

The Pattern of Psychiatric Disturbance amongst Residential School Children : A Preliminary Report

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Abstract

Pattern of psychiatric disturbance in a homogenous group of 353 boys between the ages of 10 to 16 years in a residential school was studied. Nine teachers rated the children utilizing Children Behaviour Questionnaire of Rutter. The result showed significantly high occurrence of poor academic performance and high morbidity rates in the eleven and twelve year olds. The overall prevalence rate of Psychiatric disturbance was 25%.

Key words -

**Psychiatric Disturbance,
Residential,
School children,
Cross sectional,
Epidemiological survey**

The western studies report prevalence rates of psychiatric disturbances among children which range from 5% - 20% [1], [2], [3], [4], [5]. Minde [6] reported a prevalence rate of 24% for urban and 10.5% for rural children in Uganda. The studies in India have been scanty. Rao [7] studied a group of 13-16 yr. olds and reported 9% prevalence rate while John [8] reported 15% rate in a group of 10-12 year old urban school children. Vardhini [9] reported 10.6% in a group of 6-12 year old rural school children.

The present study focuses on psychiatric disturbance in a residential school population. The population studied is characterized by the fact that the teacher and the taught live in a close knit community. Teachers are reported to be reliable informants [10], particularly those who deal with primary school children. The close contact with children thus would eliminate the need for cross checking the parent or directly with the child. However, with adolescents direct interviewing is deemed necessary as the other sources may not be able to obtain the information unless they have the confidence of the youngsters.

Aim

To study the pattern of psychiatric disturbance in a residential school.

Method

Teachers ratings of 353 boys were obtained using Children's Behaviour Questionnaire [11] for completion by Teachers. A translated version in Kannada used earlier [9] was employed. 88% of the children were Hindus belonging to middle and upper middle class who were living in a fee paying residential school. The age range was between 10 and 16 yrs. 82% belonged to nuclear families. Nine teachers rated the questionnaires. These teachers had earlier been sensitized to mental health problems of children through an orientation course.

As per Rutter [11] each of the rated behaviour was assigned a score of 0 if the rater checked "does not apply", 1 "if applies sometimes" was checked and 2 if "frequently applies" was checked.

Results and Discussion

The results will be discussed under two headings.

- a. Pattern of psychiatric disturbance.
- b. Teachers report on child's performance.

(a).Pattern of psychiatric disturbance

i) Pattern of presentation of symptoms : Twenty six symptoms on the Rutter B scale were rated by the teachers. Most frequently presented symptoms are irritable (71%), telling lies (65%), fearful and fussy (40%) each and aloof and withdrawn (39%). These symptoms appear to be too widely prevalent to be considered pathological. Similar trends were seen in studies by John [8] and Vardhini [9]. However these may vary in different age groups. "Telling lies" has been reported by both the above mentioned investigators as it has been in the present study.

Restlessness has often been reported to be in a sample of younger children while in the present sample of older children irritability is a frequently encountered symptom.

Symptoms such as speech problems (5%) and wetting or soiling (7%) and somatic symptoms (18%) could be identified with ease and intervention could be planned for them.

It is to be noted that the Rutter B scale has made no provision for identifying commonly prevalent hysterical symptoms such as fainting spells, possession states and functional fits.

ii) Analysis of pattern of psychiatric disturbance : The mean scores, standard deviations and proportion of children considered to be disturbed in different age groups are given below.

The Table I shows marked disturbance in the 11 and 12 year olds, with reference to means as well as to [1], [2], [3], [4], [5], [6]. Vardhini [9] reports higher rates for 8 year olds when compared to others in the 5-10 yrs age range. In the older age groups having less psychiatric disturbance or due to relying solely on adult's reports. Rutter [10] has reported that disturbances amongst adolescents may go unnoticed by parents and teachers and can only be detected by interviewing the youngster.

Table I - Pattern of psychiatric disturbance on Proforma B (Proportion test employed for each group of those who score above and below the cut off point)

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(b)Teacher's report on child's performance

Teacher's report on the items which refer to the academic performance, attendance, general behaviour, reading and writing difficulties and certain other abnormal characteristics.

Table II a. shows that there is a significantly large number of 11, 12 & 13 year olds who show poorer academic performance when compared to the older children.

When the drop in performances over the past one year is considered, 12 and 13 years olds again show a significant drop when compared to others.

The 11 & 12 year olds have significantly more reading and writing problems. The 10 year olds do not have those problems.

Table II a - School Performance

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df: 6

$$X^2 = 12.62$$

$$P < .05$$

(Separate analysis of different age groups showed that the 13 year olds age below that age group significant drop in performance $X^2 = 4.48$ $P < .05$)

Table II b - Change in School Performance: (N: 353) Number and percentage of students showing poorer performance since 1 year in the different age groups

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(df = 6)

$$X^2 = 82.61$$

$$< .001$$

(Separate analysis indicated between ages of 12 & 13 group significant drop occurred = $X^2 = 69.94$ (df 1) $< .001$) when Fishers Probability Test was employed).

Table II c - Problems manifested in writing and reading in different age groups (df: 6)

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(Separate analysis indicated that in problems of writing as well reading, 11 and 12 year olds have significantly more problems than the older children)

Thus a large proportion of children with disturbance in the 11 and 12 year old age groups also show poor academic performance, drop in performance in the past one year and reading and writing difficulties. The 13 year olds have comparatively small percentage (11%) of disturbed children as compared to 11 and 12 years olds (39% and 29%) respectively. Though they do not have reading and writing difficulties, they have scholastic difficulties and in addition a high percentage of them show drop in performance over the past one year. It could be speculated that psychiatric disturbance precedes academic difficulties. It is interesting to note that academic difficulties persist even when psychiatric disturbance becomes less frequent. This may be residual effects of poor performance

between the ages of 11 and 12.

To sum up, the 10, 14, 15 and 16 year olds have neither academic problems nor higher rates of psychiatric problems; the 11 and 12 year olds have both while 13 year olds appear to have some academic difficulties. Following explanations may be offered in view of the limitations of a cross sectional study such as the present one :

- i) Psychiatric disturbance may be an age related phenomenon showing peaks at certain developmental stress points.
- ii) Academic problems may be related to psychiatric disturbance.
- iii) Longitudinal follow up of the population studied cross sectionally may provide conclusive evidence for the above speculations.

Conclusions

- (1) Significantly greater extent of psychiatric disturbance was found in 11 and 12 year olds.
- (2) Significantly poor academic performance was found in the children between 11 and 13 years of age.
- (3) Longitudinal follow up of children seen cross sectionally would be required for determining as to whether psychiatric disturbance is age related and whether academic problems are secondary to psychiatric disturbance.

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