

Original Article

# Psychiatric Morbidity among Child and Adolescent Patients Attending Different Healthcare Settings in Northwest of Dhaka City

Md Jahangir Hossain<sup>1</sup>, Chayon Kumar Das<sup>2</sup>

<sup>1</sup>Professor; <sup>2</sup>Clinical Psychologist, Department of Psychiatry, Monno Medical College and Hospital, Manikganj, Bangladesh.

## Abstract

**Background:** A remarkable portion of the child and adolescents were reported suffering from many psychiatric morbidities. Sufferings of this age group have been observed, especially, in the northwest of the capital, including Manikganj. **Objectives:** This study was carried out to identify psychiatric disorders and correlates in children and adolescents in different clinical settings of Savar and Manikganj. **Methodology:** This was a descriptive cross-sectional survey among 319 child and adolescent patients, 1-17 years of age, attending five different healthcare settings of Savar and Manikganj. Data were collected from 1<sup>st</sup> January, 2022 to 31<sup>st</sup> December, 2022, by a Psychiatrist through face-to-face interview and using a semi-structured questionnaire. Ethical issues to conduct research with human subjects were strictly followed. **Results:** Among 319 participants, the majority were in the age range of >11 years (200, 62.70%), from rural area (205, 64.26%) with a monthly family income of 10,001-25,000 BDT (185, 58.00%). The most common psychiatric problems found were behavioural problem (83, 26.02%), followed by anxiety disorders (41, 12.85%) and intellectual disabilities (50, 15.67%). Parenting problem, family member abroad, familial disharmony, co-morbid disorder, positive family history, study related stress, bullying, death of father, impact of COVID-19, break of study, adjustment issues with sibling were found as risk factors. **Conclusions:** Majority of the participants had behavioural problem, followed by anxiety disorders and intellectual disability. The results of this study indicate necessity of multi-disciplinary approach to ensure family-based intervention in the treatment of child and adolescent psychiatric patients.

**Key Words:** Psychiatric morbidity, Child and adolescent patients, Psychiatric patients, Psychiatrist

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**Correspondence:** Md. Jahangir Hossain, Professor, Department of Psychiatry, Monno Medical College Hospital, Gilondo, Manikganj, Bangladesh. E-mail: [jhpsy2014@gmail.com](mailto:jhpsy2014@gmail.com), Cell: +880 1917-281728.

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## Introduction

Bangladesh is a country with 33% people under the age of 18 years.<sup>1</sup> Prevalence of mental health disorders among children in Bangladesh varies from 13.4% to 22.9%.<sup>2</sup> Latest national report by National Institute of Mental Health, Bangladesh depicts that neurodevelopmental disorders, anxiety disorders, disruptive, impulse control and conduct disorders, are the most common diseases in

this population.<sup>3</sup> Higher rate of depressive and anxiety symptoms were found commonly among school- and college-going students as well.<sup>4</sup> In addition, prevalence in girls was lower than boys. Both treatment gap and non-adherence was higher in children than the adults.<sup>3</sup> Above scenario demands both development of expertise in dealing child and adolescent patients and conducting

researches focusing this population. But one of the challenges in mental health system in Bangladesh is lack of trained mental health professionals.<sup>5</sup> To deal with this growing number of child and adolescent patients, there are currently only 260 Psychiatrists, 65 clinical Psychologists (who are trained to deal child patients).<sup>5,6</sup> There are also not a notable number of counselling Psychologists, school Psychologists, and occupational Therapists. This scarcity burdens the mental health professionals in this part of the world.

Additionally, there are limited researches about child and adolescent psychiatric patients in Bangladesh. Results of a such study reported that in the calendar year 1995, among the child patients attending Institute of Mental Health and Research, 32.5% were of childhood emotional disorder, 18.76% were of conduct disorder.<sup>7</sup> Another study conducted in the year of 1994, patients of dissociative disorder (hysteria), epilepsy were highest in Mitford Hospital.<sup>8</sup> In different studies around the world, parents, child and socio-environmental correlates are found.<sup>9</sup>

Unfortunately, very few studies were found in Bangladesh aimed to identify factors associated with psychiatric disorders among child and adolescent patients. Moreover, studies to understand mental health of child and adolescents of Bangladesh are confined largely to academic settings (schools, colleges). Very few studies from clinical settings have been reported. These studies have also been conducted in hospitals from big cities. So, the present study was conducted to identify types of child and adolescent patients seeking psychiatric service and its' correlates in northwest side of Dhaka, so that the study findings can help the policy makers to plan and ensure mental health service in this part of Bangladesh.

### **Methodology**

A descriptive cross-sectional survey was conducted to achieve the aim of this study. Data were collected from 1<sup>st</sup> January, 2022 to 31<sup>st</sup> December, 2022 in five different healthcare centres of Savar upazila and Manikganj district. Though patients of different age groups received services from these places, data of child and adolescents (aged between 1 to 17 years) were included in this study. Data were collected by a Psychiatrist through face-to-face interview using a semi-structured questionnaire which includes questions related to demographic information, diagnosis and correlates.

Age, sex, education, current residence, family monthly income, and referral information was noted as demographic information. Age, education, and family monthly income was collected as mentioned by the participants and then categorized. According to chief complaints of the patient party, the Psychiatrist confirmed the psychiatric diagnosis following Diagnostic Statistical Manual-5 (DSM-5). Data were analysed using SPSS-24.0. In addition, permission to collect data were taken from appropriate authorities of the respective organizations and participants. Ethical issues to conduct research with human participant was strictly followed.

### **Results**

Among the 319 participants, the majority of the participants were in the age of above 11 years (200, 62.70%), followed by 6-10 years (89, 27.90%) and 1-5 years (30, 9.40%). The majority of the participants were male (168, 52.7%). Regarding education, most of the participants had completed their education up to class IX to SSC (89, 27.90%), followed by up to class V (85, 26.65%). Majority of the participants (185, 58.00%) had a family monthly income between 10,001-25,000 Taka. More than half of the participants resided in rural areas (205, 64.26%). The most common referral source was self-referral (126, 39.50%), followed by primary care physicians (Palli Chikitschok) (120, 37.61%). (Table I)

The most common problem reported was behavioural problem (83, 26.02%), followed by intellectual disabilities (50, 15.67%) and anxiety disorders (41, 12.85%). (Table II) As correlates, parenting problem was the most common (74, 23.20%), followed by family member abroad (21, 6.58%), familial disharmony (18, 5.64%), co-morbid disorder (17, 5.33%), positive family history (13, 4.08%) and others among the child and adolescent patients. In addition, 15 (4.70%) participants had been identified with study related stress, history of bullying, death of father, impact of COVID-19, break of study, adjustment with sibling. (Table III)

**Table I : Socio-demographic characteristics of participants (n=319)**

Socio-demographic characteristics	Frequency	Percentage
<b>Age groups (years)</b>		
1-5	30	9.40
6-10	89	27.90
>11	200	62.70
<b>Sex</b>		
Male	168	52.67
Female	151	47.33
<b>Education</b>		
No formal Education	75	23.51
Up to Class-V	85	26.65
Class VI- Class VIII	70	21.94
Class IX- SSC	89	27.90
<b>Residence</b>		
Rural	205	64.26
Urban	114	35.74
<b>Family Monthly Income (Bangladesh Taka)</b>		
Up to 10,000	69	21.63
10,001-25,000	185	58.00
25,001-40,000	53	16.61
40,001-55,000	7	2.19
Above 55,000	5	1.57
<b>Referral</b>		
Self	126	39.50
Primary care (Palli chikitschok)	120	37.61
Graduate Doctors	31	9.72
Others (Hospital staffs, Imam, Previous patients, Local member, Relative)	42	13.17

**Table II. Prevalence of psychiatric disorders (n=319)**

Diagnosis	Frequency	Percentage
Major Depressive Disorder	21	6.58
Anxiety Disorder	41	12.85
Conversion Disorder	13	4.08
Conduct Disorder	33	10.35
Substance related Disorder	9	2.82
Intellectual Disability	50	15.67
Migraine	27	8.46
Bipolar Mood Disorder	10	3.13
Schizophrenia	6	1.88
Epilepsy	18	5.64
Behavioural Problem	83	26.02
Others (Acute stress Disorder, Parasomnia, Nocturnal Enuresis, Extrapyrimal Symptoms, Obsessive Compulsive Disorder)	8	2.51
<b>Total</b>	<b>319</b>	<b>100.00</b>

**Table III: Correlates of psychiatric problems among child and adolescent patients**

Factors	Frequency	Percentage
Parenting problem	74	23.20
Family member abroad	21	6.58
Family history positive	13	4.08
Familial disharmony	18	5.64
Co-morbid disorder	17	5.33
Others (study related stress, bullying, death of father, impact of COVID-19, break of study, adjustment with sibling)	15	4.70
Not found in first interview	161	50.47
<b>Total</b>	<b>319</b>	<b>100.00</b>

### Discussion

This study was the first known attempt to identify types of children and adolescent patient attending different clinical settings to receive psychiatric service in Savar and Manikganj area. Majority (200, 62.70%) of the patients who received the service were in the age range of more than 11 years, in contrast to the study of Child Developmental Centre (CDC) where majority (55.0%) were in the age range of 0-5 years.<sup>10</sup> In another study conducted in paediatric outpatient departments of tertiary care hospitals, majority (70.8%) were in the age of 5-10 years.<sup>11</sup> This difference fortifies the necessity of Multi-Disciplinary Team (MDT) approach in the treatment of child psychiatric patients. Stigma, inability to identify problems can also be a reason of avoiding treatment seeking behaviour at earlier stage, as most of the participants were from rural area and family income in the range of 25,000 BDT.

Behavioural problem was found as the most common psychiatric problem among child and adolescent psychiatric patients in Northwest side of Dhaka City. This result is in congruence with a study of paediatric outpatient department of a tertiary care hospital in which behavioural disorders were found as the common psychiatric disorder.<sup>11</sup> In the nationwide survey of National Institute of Mental Health, prevalence of Neurodevelopmental disorder was found to be the highest (5.9%). Intellectual disability, which is a neurodevelopmental disorder, was found as the second common disorder (50, 15.67%) in this part of Bangladesh. Anxiety disorders (41, 12.85%) and conduct disorder (33, 10.35%) were also found in the current study.

These findings were similar with the data reported in the provisional fact sheet by National Mental Health survey under the Southeast Asia Region of World Health Organization.<sup>3</sup> Family member living abroad (21, 6.58%) was a new correlate found in this study. Same factor was also identified as a stressor in a study of Generalized Anxiety Disorder patients with participants from same region.<sup>12</sup> Biological theory is also supported by this study, as genetic disposition and co-morbid disorder were mentioned as correlates in a review by Buchsbaum and Haier.<sup>13</sup>

No correlates were found in 161 (50.47%) of the participants in the first interview. Because of the time limit, further investigation was not possible. Apart from this limitation, this study has investigated child and adolescent patients in a rarely studied setting in rarely studied geographical area of Bangladesh, which uncovered the necessity of mental health related awareness program, development of expertise and necessity of multidisciplinary professionals to treat child and adolescent patients in other cities of Bangladesh.

Majority of the study subjects had behavioural problem, followed by intellectual disability and anxiety disorders. Future studies can be planned to overcome the limitations of the study. Early identification and intervention, including awareness program, are important for this age group for quick recovery.

**Conflict of interest:** None mentioned.

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