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Why do adolescents visit psychiatric outpatient department?

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Abstract

More and more adolescents are seeking psychiatric help. In U.S. today, one in ten children(10-19 yrs) suffer from mental disorders leading to impairment. Psychiatric morbidity among adolescents in other countries has been reported between 10-40%. There are not many Indian studies describing statistics on this. The present study was conducted to evaluate sociodemographic and diagnostic profile of adolescents retrospectively attending the psychiatric outpatient department of a government run tertiary care hospital as well as to study stressors reported by them at the time of evaluation. Adolescent patients between 13 to 19 yrs were included in the study. Data was obtained from the outpatient department (OPD) case papers of these patients during the course of 1year. In our study, there were 516 adolescent patients attending psychiatry OPD with 328 patients being females and 188 males. More number of females were married as compared to males. 65.11% patients were students while 48.64% patients were secondary school educated. Conversion disorder was the commonest diagnosis. Psychotic disorders were second commonest diagnosis followed by depression and anxiety disorders. Exam related stress was the commonest stressors observed, followed by interpersonal stress and family conflict. Early diagnosis and treatment would definitely help in timely intervention which would thus improve the quality of life of adolescent patients. Identifying risk factors in the form of stressors would help in primary and secondary prevention.

Keywords: Adolescent, Psychiatric, Mental health.

Introduction

Adolescence is a period of physical, psychological, emotional and personality change, which can lead to stress, emotional and behavioral problems. Piaget described adolescence as a time where egocentric thoughts decrease and child starts having thoughts with more of abstract form. Thus making the individual to think and reason logically. According to WHO, adolescent is defined as young person aged 10 to 19 yrs. Presently, there are 1.2 billion adolescents, a fifth of world population with four out of five living in developing group of 10-19 years.[(1)]

Youth with better mental health are physically healthier, demonstrate more socially positive behaviors and engage in fewer risky behaviors.[(2)]Conversely, youth with mental health problems, such as depression, are more likely to engage in health risk behaviors.[(3)] Furthermore, youths' mental health problems pose a significant financial and social burden on families and society in terms of distress, cost of treatment, and disability.[(4-6)]

Adolescence is a phase of increasing parent / child conflict. There may be different sources of dispute all of which arise during the growing need for independence. "The five engines that drive independence separation, expansion, differentiation, opposition, responsibility creates a different source of dispute. One major challenge is that children and adolescent mental health needs often go undetected. There is reluctance to diagnose mental disorder in adolescents which may be from fears of labeling and stigmatizing young people by identifying them as psychiatric patients. Children and adolescents heavily depend on family for their needs. They may not appreciate or may not be able to express psychological distress. The stressors then take a huge toll upon the mental health of the patient and they may even somatize their symptoms.

In a country like India, where visiting a psychiatrist is considered as a last resort and also kept under wraps with even close family n friends unaware, it becomes very difficult for an adolescent to approach a mental health practioner. Other reasons like ignorance, myths and misconceptions regarding mental illness makes it difficult for an adolescent to approach a mental health professional. There is rise in psychiatric problems which may be due to: Urbanization and life style changes, increased competitive environment, increased parental interference, influence of social networking sites and mass media.

According to studies done previously, commonest disorders diagnosed in children and adolescents as per Malhotra et al[(7)] were: → Mental retardation (18.4%-33.2%); Neurotic and stress related disorders (16.4%-18.5%); Epilepsy, organic brain disorder (7.1%-15.1%); Hyperkinetic and conduct disorders (8.3%-17.9%).The most common diagnosis according to study done by Tanvir Kaur Sidhu[(8)] was Mood (affective) disorders followed by neurotic, stress-related and somatoform disorders. Next was mental retardation followed by schizophrenia and delusional disorders. Most common diagnosis among males was neurotic, stress related and among females was mood disorders.

As per study by Spencer J and Thomas J[(9)] on 'Psychiatric diagnostic profiles in hospitalized adolescent and adult Navajo Indians', the major

discharge diagnoses for adolescents were as follows: adjustment reaction, mixed, and depression, not otherwise specified (NOS), with females accounting for two-thirds of either diagnosis; schizophrenia, with males accounting for 68% of all diagnoses, and personality disorder, NOS, with no gender differences.

HU Wittchen[10] in his study on "Prevalence of mental disorders and psychosocial impairments in adolescents and young adults" found that substance use disorders were the most common diagnosis followed by depressive disorders and anxiety disorders. However, prevalence of disorders was equally high for males and females. It has been found that mental and psychiatric services for children and adolescent lag behind those for adults in developing countries. There are about 20 specialized child and adolescent psychiatry clinics in India.[11-13]

There are not many Indian studies on diagnostic profile of adolescents attending psychiatric outpatient department in a tertiary care centre. It is important to diagnose psychiatric disorders in adolescents to start treatment at the earliest. This will improve prognosis, treatment response, and it will decrease the duration of illness. More importantly with early diagnosis, we can provide patient with a disease free healthy life during their growing up years.

Aims and Objectives

1. To study socio-demographic profile of adolescents attending the psychiatric outpatient department in a tertiary care centre
2. To study diagnostic profile of these adolescent patients
3. To study stressors reported by them at the time of evaluation

Material and Method

Adolescent patients between 13 to 19 yrs were included in the study. Children of 10 – 12 yrs were not included as they were assessed under separate child guidance clinic. Data was obtained from OPD case papers of these patients during year January 2011 to December 2011. Data regarding socio-demographic profile, diagnosis, stressors, treatment advised was collected and tabulated. Frequency distribution tables were made. Chi square test and Fisher's exact test were used for statistical analysis.

Results

Socio-demographic profile: 516 adolescent patients attended the Psychiatric OPD in the year 2011. Out of these 516 patients, 188 were males while 328 were females. 85.46% adolescent patients were unmarried, of the married patients most were females as compared to males. 336 (65.11%) adolescents were students i.e. studying, 65 (12.60%) adolescents were working while 115 (22.29%) adolescents were neither studying nor working. 251 (48.64%) adolescents were secondary school educated (Table 1).

Table 1: Sociodemographic profile

Sociodemographic Profile		Male	Female	
Gender		188	328	
Marital Status	Married	10	65	$\chi 2$= 20.2206 (P<0.00001)
	Unmarried	178	263	
Education	Primary School	25	0	$\chi 2$= 49.1787 (P<0.00001)
	Middle School	30	56	
	High School	74	177	
	Above 10th STD	59	95	
Occupation	Student	138	198	$\chi 2$= 42.839 (P<0.00001)
	Working	0	65	
	Not Working	50	65	

Diagnostic profile: On assessing the diagnostic profile, we found conversion disorder to be the commonest diagnosis. It was seen significantly more in females as compared to males. Psychotic disorders were the second commonest diagnosis followed by depression and anxiety disorders. However psychotic disorders were seen more in males as compared to females (Table 2).

Table 2: Diagnostic profile

Diagnosis	Male	Female	Total
Conversion disorder	10	120	130
Psychotic disorders	79	25	104
Depression	25	52	77
Anxiety	26	50	76
DSH	23	30	53
Academic Problem	0	26	26
MR with behavior abnormalities	25	0	25
Nil Active Psychiatry	0	25	25

Stressors experienced: In 256 records stressors experienced by patients were mentioned, exam related stress being the most common accounting for 49.22 % of all the stressors followed by interpersonal stress and family conflict (Fig. 1).

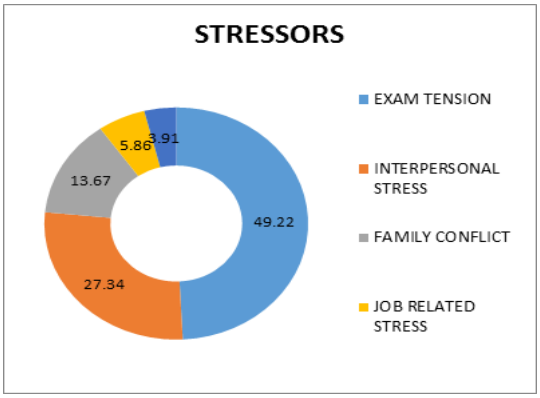

Fig. 1: Stressors experienced

Discussion

Adolescence from Latin 'adolescere' meaning "to grow up" is a transitional stage of physical and psychological human development. The transitional period from childhood to adolescence can bring up issues of independence and self-identity. Adolescents are caught between academics, peer pressure, body image, increasing sexuality and substance abuse. Thus adolescence is a crucial time for staying healthy physically and mentally. Any stressors during this phase can make one prone to mental illness.

In the present study, there were 516 adolescent patients attending the Psychiatric OPD in the year January 2011 to December 2011. In our study, the maximum number of patients were females 328 out of 516, similar findings were seen in the study[(14)] among 100 paediatric patients at BPKIHS, Dharan with the predominant age group being 13-18 years(79%) and the majority being female(53%).

In our society females are married at an early age which is seen in the finding in our study that more no. of females were married as compared to males. However most patients being in adolescent age group were unmarried. (441 patients i.e. 85.46% patients). Being married might contribute as a burden for adolescents to cope up with early responsibilities, psychosexual conflicts, adjustment problems and thus contribute as a risk factor in development or aggravation of the mental disorder. As expected in the adolescent age group 65.11% were students. Surprisingly more females were employed than males amongst the 12.60% working adolescents. 4.84% adolescents were primary school educated, 16.68% patients studied upto middle school. Majorly i.e. 48.64% patients were secondary school educated while around 29.84% patients had studied beyond 10th standard.

The patients came with complaints of unresponsive spell, altered behavior in the form of abusive, aggressive, assaultive, and increased irritability, alleged history of slashing wrist or consumption of rattol/phenol poison, history of poor school performance, anxiety and sadness of mood, etc. Based on these, diagnosis was made according to DSM IV TR wherein conversion disorder was the commonest diagnosis. It is seen more in females as compared to males and difference between them was statistically significant. Similarly in a study done by Dr. Risal A et al[(15)] the commonest diagnosis was conversion disorder (66.7%).

Studies from developed countries show that Conversion Disorders (CD) are uncommon in children and adolescents.[(16-17)] However, this is in contrast to studies from India.[(18-21)] In India, high occurrence of conversion disorder has been reported in young adults, from poor low-income, joint families, and significantly higher in females.[(22)] Physical symptoms have been called a form of body language for adolescents who have difficulty expressing verbally. According to learning theory, an adolescent may quickly learn the benefits of assuming the sick role and may be become reluctant to give away the symptoms. Increased parental attention and avoidance of unpleasant school pressures may only further reinforce the symptoms. Psychotic disorders were 2nd commonest diagnosis followed by depression and anxiety disorders. Psychotic disorders were seen more in males as compared to females.

It is noteworthy that 311 patients were brought within a month of onset of illness: the commonest diagnosis is conversion disorder which usually comes in emergency setting. Patients with psychotic disorders having more of behavioral problem are brought within a short span. Deliberate self-harm also brings patients in an emergency setting. All these patients can account for shorter duration of illness. The shorter the duration of illness the earlier is the treatment instituted and that may improve prognosis in our patients.

According to study by Maan CG et al(23), Psychiatric diagnosis was found to be maximum in Dissociative disorder (212 or 24.1%) followed by depression (103 or 11.7% respectively). Majority of the females had a diagnosis of dissociative disorder (170 or 33.4%) followed by depression (69 or 10.03% respectively) whereas among males most (57 or 15.4%) had a diagnosis of mental retardation followed by depression (52 or 14.1% respectively). Adolescence has been described by Stanley Hall as "the period of storm and stress".[(24)] Adolescents experience a myriad of different stressors. The stressors can be moving to a new home or school, academic stress (scholastic pressure and competitive pressure), family problems (alcohol dependency in family member), body image and sexuality conflicts, relationship with parents, siblings, and friends and also future role and ideological conflicts.

In our study, in 256 records stressors experienced by patients were mentioned. Exam related stress was the most common accounting for 49.22% of all the stressors followed by interpersonal stress and family conflict. A survey[(25)] titled 'Depression among adolescents in Taipei Area (2004)' was conducted with a purpose to identify the sources of stress among

adolescents. The result of the study in terms of stress sources were, 56.7 percent of them considered that their depression comes from school stress, 50.9 percent thought that their depression is caused by interpersonal relations, and 45.6 percent attributed their depression to academic stress. The survey concluded that school is the main sources of stress for adolescents and stress is one of the important factors causing depression.

From the diagnostic profile, it becomes clear that we need to focus on the level of stress experienced by adolescents in form of exam tension, interpersonal stress and family conflict. It is important to teach appropriate coping mechanisms to adolescents so that disorders like conversion disorders are prevented. Early detection of psychosis and early initiation of treatment help in improving the quality of life in psychotic patients. Hence any behavioral abnormalities in adolescents should not be neglected. Mental health professionals should take an initiation to increase awareness of psychiatric disorders in adolescents in community.

Limitation

This is not a population based study. We had to exclude children from 10 to 12 year as they were evaluated in child guidance clinic. As this study was compiled with a limited sample pool (516) mainly in an OPD basis of a tertiary care hospital, selection bias might have been a critical issue and the results of this study cannot be generalized. Retrospective analysis of clinical records may have led to less than perfect data gathering.

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