

DIAGNOSTIC CHARACTERISTICS OF CHILD PSYCHIATRIC SERVICE UTILIZERS

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Sex, age and diagnostic characteristics of a consecutive series of first contact children seen over a period of one year at a psychiatric center was analyzed. Most of the referrals were for male adolescents. "No diagnosis on Axis I" was quite common, especially in the younger age group; most of them had mental retardation. "Hysteria" was uncommon, and this was the only category which was slightly more common in girls. Manic depressive psychosis was the most common disorder among adolescents.

INTRODUCTION

The decision for consultation is a complex process involving the patient, the environment as well as institutional factors. The recognition of psychiatric problems in children by adults is important as it is they who determine whether, and where consultation / treatment will be sought. The Indian Council of Medical Research conducted a "Collaborative study on pattern of child and adolescent psychiatric disorders" from March 1981 to September 1983, at Bangalore, Lucknow, New Delhi and Waltair (ICMR, 1984). Out of these four centers only the Waltair center can be considered as representing a mental hospital setting, and the findings from this center were in several ways different from the other three centers. The present paper reports on the age, sex, and diagnostic characteristics of all children utilizing consultation/treatment services at a psychiatric teaching center in a mental hospital setting over a period of one year.

MATERIAL AND METHOD

The study was conducted at the child psychiatric unit of Central Institute of Psychiatry, Ranchi. All cases registered between 1 April 1990 and 31 March 1991 were included in the study. Diagnosis were obtained from the individual case record files. The diagnosis were based on ICD-9 and reflected the opinion of the senior resident and / or consultant. The multi-axial classification for child and adolescent psychiatric disorders (Rutter et al, 1975) was used. However for the purpose of analysis, Axis V was not taken into consideration.

RESULTS

There were 251 first consultations during the study period of whom 28 children were referred only for investigation (e.g. EEG) and thus were excluded from the study. There was a male preponderance in

the study sample (148 males and 74 females). More than half (53%) of them were adolescents (12-16 years). The pattern of diagnoses (Axis I to IV) are shown in the Table.

Table
Pattern of diagnoses (Axis I to IV) among the two sexes and three age groups.

Diagnosis (ICD-9 codes in parentheses)	Total (n=222)	Boys (n=148)	Girls (n=74)	0-5 (n=38)	6-11 (n=66)	12-16 (n=118)
Organic states (292,293,294,310)	9	4	5	2	2	5
Schizophrenia (296)	2	2	-	-	-	2
Manic depressive psychosis (296)	32	21	11	-	2	30
Other non organic psychosis (298)	18	10	8	-	-	18
Psychoses with origin specific to children (299)	12	7	5	3	6	3
Conduct disorder (312)	11	8	3	1	6	4
Hysteria (300.1)	6	3	5	-	2	6
Emotional disorders including neurotic disorder other than hysteria (313,300 all categories except 300.1)	16	12	4	-	1	15
Hyperkinetic syndrome (314)	30	23	7	7	19	4
Sleep disorder (307.4)	2	2	-	-	-	2
No diagnosis on Axis	82	56	26	25	28	29
Specific delay in development (315)	11	9	2	2	4	5
Mental retardation (317-319)	89	60	29	20	39	30
Seizure disorder	46	30	16	12	17	17
Other physical disorders	19	11	8	8	1	10

Analysis of sex ratio of axis I diagnoses revealed only hysteria (1.7:1) to be more common in girls. Manic depressive psychosis was the most common diagnosis (14.4%). Hyperkinetic disorder (3:1), conduct disorder (2.7:1), manic depressive psychosis (1.9:1), emotional disorders including neurotic disorders (1.7:1), specific delays in development (4.5:1), mental retardation (2.2:1), seizure disorders (1.9:1), and 'no diagnosis on axis I' (2.2:1) were all more common in boys than girls.

Age wise analysis showed that 66% of cases in the 0 to 5 years age group had no diagnosis on Axis I, 18% had hyperkinetic syndrome, 8% had psychoses with onset specific to childhood, 5% had organic states and 3% had conduct disorder. In the 6 to 11 years age group, 42% had no diagnosis on axis I, 29% had hyperkinetic syndrome and 9% each had psychoses with onset specific to childhood and conduct disorder. In the 12 to 16 years group, 25% had no diagnosis on axis I, 25% had manic depressive psychosis, 18% had emotional disorders including neurotic disorders, and 15% had other non organic psychosis.

Nearly all (94%) cases with manic depressive psychosis and 88% of the emotional disorders including neurotic disorder belonged to the 12 to 16 years age group. 63% of all hyperkinetic syndromes, 55% of all conduct disorders and the majority of cases with specific delays in development, mental retardation and seizure disorders were seen in the 6 to 11 years age group.

DISCUSSION

Similar to the ICMR multicentric study, there was a significant male preponderance (M:F ratio of 2:1) in the present study also. Most psychiatric disorders of childhood are reported to be commoner in boys. However, boys tend to be referred for psychiatric consultation much more readily than girls even when psychopathology is similar (Wolff, 1967).

Western studies generally suggest that younger children are more likely to be referred for mental health services. However, over half of our referrals were in the age group 12-16 years. In the ICMR multicentric study 55% were in the 12-16 years age group, although this age group accounted for 80% of the referrals in the Waltair center. Jensen et al (1990) suggested that parental inexperience may result in the selective referral of younger and first born children leading to their over representation in

the clinical population. In our culture, the potential effect of parental inexperience may easily be overcome by significant others living in joint or extended family systems. The marked increase in referral rate for adolescents may be related to the fact that they more often have disorders that resemble adult psychiatric disorders (Kolvin et al, 1971). As a result, adults may see mental hospitals as a more appropriate place for referral of cases with such problems as compared to those with emotional / behavioral problems.

There was a large discrepancy in the frequency of childhood hysteria between our study and the findings of the ICMR study. While 23% of children in the ICMR study were diagnosed as having hysterical neurosis, less than 4% of our cases were so diagnosed. This may at least partially be due to changes in the diagnostic practices over the last decade.

In our sample 40% had a diagnosis of mental retardation. The heavy attendance of cases with mental retardation and relative absence of clients with behavioral disorders at the child guidance clinics in the Indian setting has been repeatedly pointed out (Prabhu, 1987). The relative absence of behavior disorders in childhood in the clinics is thought to reflect an inability in the general population to recognize deviance among children as well as the comparative stability of the Indian family. Hospital statistics show that psychiatric help is sought only for a few conditions such as mental deficiency and psychiatric changes (Verghese & Baig, 1974). The over representation of cases with mental retardation may partly be due to a paucity of specialized services for such children.

Twenty nine percent of our sample had a diagnosis of Axis IV in contrast to 17% in the ICMR study, with seizure disorder being the commonest diagnoses. This difference may be due to the exclusion of cases with severe mental retardation from the ICMR study. Severe mental retardation is more likely to be associated with a physical disorder in particular. Age wise comparison revealed 'no diagnosis on Axis I' to be most common in the 0-5 age group. The most common diagnosis in the 6-11 age group were hyperkinetic syndrome and conduct disorder. All adult type psychiatric disorders were common in the 12-16 age group.

To conclude, we find broad similarities between this study and those reported in the ICMR clinic based multicentric collaborative study. Clinicians

and health care planners need to focus attention on factors that best predict child psychiatric service utilization. Attempts to understand the felt treatment needs of the population constitutes an important area for research.

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