Brief Report

Diagnoses of children presenting to a specialized child psychiatry unit in Sri Lanka.

P.K.D.H.J.L. De Silva Rajaratne[1]*, R.M. Wijesiriwardane[1], B.D.J.V. Peiris[1], D.M.A. Dahanayake[1]
[1]Lady Ridgeway Hospital for Children, Colombo, Sri Lanka

Abstract

Increasing numbers of children present to mental health services. We aim to describe the diagnoses and to explore any relationships with psychosocial factors among attendees of a specialized child psychiatry service in Colombo, Sri Lanka. This would help identify high-risk cohorts of children.

Clinical records of 285 children up to 18 years of age, presenting from January 2019 to December 2020 were reviewed to explore the diagnostic patterns and associations with psychosocial factors. Most were self-referrals by parents (n=72;26%) complaining of scholastic difficulties (n=64;23%) and behavioural problems (n=62;22%). Of the reviewed, 239 (84%) were diagnosed with a mental disorder, (developmental, 79%; emotional, 15%; behavioural, 7%). Behavioural management was prescribed in 239 (84%) and 64 (22%) received medication.

Preliminary exploration of data did not suggest a possible relationship between diagnoses and psychosocial variables such as sociodemographic factors (including gender, age, ethnicity, educational/occupational status of parents, family structure) and sociocultural factors (including the presence of psychiatric disorders/ use of psychoactive substances in family members, domestic violence, history of child abuse, parenting style, mother's age at child's birth) that were studied. This needs further analysis before conclusions are drawn.

Keywords: child psychiatry, psychosocial, diagnoses

Copyright: © 2022 De Silva Rajaratne PKDHJL *et al*. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Funding: None
Competing interest: None
Received: 18.03.2022 **Accepted revised version:** 23.07.2022 **Published:** 24.12.2022

*✉ **Correspondence:** hasalarajaratne@yahoo.com https://orcid.org/0000-0002-6921-7107

Cite this article as: De Silva Rajaratne PKDHJL *et al*, Diagnostic patterns and their association with psychosocial factors among children presenting to a specialized child psychiatry unit in Sri Lanka. Anuradhapura Medical Journal 2022; 16 (3): 05-07, DOI: http://doi.org/ 10.4038/amj.v16i3.7722

Introduction

Studies on the burden of child psychiatric disorders in children and adolescents in Sri Lanka are limited. It has been consistently demonstrated that family and environmental factors have an important role as risk factors for child psychiatric disorders [1]. It is important to explore this area to direct resources to mitigate risk factors for child mental health problems. Although there are international studies, given the unique socio-cultural environment in our context, the relevant factors may differ, at least in part, in our population.

This study describes the diagnoses and their associated psychosocial factors of children presenting to a specialized child psychiatry service in Colombo, Sri Lanka.

Methodology

A retrospective review of paper-based clinical records of children and adolescents aged less than 18 years presenting to the service from January 2019 to December 2020 was conducted. The diagnostic patterns and associations with predetermined psychosocial factors were assessed. Ethical clearance was obtained from the Ethics Review Committee, Lady Ridgeway Hospital, Colombo.

Results

Of the total of 285 patients, most presentations were initiated by parents (n=72, 26.2%) and through the out-patient department (n=60, 21.1%), complaining of scholastic difficulties (n=64, 22.8%) and behavioral problems (n=62, 22.1%).

Of the reviewed, 239(83.8%) children were diagnosed with a mental disorder. Of them 189 (79.1%) had a primary diagnosis of developmental disorder. Emotional disorders and behavioural disorders accounted for 34 (14.2%) and 16 (6.69%) respectively, while 16.1% of children had no diagnosed mental illness. Children below 7 years accounted for 145 (50.9%; IQR=4-10), with the highest number of presentations being in the 3-7 years age group. Of the 239 patients with a diagnosis, 159 (66.4%) were males.

The breakdown of the diagnoses, made according to Diagnostic and Statistical Manual 5th edition criteria [2], are presented in Table 1.

Of the children diagnosed with a mental health issue, behavioural management was prescribed in all 239 (83.9%), with specific psychological interventions in 36 (12.6%), speech therapy in 71 (25%), occupational therapy in 54 (19.1%) and referrals to other medical specialities in 18 (6.3%). Only 64 (22.5%) were prescribed medication.

The sample of 285 were representative of all ethnic and religious groups in the community, with the majority (n=204, 71.5%) being Sinhalese Buddhists. Most (n=144, 50.7%) were attending a preschool, while 14 (4.7%) required special education. The majority of the children (n=257, 90.2%) were residing with their biological family, with either parents (n=220, 77.2%) or grandparents (n=53, 18.7%). In 67% (n=191) the family structure was nuclear with 73.3% (n=209) having two or fewer children per family. Most often (n=160, 56.1%), the affected child was the first-born in the family.

Table 1: Distribution of diagnoses (according to the DSM V criteria) among the children/ adolescents diagnosed with a mental illness in the study population (n=239; 83.8%)

Diagnosis	All patients n=239 (%)
Intellectual disability	64 (26.8)
Autism Spectrum Disorder	56 (23.4)
Attention Deficit Hyperactivity Disorder	29 (12.1)
Global Developmental Delay	29 (12.1)
Anxiety Disorders	13 (5.4)
Depressive Disorder	9 (3.8)
Specific Learning Disorders	7 (2.9)
Adjustment Disorder	6 (2.5)
Obsessive Compulsive Disorder	6 (2.5)
Nocturnal Enuresis	6 (2.5)
Isolated Speech Delay	4 (1.7)
Tic Disorder	4 (1.7)
Internet Gaming Disorder	2 (0.8)
Trichotillomania	2 (0.8)
Conduct Disorder	1 (0.4)
Bipolar Affective Disorder	1 (0.4)

Overall, 57.1% (n=163) of fathers and 58.2% (n=166) of mothers of the children had completed the first stage of secondary education and in 99.3% (n=283) of families at least one parent was employed. A proportion (12.6%) of the children had a family history of a mental illness, which was most often (n=67, 23.5%) a depressive disorder in a parent; 4.6% (n=13) had a family history of a substance use disorder. Domestic violence had been experienced by 5.2% (n=15), with a documented history of child abuse in 6.7% (n=19); 44.4% (n=126) of the time the experienced abuse had been physical in nature. Most (81.8%, n=233) of the children had experienced some form of childhood adversity. In 84.6% (n=241), the parenting style had been permissive, followed by 11.5% (n=33) employing an authoritarian parenting style.

Discussion

The majority of children in our study were diagnosed with developmental disorders, followed by emotional and behavioural disorders, respectively. This is in contrast to global estimates, where emotional and behavioural disorder rates are higher among children. The landmark Isle of Wight study in the UK as well as subsequent large scale epidemiological studies have demonstrated this pattern with similar results being observed among low- and middle-income countries and different ethnic groups. [3]

The differences observed may reflect on the study population being clinic attendees at a tertiary care hospital, and the factors affecting health seeking behaviours of parents. Sri Lanka is a country with a high literacy rate, and most parents have high expectations of academic excellence from children. This is reflected in our study as poor school performance was the leading cause for presentation. Identification and further study of heterogeneity in epidemiological estimates will have important implications in service, training and research planning in the future.

A limitation of the study is that the majority of children were in the 3-to-7-year age group and, hence, the adolescent population may not be represented adequately. This was mainly due to the restriction of age limit in the children presenting to the clinics at the Lady Ridgeway Hospital.

Conclusion

Attempts to explore any relationship between diagnoses and psychosocial variables which were studied in this preliminary stage did not yield any conclusive results, hence need further exploration. These findings are important for the development of child and adolescent psychiatry services in Sri Lanka and would inform policy decisions and resource allocation to this important discipline.

References

1. Bayer JK, Ukoumunne OC, Lucas N, Wake M, Scalzo K, Nicholson JM, 2011. Risk factors for childhood mental health symptoms: National longitudinal study of Australian children. *Pediatrics* 128, e865–e879. DOI: 10.1542/peds.2011-0491

2. Diagnostic and statistical manual of mental disorders: DSM-5. 5th ed., American Psychiatric Association, 2013. DSM-V, DOI: 10.1176/appi.books.9780890425596

3. Harrison P, Cowen P, Burns T, Fazel M, 2018. Shorter Oxford Textbook of Psychiatry. Oxford University Press, Oxford, UK. DOI: 10.1093/med/9780198747437.001.0001

Submit your next manuscript to
Anuradhapura
Medical Journal
Submit your manuscript at
http://amj.sljol.info/