Original Research Article

Assessment of psychological problems in school going adolescents from schools of Urban area

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Abstract

Background: Adolescence is a transition phase from childhood to adulthood, which is marked by several biological, cognitive, and psychosocial changes. Depression and anxiety are the most common mental health problems among adolescents. In present study we assessed psychological problems in school-going adolescents from schools of Urban area. **Material and Methods:** Present study was a descriptive cross-sectional study conducted in 4 public schools (total 500 students from class 9-12). Data was collected by a pretested, self-administered questionnaire containing socio-demographic information, questions regarding family and school related factors and modified Strengths and Difficulties Questionnaire (SDQ). **Results:** In present study. 500 students from class 9-12 from 4 different public schools were studied and data was collected by a self-administered questionnaire. In present study most of students were from 16-18 years age group (57.8 %), were boys (52.6 %), from upper middle class (44.2 %), nuclear family (72.2 %), living with family (78.67 %), staying with parents (76.2 %), family size up to five member (91.4 %) and both parent live and staying together (84.2 %). In students with abnormal SDQ score, statistically significant difference was noted for 16-18 years age group, girls, nuclear family, students living with other than parents, family size up to five member and students with parents as separated/divorced, widow, widower, both not live. Total difficulties score was normal (80.4 %), borderline (11.6 %) and abnormal (8 %). In all domains such as emotional problems, conduct problems, hyperactivity, peer problems and pro-social behaviour a statistically significant difference was noted for girls as compared to boys ($p<0.05$) **Conclusion:** Psychological problems are fairly common in the adolescent age group. Adolescents having mental health problems and disorders, need to have access to timely, integrated, multi-disciplinary mental health services to ensure effective assessment, treatment, and support.

Keywords: psychological problems, school going adolescents, SDQ, Depression , anxiety

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INTRODUCTION

Adolescence is a transition phase from childhood to adulthood, which is marked by several biological, cognitive, and psychosocial changes. From neurobiological perspective also adolescents can be viewed as "works in progress," with academic, interpersonal, and emotional challenges, and exploring new territories using their talents, and experimenting with social identities.[1] During this transition between childhood to adulthood, adolescents often face a number of crises and dilemmas; lack of adequate care and attention poses the risk of developing various
psychosocial problems with long standing impact and major impact on their psychosocial adjustment and academic performance in school.[2] Psychosocial problems, such as behavioural, emotional, and educational problems are highly prevalent among children and adolescents.[3] Adolescents are vulnerable to psychosocial dysfunction

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when they suffer from physical injuries, psychological trauma, or major changes in their environments especially in the absent of strong support system.[4] Depression and anxiety are the most common mental health problems among adolescents.[5,6] Between 20% and 50% of adolescents' self-report depressive symptoms with significant and regular co-occurrence of the anxiety symptoms.[7] Poor awareness about the symptoms of psychiatric disorders, myths, and stigma related to it, the lack of knowledge of treatment availability and benefits from treatment compound the problem. In present study we assessed psychological problems in school-going adolescents from schools of Urban area.

MATERIAL AND METHODS

Present study was a descriptive cross-sectional study and non-probability purposive sampling technique was adopted for the study. The study was conducted under Department of Psychiatry, Mahadevappa Rampure Medical College, India. Study duration was of 2 years. Study was approved by institutional ethical committee. We selected 4 public schools (total 500 students from class 9-12) purposively, as they represent adolescents from low socio-economic group among whom psychosocial problem is thought to be common. Formal permission was obtained from the selected schools. The purpose of the study was explained and an informed written consent was taken from each respondent. The respondents were given full authority to withdraw their participation without any fear or clarification at any time during the investigation. Confidentiality had maintained throughout the study.

Data was collected by a pretested, self-administered questionnaire (divided in three parts).

1. Part I related to socio-demographic information,
2. part II consisted of questions regarding family and school related factors and
3. part III was questionnaire consisted of modified Strengths and Difficulties Questionnaire (SDQ).

Strengths and Difficulties Questionnaire (SDQ) is used to assess the mental health status of the students.[8] The SDQ is a screening instrument for the children aged 3–17 years, which surveys their mental health symptoms and positive attitudes. SDQ is widespread used as a brief psychiatric screening of children and adolescents.

SDQ measures positive or negative behavioural attributes using 25 items focused on the following dimensions: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and pro-social behaviour. SDQ scale items are rated on a 3-point scale: 'not true', 'somewhat true' or 'certainly true'. The sum of the first four problem areas generate a total difficulties score ranging from 0 to 40, which is further categorised as normal (score≤15) and high (borderline (16–19) and abnormal (20–40)). Children with high SDQ scores (16–40) are likely to have greater rates of existing mental disorders compared with their cohorts with 'low' SDQ scores. Collected data was checked, reviewed, organized daily for completeness and accuracy. Data was analyzed in SPSS version 23. Descriptive statistics (i.e., frequency, percentage, mean and standard deviation) was used to describe the findings and inferential statistics (chi-square test and odds ratio) were computed to see the association between variables. The result was considered significant at 95% confidence interval with p value ≤ 0.05.

RESULTS

In present study. 500 students from class 9-12 from 4 different public schools were studied and data was collected by a self-administered questionnaire. In present study most of students were from 16-18 years age group (57.8 %), were boys (52.6 %), from upper middle class (44.2 %), nuclear family (72.2 %), living with family (78.67 %), staying with parents (76.2 %), family size up to five member (91.4 %) and both parent live and staying together (84.2 %). In students with abnormal SDQ score, statistically significant difference was noted for 16-18 years age group, girls, nuclear family, students living with other than parents, family size up to five member and students with parents as separated/divorced, widow, widower, both not live.

Table 1: Socio-demographic Characteristics

Socio-demographic data	No. of students (n=500) (%)	No. of students with abnormal SDQ score (n=40) (%)	P value
Age group (years)			0.026
13-15	211 (42.2 %)	14 (35 %)	
16-18	289 (57.8 %)	26 (65 %)	
Gender			0.026
Boys	263 (52.6 %)	14 (35 %)	
Girls	237 (47.4 %)	26 (65 %)	
Academic Class			0
9th	120 (24 %)	5 (12.5 %)	

10th	120 (24 %)	9 (22.5 %)	
11th	130 (26 %)	12 (30 %)	
12th	130 (26 %)	14 (35 %)	
Socioeconomic status			0.41
Upper middle	221 (44.2 %)	16 (40 %)	
Lower middle	218 (43.6 %)	13 (32.5 %)	
Upper lower	61 (12.2 %)	11 (27.5 %)	
Type of family			0.022
Nuclear	361 (72.2 %)	28 (70 %)	
Joint	139 (27.8 %)	12 (30 %)	
Staying With			0.023
Parents	381 (76.2 %)	16 (40 %)	
Others	119 (23.8 %)	24 (60 %)	
Family Size			0.026
Up to five member	457 (91.4 %)	26 (65 %)	
More than five member	43 (8.6 %)	14 (35 %)	
Family Dynamic			
Both parent live and staying together	421 (84.2 %)	29 (72.5 %)	0.015
Separated/divorced, widow, widower, both not live	79 (15.8 %)	11 (27.5 %)	

In present study, total difficulties score was normal (80.4 %), borderline (11.6 %) and abnormal (8 %). In all domains such as emotional problems, conduct problems, hyperactivity, peer problems and pro-social behaviour a statistically significant difference was noted for girls as compared to boys ($p<0.05$)

Table 2: Distribution of mental health problems in school going adolescents

Domain	Normal	(%)	Borderline	(%)	Abnormal	(%)		p Value
Emotional problems	406	81.2	53	10.6	41	8.2	500	<0.001
Boys	224	44.8	22	4.4	17	3.4	263	
Girls	182	36.4	31	6.2	24	4.8	237	
Conduct problems	417	83.4	48	9.6	35	7	500	0.025
Boys	223	44.6	26	5.2	14	2.8	263	
Girls	194	38.8	22	4.4	21	4.2	237	
Hyperactivity	397	79.4	61	12.2	42	8.4	500	0.015
Boys	196	39.2	39	7.8	28	5.6	263	
Girls	201	40.2	22	4.4	14	2.8	237	
Peer problems	406	81.2	58	11.6	36	7.2	500	0.003
Boys	225	45	24	4.8	14	2.8	263	
Girls	181	36.2	34	6.8	22	4.4	237	
Pro-social behaviour	404	80.8	57	11.4	39	7.8	500	0.001
Boys	226	45.2	21	4.2	16	3.2	263	
Girls	178	35.6	36	7.2	23	4.6	237	
Total Difficulties score	402	80.4	58	11.6	40	8	500	0.2
Boys	227	45.4	22	4.4	14	2.8	227	
Girls	175	35	36	7.2	26	5.2	175	

DISCUSSION

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with normal stresses in life, can work productively and fruitfully, and is able to make a contribution to his or her community. Mental Health of children and adolescents is an essential component of their overall health and developmental process and as such its growing importance is getting concern across the world.The mental and behavioral problems of children studying in schools have become a serious concern for educators, parents, psychologists and society as well. Among school-going adolescents, the school environment could potentially contribute to mental health promotion and prevention, or adversely affect the mental health and wellbeing of students.[9] As per the National Mental Health Survey of India (2015–2016), the prevalence of psychiatric disorders among adolescents (13–17 years) is reported around 7.3%.[10] The unhealthy levels of stresses can have the capacity to hinder the students' abilities to socialize and achieve their academic goals. Finding out such stresses and its sources to prevent it to become a threat to the students is very important.[11] Lack of attention to the mental wellbeing of children and adolescents, in a key phase of socialization, may lead to mental health consequences that may remain throughout life and reduces the capacity of

societies' socioeconomic productivity.[12] Depression and stress are more prevalent among school-going adolescent girls. Approximately 40%–90% of adolescents with depression have a comorbid psychiatric disorder such as anxiety disorders, conduct disorders, substance abuse, and personality disorders in the case of adolescents.[13,14] There is a significant effect of the few factors on the mental health of adolescents such as, recent sociocultural changes, poor social support, the breakdown of extended and joint families, the ambiguity of societal values, and increasing gap between aspirations and possible achievements, substance abuse, etc.[15] Faizi N *et al.*,[16] conducted a study in the 13–15 years' age group school-going 1456 students. The prevalence of psychological morbidity on the basis of total difficulties score was found to be 9.75%. The prevalence of emotional, conduct, hyperactivity, peer, and prosocial problems was 5.42%, 5.56%, 3.78%, 4.40%, and 4.26%, respectively.[16] Similar findings were noted in present study. Majumder *et al.*,[17] have assessed psychiatric morbidity in 474 consecutive adolescent patients (10–19 years) attending to psychiatric services at tertiary care center in Manipur and reported the most common disorder as neurotic, stress-related, and somatoform disorders (41%), followed by psychotropic substance use disorders (21%) (including opioid dependence in 14% and cannabis dependence in 3% of adolescent). While the most common disorder was substance use disorders (37%) in adolescent boys, and neurotic, stress-related, and somatoform disorders (61%) in adolescent girls. Mangal A *et al.*,[18] conducted a cross-sectional study among 742 adolescent schoolgirls from an urban area in Gujarat. 48.78% adolescent girls screened positive for common mental disorders (CMDs) such as anxiety, depression, and psychosocial distress which is alarming. Among sociodemographic characteristics, the type of school, mother's higher education, father's less education, and working mother had shown significant association with positive cases of the girls. Among psychosocial factors, abnormal sleep patterns and disturbance in studies have been found statistically significant for the presence of mental health problems among adolescent girls as per the GHQ score. Man Mohan Singh *et al.*,[19] studied 542 randomly selected school going adolescents (13-18 yr.), 40% had depressive disorders, 7.6 % major depressive disorders and 32.5 % other depressive disorders. In terms of severity, 29.7 % had mild depression, 15.5 % had moderate depression, 3.7 % had moderately severe depression and 1.1 % had severe depression. Significant associated factors included being in a government school, studying in class Tx and XIIth, rural locality, physical abuse by family members, alcohol use and smoking by father, lack of supportive environment in school, spending less time in studies, lower level of participation in cultural activities and having a boy/girlfriend. Pahwa MG *et al.*,[20] studied 1000 adolescents aged 11 to 16 years studying in various private and government schools in urban and rural areas in district Patiala, Punjab. The overall prevalence of psychiatric disorders is higher among adolescents in the rural area (21.38%) as compared to the urban area (19.43%). Rural adolescents had significantly higher rates of somatoform disorders (4.45%), conduct disorder (3.78%), dysthymia (1.11%), and other mood disorders (0.89%) whereas higher rates of depression (3.88%), anxiety (3.67%), and hyperkinetic disorders (3.02%) were found in urban counterparts. Anxiety, depression, and anxiousness to perform better are correlated to the academic performance.[21] It is also found that students who are from poor socioeconomic backgrounds will have financial problems which lead to depression, anxiety, and stress." [22] It is also reported that students, who are from rural areas, are more prone experience stress, depression, and anxiety as compared to the students from urban areas.[23] Untreated mental health disorders in children and adolescents are related to adverse health, academic and social outcomes, higher levels of drug abuse, self-harm and suicidal behaviour and often persist into adulthood.[24] Major limitations of present study were, we did not measured various psychosocial factors such as inferiority complex, comparison with peers, sleep disturbance, disturbance in studies. Also students which were chronic absentees and sick children were not assessed and we did not include out-of-school adolescents.

CONCLUSION

Psychological problems are fairly common in the adolescent age group. Adolescents having mental health problems and disorders, need to have access to timely, integrated, high-quality, multi-disciplinary mental health services to ensure effective assessment, treatment, and support. Effective early interventions can also mitigate long-term risks for poor health, social exclusion, low economic activity, and other negative outcomes in adulthood.

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