019 after ethical review. Sample size was

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calculated using the online monkey survey calculator, with 95% CI, 4% bond on the error, and based on least proportion of sources of referral is reported 7.9%<sup>7</sup>; our sample size came out to be approximately 175. Children between ages 5 to 12 years, of either gender, with symptoms for than 4 weeks were included in study after consent by parents via non-probability consecutive convenient sampling.

History was taken for the duration of symptoms and the source of referrals was inquired. Children were diagnosed as per ICD-10 (International Classification of Diseases-10 version) guidelines. Source of referrals and psychiatric morbidity along with age, gender, duration of symptoms were noted in the proforma.

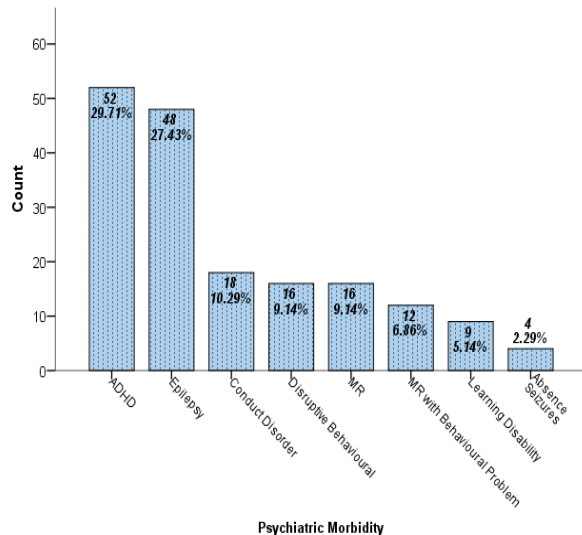
All the data was entered and analyzed in SPSS version-22.

Data was subjected to descriptive analysis as required. Continuous variables were presented as mean ± SD, whereas, categorical variables were presented as frequencies and percentages. Stratification was done to see the effect of these on the outcome. P-value <0.05 was considered significant.

**RESULTS**

Out of 175 children, 68(38.86%) were not going to school, 65.14% were living in urban area and 44.57% of children parents had married their first cousin. The most common source of referral of child psychiatric problems was parents in 67.43% (118/175) cases, (Table 1).

The rate of attention deficit hyperactivity disorder (ADHD) and Epilepsy was the commonest psychiatric problem in children (figure 1)



**Figure No.1: Psychiatric Morbidity**

Referral to psychiatrists from doctors happened earlier in disease (p value: 0.01) compared to parents and teachers (Table 2).

**Table No.1: Demographics of Participants**

Age Group (Years)	
5 to 7	63 (36.0%)
8 to 10	79 (45.1%)
> 10	33 (18.9%)
Level of Education	
No Schooling	68 (38.9%)
KG/Nursery	24 (13.7%)
Class 1 to Class 5	69 (39.4%)
Class 5 and above	15 (8.0%)
Type of School of Children (n=107)	
Madarsah	14 (11.5%)
Government School	52 (43.0%)
Private School	55 (42.4%)
Catchment Area	
Ruler	61 (34.9%)
Urban	114 (65.1%)
Type of Parental Marriage	
1 <sup>st</sup> Cousin Marriage	78 (44.6%)
Community System Marriage	52 (29.7%)
Nonrelative Marriage	36 (20.6%)
Reciprocal Marriage	9 (5.1%)
Parental Marriage Status	
Living Together	157 (89.7%)
Separated	5 (2.9%)
Divorced	8 (4.6%)
Single Parent	5 (2.9%)
Source of Referral	
Parents	118 (67.5%)
School Teachers	18 (10.3%)
Doctors	39 (22.3%)

**Table No.2: Comparison for frequency of sources of referral of child psychiatric cases between duration of disease**

Type of Referral	Duration of Disease		Total	P-Value
	6 to 10 Weeks n=99	>10 Weeks n=76		
Parents/ Family	57(57.6%)	61(80.3%)	118	0.002
School Teacher	13(13.1%)	5(6.6%)	18	0.15
Doctors	29(29.3%)	10(13.2%)	39	0.011

**DISCUSSION**

Mental wellbeing during childhood is defined by the accomplishment of advancement and enthusiastic breakthroughs, solid social improvement, and viable adapting abilities, such that rationally sound children have a good quality of life and perform well at domestic, school, and community level<sup>21</sup>. It is a common belief that children do not have psychiatric illnesses. In any case, childhood psychiatric disorders have been observed to be more common than anticipated within the general population. Pediatric

mental wellbeing issues expanded amid the 1990s, where every 1 in 10 children and adolescents was diagnosed with a mental illness that resulted in serious impairment of function.<sup>22</sup> When distinguished, out of five only one child with a mental disorder receives treatment for their mental illness.<sup>23,24</sup> Among children mental disorders are an important public health issue because of their prevalence, early age of onset, and the resulting influence on the patient, as well as their family and community. Child psychiatry is a subspecialty that has begun picking up impressive acknowledgment in Pakistan, but accessible facilities for children are constrained to big cities, which accounts for only 30% of the general population.<sup>25</sup> In the present study, the most affected age group observed was 8-10 years. The reason could be the child's exposure to a different environment at school and any resultant undesired altered behavior perceived as unusual by the mother. The male gender was significantly more affected than the female gender. Comparative results were found in a few studies.<sup>26,27</sup> Even though no clear-cut reason has been built up, however it is believed that male dominance may be due to psychological or biological factors. Furthermore, male children are given more attention and the parents note slightly unusual conduct earlier leading to timely reporting.<sup>28</sup> A study reporting statistics expressed the prevalence rate of impairing mental illnesses between 20-30% in children and adolescence going to urban health care centers whereas 13-18% reported cases in rural areas.<sup>29</sup> There were 65.14% children from urban and 34.86% were from rural areas. The literature proposes numerous risk factors in children for functional disability and psychiatric morbidity<sup>30</sup>. The unfavorable family condition has a foremost negative influence on children's mental wellbeing<sup>31</sup>. In our study 89.71% of the parents were living together, 2.86 isolated, 4.57% separated, 2.86 single parents and 75.43% were living in a joint family system. A few authors reported no significant difference in the prevalence rate by the sort of family<sup>32,33</sup> while in one study<sup>27</sup> nuclear families were found to have more cases. Psychopathological issues among children have a strong relation with maternal illiteracy, predominance being most elevated in offsprings of uneducated mothers. Education and awareness increase her understanding of any abnormality in the development or behavior of the child at an earlier stage when it is still manageable rather than at a later stage of established disease. In children, the rate of attention deficit hyperactivity disorder (ADHD) and Epilepsy was the commonest psychiatric problem found in our study. Our data is in accordance with other studies.<sup>18,34</sup> In the psychiatry clinics, one of the leading conditions reported is ADHD. In a study conducted in Pakistan, 34% of children were found to be diagnosed with ADHD whereas data f reported that 6- 9% of children are affected by this disease in India.<sup>35</sup>

Regarding sources of referral of child psychiatric issues in our study there were 10.29 % of children alluded by school instructors. In Pakistan rarely schools refer the children for evaluation directly, rather they ask parents to get the child assessed in case of any difficulties. It may be that most of the children are moreover not being referred because of lack of training of teachers in screening for child mental health difficulties. We have found 22.29% children were referred by doctors which is additionally low. Improvement of dynamic contact between the family physicians in general with child psychologists in specific as well as steps to promote awareness of psychological factors in the management of children and high psychiatric comorbidity with physical illnesses ailments are required. The same approach has been suggested in other studies from the country.<sup>2</sup> We have found that the foremost vital referral source is the parents (67.43%). This result is consistent with previous studies<sup>36,37</sup> and this indicates that children are devoid of necessary mental health services which cause parental psychological distress. Uncommon consideration ought to be given to parents. Particular programs may offer assistance to them and help alleviate parental psychological distress. The results of the study have to be seen in the context of various limitations. It was based in a hospital setting and data is from one hospital only thus results cannot be generalized. Furthermore, this data was collected on the primary visit and included the foremost likely diagnosis after team assessment. In some cases, diagnosis may have been reviewed when further information from numerous sources became available.

## CONCLUSION

Among the burdensome classes of diseases, Mental disorders are one of them. The reason being high prevalence, early-onset, long duration of disease, and serious impairing outcome. In children, the rate of attention deficit hyperactivity disorder (ADHD) and Epilepsy was the commonest psychiatric problem. To determine a better picture of childhood psychiatric problems community-based surveys are required. Training of parents, teachers, and family physicians is essential, so they can facilitate and play their role in timely recognition. Which can help in the earliest possible psychiatric consultation before deviance is developed.

### Author's Contribution:

Concept & Design of Study:	Hina Shaikh Jamil Junejo,
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Revisiting Critically:	Hina Shaikh, Jamil Junejo

Final Approval of version: Hina Shaikh

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

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