



Letter to the Editor

Assessment of mental health status among school going adolescents in North East India: A cross sectional school based survey


ARTICLE INFO

Keywords:

Emotional and behavioral difficulties
School going adolescents
Strength and difficulties questionnaire

ABSTRACT

Background: Adolescent emotional responses and behaviors are often passed off as growth pangs and academic stress, thereby missing those that need deeper understanding and mental health interventions.

Aim: The aim of the study is to understand mental health status among the school adolescents in Tezpur, Assam.

Materials and methods: The present study was a cross sectional study that used convenience sampling in selection of the schools. A total of 10 schools were selected for the purpose of the study. 1403 Adolescents were selected for data analysis. Socio-Demographic Performance and Strengths and Difficulties Questionnaire [SDQ] were administered to the participants.

Results: The results indicated that five predictors (gender, education, family type, academic performance, socio economic status in the family) explained 9.79% of the variance ($F = 5.040, P < 0.000$) in total difficulty levels: (Academic performance; $\beta = 0.08; t = 3.15; P = 0.002$) and (Socio economic status; $\beta = 0.07, t = 3.02, P = 0.003$).

Conclusion: In the study less than one tenth of the participants have some mental health issues and this calls for concern. Schools should have standing operation procedures in place to periodically screen adolescents for mental health related issues.

1. Introduction

The state of Assam is home to 6.5 million child and adolescents; out of which 88.1% of them are school going. This is not a number that can be ignored, for, the mental health status of this population determines to a large extent the direction of future growth of the country. According to the Census India (2011), percent distribution of estimated population of adolescents by age-group is the following: 10–14 yrs = 10.5% (male- 10.7%; female- 10.3%), 15–19 yrs = 10.3% (male-10.7%; female-9.8%). In India the prevalence rate of child and adolescent psychiatric disorders in the community has been found to be 6.46% and in schools it has been found to be 23.33% (Malhotra and Patra, 2014). A study in Srilanka found the prevalence of emotional and behavioral problems among school going adolescents to be 13.8% in which 8.8% of children showed internalizing problems and 8.8% externalizing problems (Ginige et al., 2014). Studies have shown a median prevalence estimate of 4.0% with a range from 0.2% to 17% for major depression (Costello et al., 2004). In a recent Indian study it was found that 10.1% of adolescents had emotional symptoms in the abnormal range, with 9% at risk for emotional symptoms, 13% for conduct problems, 12.6% for hyperactivity/inattention and 9.4% for peer problems (Bhola et al., 2016). Psychiatric disorders have significant adverse impact on children and adolescents that affect their wellbeing and psychosocial functioning. It also has an impact on parents and families. A better understanding of these issues among the adolescents can help family, school and mental health system to take appropriate steps to remedy, prevent problems and promote better physical, mental and emotional health. In this context a study to understand the mental health status of adolescents is necessary to promote better understanding and interventions. The present study assessed mental health status among school going adolescents in Tezpur, Assam, India.

1.1. Aim of the study

The aim of the study is to assess the mental health status of school going adolescents in Tezpur, Assam.

1.2. Objectives

1. To find out the prevalence of emotional problems, conduct problems, Hyperactivity-inattention, Peer problems and Pro-social behavior among school going adolescents.
2. To find the gender difference in mental health status (emotional problems, conduct problems, Hyperactivity-inattention, Peer problems and Pro-social behavior) among school going adolescents.

2. Methodology

The researcher used a cross sectional survey design to conduct this study in the schools in Tezpur, Sonitpur district. There are 12 government

schools, 8 private schools and 3 central government schools in Tezpur class between VIII to XII. Convenience sampling was used in selection of the schools. A total of 10 schools were selected for the purpose of the study and written/oral consent was obtained from concerned authority. School going adolescent from class VII to XII were selected through total enumeration method and their consent was obtained. Those respondents who did not complete the tools were excluded from final analysis along with those who did not meet the age criteria (13–17 years). Out of ten schools, 1538 adolescents participated in the study. Data from 135 adolescents was excluded either because they were incomplete or because they did not meet the age criteria. Finally, data from 1403 adolescents were selected for analysis. The study was under taken with the approval of the scientific committee and ethical committee of Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH).

2.1. Statistical plan

Analysis and interpretation of the data was done through the use of Statistical Package for Social Sciences (SPSS) version 20.

2.2. Tools for data collection

1. Socio-demographic proforma: A Socio-demographic Proforma was constructed for the purpose of this study with domains like age, sex, family details, academic performance and other details.
2. Strengths and difficulties questionnaire [SDQ]: SDQ is a brief standardized, structured questionnaire for screening psychiatric disorders in children and adolescents ranging from 11 to 17 years of age (Goodman, 1997). The strength and difficulties questionnaire (SDQ) contains 25 questions that consist 5 subscales of emotional, hyperactivity, relationship, and conduct problems and pro-social behaviors with 5 items in each. The sum of the first four subscales consist the total difficulty score (Quinn and Wigal, 2004). The questionnaire has 3 forms: parent-report, teacher-report and self-report. Self-reported questionnaire were used for the study.

3. Results

The mean age of participants was 14.81 years (SD = 1.117). There were more males than females (52.3% vs 47.7%). Majority of the participants were from class IX (35.2%) and majority of the participants were from Hindu religion (85.5%) from semi-urban area (91.9%) with 66% of the participants from upper socio economic status. About 3/4th of the participants lived in nuclear families. Majority of the participants (52.7%) reported average academic performance.

Analysis of data (Table 1) revealed that 11% of the participants scored in borderline range and 10.2% fell under abnormal range in the domain of emotional problems. In Conduct disorder, 15.7% respondents were at a borderline level and 15.1% had scores indicating abnormal range. In hyperactive behavior, 8.1% participants scored in borderline range and 5.7% had abnormal range. In peer problems, 21.4% in the borderline range and 5.2% participants reported severe problems with the peers. The findings indicate that prevalence of mental health problems among school going adolescents in this study is 31.6% (borderline range is 23.8% and 7.8% in abnormal range).

The Table 2 shows the gender comparisons in the domain of Strength and difficulty questionnaire (SDQ). An independent samplest test indicated that the scores on the domain of Emotional problems were significantly higher for the female [M = 4.20, SD = 2.14] than the male respondents [M = 3.33.04, SD = 1.96], $t = 7.82.454$, $p = 0.000$. Males scored higher in the domain of conduct problem [M = 2.96, SD = 1.68] than the female respondents [M = 2.83, SD = 1.56], $t = 1.530$, $p = 0.126$. In the domain of Hyperactivity significant gender difference was found where male scored higher [M = 3.48, SD = 1.89] than the female respondents [M = 3.27, SD = 1.87], $t = 2.069$, $p = 0.039$. Significant gender difference was found in problems with peers where male scored higher [M = 2.83, SD = 1.70] than the female respondents [M = 2.44, SD = 1.61], $t = 4.344$, $p = 0.000$. Further in the domain of Pro-social behavior significant gender difference was found. Female respondents scored higher [M = 7.79, SD = 1.75] than their male counterparts [M = 7.47, SD = 1.79], $t = 3.390$, $p = 0.001$. In the total score of SDQ female participants scored slightly higher [M = 12.71, SD = 4.87] than male participants [M = 12.59, SD = 4.76], $t = 0.476$, $p = 0.635$, but this difference was not statistically significant. On the basis of the results obtained it can be said that female participants had higher levels of emotional and pro-social behavior and males had high level of hyperactivity, conduct problems $t > 0.635$, but this difference was not statistically significant. On the basis of the results obtained it can be said that female participants had higher levels of emotional and pro-social behavior and males had high level of hyperactivity, conduct problems and peer problems.

Age was found to have a significant positive correlation with emotional problems [$r = 0.101$, $p \leq 0.01$] and Hyperactive [$r = 0.130$, $p \leq 0.01$], while positive correlation which was statistically not significant was found with Conduct problems [$r = 0.020$] (Table 3).

Multiple regression analysis examined if the following five variables predicted the level of total problems on SDQ (Table 4); gender, education, family type, academic performance and socio economic status in the family. Among the five variables, academic performance and socio economic status significantly predicated the level of overall difficulties in SDQ. The results indicated that two predictors explained 9.79% of the variance ($F = 5.040$, $P < 0.001$) in total difficulty levels: (Academic performance; $\beta = 0.08$; $t = 3.15$; $P = 0.002$) and (Socio economic status; $\beta = 0.07$, $t = 3.02$, $P = 0.003$).

Table 1
Mental health Status of Participants N = 1403.

Variable	Normal n (%)	Borderline n (%)	Abnormal n (%)
Emotional problems	1106 (78.8%)	154 (11.0%)	143 (10.2%)
Conduct problems	971 (69.2%)	220 (15.7%)	212 (15.1%)
Hyperactivity	1210 (86.2%)	113 (8.1%)	80 (5.7%)
Peer problems	1030 (73.4%)	300 (21.4)	73 (5.2%)
Over all	960 (68.4)	334 (23.8%)	109 (7.8%)

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