

(12) CHILD GUIDANCE ESTABLISHMENT & AWARENESS**Dr. M. C. Parmar,**

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ABBREVIATION**CGC**- Child Guidance Clinic**PSP**-Poor Scholastic Performance**ADHD**- Attention Defecit Hyperactivity Disorder**GAD**- Generalized Anxiety Disorder**PTSD**- Post Traumatic Stress Disorder**PDD**- Pervasive Developmental Disorder**DSM**- Diagnostic and Statistical Manual of Mental Disorder**EEG**- Electroencephalograph**CT**- Computerised Tomography**IQ**- Intelligence Quotient**LD**- Learning Disorder**NGO**- Non Government Organization**ABSTRACT:****"Aim:** provision of child guidance services in the department of psychiatry**Objectives:** to sensitize the teachers and students of school parents, doctors about child guidance clinic.**Methodology:** prospective observational study**Sample size:** 100 patients**Sampling methods:** randomly selected patients**Method of collection of data:** sensitize teachers ,parents,whose students or children having problems like poor performance , behavior problems , mental retarded can visit to child guidance clinic. Within 6 months data will be collected and will be analysed.**Study period:** 1stfeb 2013 onwards.**Conclusion:** learning disabilities, behavioural problems can be prevented as well as can be cured with constant follow up and guidance to parents as well as teachers and counselling. Mental retarded can be improve or can be taken under control if follow child guidance clinic."**INTRODUCTION**

In India, though children constitute nearly 40% of the population, child mental health care has received scant attention in service, research and training. Child and adolescent psychopathology is a major concern among health professionals and educators in the developed countries. It is estimated that 10-20% of children and adolescents are affected annually by psychiatric problems and their psychiatric morbidity accounts for five of ten leading causes of disability for those aged five years and above. Prevention is better than cure. It is well known that adult psychopathology and mental health problems are only an extension of child mental health problems and continuum in psychopathology.

Performance which need to be rectified to help them succeed in a school setting. Most children who do poorly in school are intelligent enough and possess numerous other skills that can help them get ahead in their lives; these need to be identified and nurtured.

The Child Guidance Clinic (CGC), is a multidisciplinary team of professionals (psychiatrists, physician, educational psychologist, social worker, special educator & language pathologist) working together towards the cause of children with developmental disabilities.

Learning disabilities, behaviour problems can be prevented as well as can be cured with constant follow up and guidance to parents as well as teachers and counselling. Mental retardation can be improve or can be taken under control if follow child guidance clinic. Child and adolescent mental health which is future of our country, is given inadequate attention. As overall development of any country is dependent on positive mental development of its children, it is definitely the challenge of day to cope up with poor health that is crippling millions of children in India.

AIMS AND OBJECTIVES

1. Provision of child guidance services in the department of psychiatry
2. To sensitize the teachers and students of school, parents, doctors about child guidance clinic....

METHODOLOGY

STUDY DESIGN:

This present prospective , observational involved all the patients who attended the child guidance clinicat department of psychiatry in our institute during the period 01 feb 2013 to 31st may 2013 from the case record which included the history taken from the parents, teachers as well as the children. Psychological testing, electroencephalogram (EEG), computer tomography (CT) scan were undertaken along with referral to pediatrician and neurologist, wherever needed. Diagnosis were made according to the criteria in DSM-IV-TR.

Duration of the Study :

This study was conducted within 6 months duration.

Study Sample :

Sample size of this study was 100. Sample consisted of patients who attended child guidance clinic of our department on specified days.

Tools Used in the Study :

Semi structured performa of the patients.

DSM – IV-TR Criteria used for evaluation and diagnosis of each childhood disorder

Statistical Analysis :

We have used Graph Pad Prism 5 software version 5.01 for statistical analysis.

OBSERVATION & RESULT

Project Description :

We have established a child guidance centre at the department of psychiatry, M. P. Shah Medical College and G. G. Hospital, Jamnagar in February 2013. This centre is well equipped with infrastructure and human resources. It has a big spacious properly ventilated room for CGC where children are assessed for their problems. It has adjoining seminar room having enough seating facility equipped with projector and screen for demonstration of live videos related childhood behavior problems and for other educational purpose. Centre has also many posters fitted over wall which shows different childhood abnormal behavior pattern for awareness of parents and teachers. A multidisciplinary approach is adopted while evaluating children with problems in learning and behavior. A team of dedicated people works in this regards at our CGC.

The Team :

Most children tend to have a combination of problems: developmental, neurological, academic and emotional. Such **amultidisciplinary approach** is made possible at the CGC. A dedicated team of psychiatrist, psychologist, social worker, special educator offer appropriate assessment, guidance and treatment.

The Setting :

Our team works in the open setting of CGC, which encourages children and their parents to seek help for learning difficulties, emotional or behavior problems without stigma and fear. The need of the hour is for schools to have access to an authentic resource centre with various specialists, where they can confidently seek expert opinion about the child's performance in order to help them.

Services at Our CGC

Our services include professional evaluation for:

- Poor school performance (PSP) and learning disorders (LD)
- Levels of intelligence (IQ)
- Academic skill deficits in reading, writing, spelling, math, etc.
- Speech and language disorders: stuttering, aphasia, etc
- Motor skill deficits; poor handwriting, clumsiness, etc.
- Attention deficit hyperactivity disorders (ADD/ADHD)
- Defiant/ oppositional behavior, conduct disorders
- Addiction to TV/ Internet, disorganized routines
- Tics/ tourette disorder,
- epilepsy
- Obsessive behavior/ disorders
- Anxiety, school phobia, exam phobia and various fears in the child
- Depression, social withdrawal, loss of interest
- Developmental neurological disorders

- 'Functional' symptoms like headache, breathlessness, stomachache, frequent sickness, absenteeism from school, etc.

Stages of Evaluation: Protocol

- 1. Intake Interview:** This is a major step in diagnosis, with information from parents, child, and report from teacher and samples from the child's work, to identify the child's problems and to determine which other specialist needs to examine the child, if necessary.
- 2. Physical/ Neurological Examination:** This is done to rule out soft neurological signs and sensory deficits. Tests like EEG or other investigations may be done for the same.
- 3. Assessment of Poor School Performance (Learning Disorders):** The basic sets of assessment include: Tests of general intelligence (IQ). Assessment of Academic Skills- Reading, Writing, Spelling, Math and Language. Assessment of Pre-academic Skills (for children below 6 years). Tests of Speech and Language, Identification of Special Abilities/Aptitude Testing Neurological assessment and EEG etc.
- 4. Assessing Overlapping Disorders:** A significant part of the evaluation includes identifying other co-existing disorders. This is done by focused evaluation and multi-axial diagnosis.
- 5. Multidisciplinary Diagnosis and Documentation:** After completion of assessments, a multidisciplinary diagnosis is made. Counseling & Guidance is offered for the child and parent or guardians. Follow-up sessions are planned, remedial therapy is given and medical intervention, if any is suggested.

Outreach Programmes

The **CGC Outreach Programmes** include the following:

- Workshop on "Learning Strategies" for Children.
- Workshop on "Life Skills" for Children.
- Workshop / Sensitization modules for Schools, Teachers and Parents.
- Consultation and Liaison for Resource Room Services in Schools.
- Training Programmes for Counselors, Social Workers and Special Educators.

Purpose / Goals

- 1. Diagnosis and Management of scholastic and Psycho-social disorders among children and adolescents.**
- 2. Special educators services - psycho-educational assessment of children, remedial education for children with Learning disabilities, Attention deficit disorder and Slow learners.**
- 3. Awareness programs for the community with special focus on students, teachers and parents which include:**
 - a) Early detection of learning disabilities and attention deficit disorders.**
 - b) Early detection of psychiatric disorders, which hamper the child's educational progress.**

- c) Counseling to parents and teachers regarding handling of children with educational difficulties.
- d) Vocational guidance and Aptitude testing of adolescents.

These programs are carried out through lectures, panel discussions, poster exhibitions, booklets and printed materials, interactive workshops, programs via videos, etc. The awareness programs carried out at the Centre are FREE OF COST for the participants.

This present prospective, observational study involved all the patients who attended the child guidance clinic at department of psychiatry in our institute during the period 01 feb 2013 to 31st may 2013 from the case record which included the history taken from the parents, teachers as well as the children. Sample size consisted of 100 patients who attended child guidance clinic of our department on specified days.

Table -1 Sociodemographic Variables of Patients (N =100)

VARIABLE	N	%
AGE (in Years)		
Less than 5	6	6
5-10	49	49
11-15	45	45
SEX		
MALE	69	69
FEMALE	31	31
RELIGION		
Hindu	75	75
Muslim	25	25
DOMECILE		
Rural	67	67
Urban	33	33
FAMILY STRUCTURE		
Joint	85	85
Nuclear	15	15
EDUCATIONAL STATUS		
Illiterate	44	44
I to V	29	29
Above V	27	27

Table 1 depicts the sociodemographic profile of the patients. Highest number of patients (49) belongs to the age group 5-10 years. 45 patients belongs to age group 11-15 years and 6 were of age group less than five years. Sixty nine (69%) were male and thirty one (31%) were females. Majority were hindus (75%). Sixty seven (67%) came from rural background, rest were from urban background. Eighty five of the total 100 patients (85%) lived in joint families and fifteen (15%) in nuclear families. Fourty four (44%) were illiterate and twenty nine (29%) were educated between class group I to V, while twenty seven (27%) were educated above V standard.

TABLE -2 PATTERNS OF PSYCHIATRIC MORBIDITY AT OUR CHILD GUIDANCE CLINIC

DISORDER	MALE	FEMALE	TOTAL	%
Anxiety Disorder				
Dissociative (conversion) disorder	2	3	5	5
Obsessive compulsive disorder	1	0	1	1
Somatoform disorder	0	1	1	1
Adjustment disorder	2	0	2	2
Psychogenic vomiting	2	1	3	3
Sleep terror	1	0	1	1
Trichotillomania	0	2	2	2
Mental Retardation	25	10	35	35
Dyslexia	1	0	1	1
Autism	1	1	2	2
ADHD	12	3	15	15
Tic Disorder	1	0	1	1
Nonorganic Enuresis	5	2	7	7
Pica	1	2	3	3
Stuttering	4	1	5	5
Epilepsy	11	4	15	15
Headache	1	0	1	1

A total of 100 new cases comprising of 69 boys and 31 girls attended the child guidance clinic during the period of the study. 35 (35%) were referred from pediatric outpatient department (OPD), while 65 (65%) were referred by the medical officers. The diagnostic categories of the children as per DSM-IV-TR is given in the table-2.

In the present study mental retardation was the commonest (n=35; 35%), followed by behavioral disorder attention deficit hyperactive disorder (n=15; 15%), and neurotic, stress related and somatoform disorder (n=10; 10%). Fifteen patients were suffering from neurological disorder like epilepsy (n=15; 15%) which referred to Child guidance clinic.

DISCUSSION

Paucity of cases up to five years of age (Table 1) is not an unusual finding, since the psychiatric structure before the age of four to five years is usually not sufficiently developed to permit internal conflicts of pathological significance and is in agreement with earlier studies in India. The trend is different in western countries where children in preschool periods are also brought to the psychiatric clinic for emotional problems, probably due to identification of the problem by parents. Moreover, in adolescent age group, struggle for self-identity and role differentiation are stressful, thus precipitating such problems. Age related differences in psychiatric problems have been noted by other workers also. The predominance of males may be explained by the attention and care

given to male children by parents. Neuroses, mainly dissociative (conversion) disorder was observed in 10% of the sample.

This is in agreement with earlier studies. It appears that there is a higher prevalence of dissociative (conversion) disorders in South Asian countries as compared to the west. Since the disorder has bodily manifestations, it is brought to medical attention more often. Child rearing is more authoritarian in our country and free verbal expression of emotions in children is not encouraged, therefore expression through conversion into bodily symptom is the only way out left for the child.

The high prevalence of mental retardation in the present sample is due to the mandatory testing of all students before admission to special school for handicapped children or for issue of medical certificates. This finding is consistent with the earlier studies of Shrestha.

In the present study, 15% of patients received a diagnosis of ADHD. Few western studies have reported a high prevalence of up to 50% for ADHD. While a study from Thailand reported low prevalence of 5%. This aspect merits further exploration.

Summary & Conclusion

This present prospective, observational involved all the patients who attended the child guidance clinic department of psychiatry in our institute during the period 01 feb 2013 to 31st may 2013.

Sample size of this study was 100. sample consisted of patients who attended child guidance clinic of our department on specified days. All the details of patients were filled properly and with great care in semistructured performa designed for the patients. DSM – IV-TR Criteria was used for evaluation and diagnosis of each childhood disorder for the enrolled patients.

Findings of this study is summarised as follows:

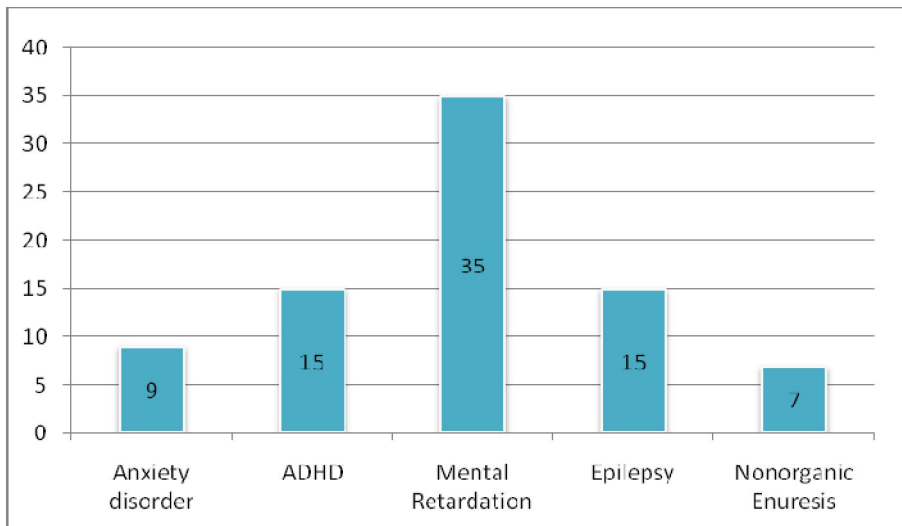
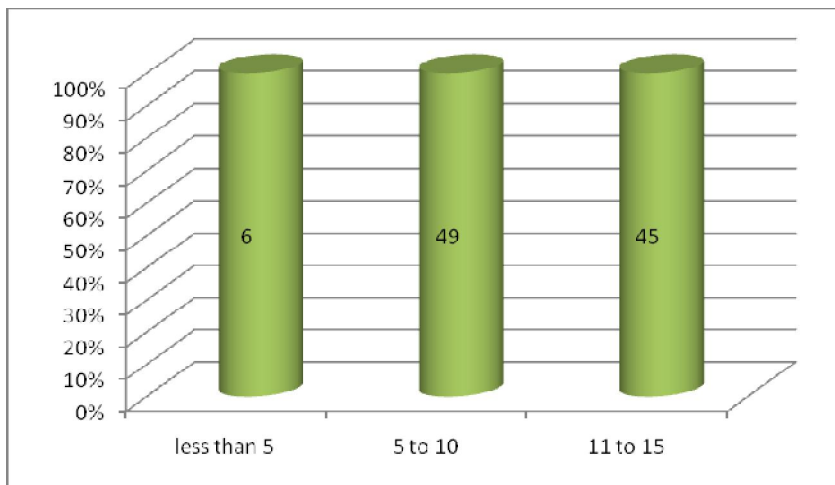
1. Highest number of patients (49) belongs to the age group 5-10 years. 45 patients belongs to age group 11-15 years and 6 were of age group less than five years.
2. Sixty nine (69%) were male and thirty one (31%) were females.
3. Majority were hindus (75%). Sixty seven (67%) came from rural background, rest were from urban background.
4. Eighty five of the total 100 patients (85%) lived in joint families and fifteen (15%) in nuclear families.
5. Fourty four (44%) were illiterate and twenty nine (29%) were educated between class group I to V, while twenty seven (27%) were educated above V standard.
6. In the present study mental retardation was the commonest (n=35; 35%) disorder.
7. Followed by behavioral disorder, attention deficit hyperactive disorder (n=15; 15%), and neurotic, stress related and somatoform disorder (n=10; 10%).

- 15 patients were suffering from neurological disorder like epilepsy (n=15;15%) which referred to Child guidance clinic.

Limitation:

Limitation of this study are as below:

1. Study comprised small sample size.
2. Duration of study period was short
3. Single centre study that not represent whole scenario of psychiatric disorder



- 1 sociodemographic profile depicting age group of study sample
- 2 sociodemographic profile depicting different psychiatric disorders in study sample

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