

Psychiatric morbidity in parents of children with behavioral problems attending child guidance clinic

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Introduction: Psychiatric morbidity in parents can influence behavioral problems in children and behavioral problems in child can cause heightened family distress. Our objectives were to evaluate the frequency and nature of psychiatric morbidities in parents of children with psychiatric illness and to study their association. **Methodology:** The study sample included parents of children with behavioral problems attending the child guidance clinic, Government Medical College, Kottayam, Kerala. Children were initially screened using Childhood Psychopathology Measurement Schedule and in those screened positive the diagnosis was confirmed using the DCR criteria for ICD -10. The parents of those children were screened using the General Health Questionnaire-12 and those who scored above cut off were evaluated for psychiatric disorders by taking history doing detailed physical examination and mental status examination. Statistical analysis was done to find the frequency and nature of illnesses and the association between parental and child diagnoses.

Results: 61% of the fathers and 25% of the mothers had psychiatric morbidity. Significant associations were found between 1) conduct disorders in children with fathers' alcohol dependence and bipolar affective disorder and mothers' depressive disorder 2) ADHD (F90.0) in children with fathers' alcohol harmful use 3) Hyperkinetic conduct disorder(ADHD+CD) in children with fathers' alcohol dependence and bipolar affective disorder and mothers' depression 4) Pervasive developmental disorder in children with fathers' alcohol dependence 5) Mental retardation in children with fathers' alcohol dependence. **Conclusion:** Parents of children with behavioural problems have higher rate of psychiatric morbidity and there are significant associations between many conditions in parents and their children.

Keywords: Parental psychiatric morbidity, ADHD/hyperkinetic disorders, Conduct disorders

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Introduction

According to World Health Organisation (WHO) statistics, prevalence of disabling mental illnesses among children and adolescents attending urban health centers ranges between 20-30% and 13-18% in rural areas. Out of these 3-4% are suffering from serious mental illnesses and require treatment [1]. Millions of children and adolescents are exposed to parental mental health problems at any given time [2].

Studies have noted that offspring of mentally ill parents have higher rates of psychiatric diagnoses in childhood and are more likely to show developmental delays, lower academic competence, and difficulty with social relationships [3]. In addition, these offspring are more likely to have mental health problems in adolescence and adulthood [4]. Childhood is the developmental period in which most children are not only living with parents, but are also almost completely dependent on parents for their emotional and physical needs.

Objectives

01. To evaluate the frequency and nature of psychiatric morbidities in parents of children attending the child guidance clinic.
02. To study the association between the psychiatric morbidity in children with their parental psychiatric morbidity.

Methodology

Study design: Cross-sectional study.

Study period: 1/7/2014 to 30/6/2015

Study setting: Child Guidance Clinic (CGC), Department of Psychiatry, Government Medical College, Kottayam, Kerala.

Inclusion criteria for children

01. Children with a definite diagnosis of psychiatric illness as per the diagnostic criteria for research (DCR-10).
02. Children with age less than 12 years.
03. Children of parents giving consent

Exclusion criteria for children

01. Adopted children
02. Children who are physically unfit for evaluation.
03. Parents inaccessible.

Inclusion criteria for parents

01. Biological parents.
02. Parents living with the child.

Exclusion criteria for parents

01. Parents with severe debilitating physical illnesses.

Study tools

01. Diagnostic Criteria for research (DCR-10)[5]
02. Childhood Psychopathology Measurement Schedule[6]
03. The General Health Questionnaire – 12 Version (David Goldberg,[7])
04. Kuppaswamy's Socioeconomic Status Scale

A specially designed pro-forma is used for collecting relevant socio demographic and psychiatric details.

The study sample includes parents of children with behavioral problems attending the child guidance clinic (CGC), Government Medical College, Kottayam for the first time, who has satisfied the inclusion and exclusion criteria.

The subjects were explained about the purpose of the study and were included in the study after getting an informed consent. Each child was initially screened using Childhood Psychopathology Measurement Schedule and in those screened positive the diagnosis was confirmed using the DCR criteria for ICD -10.

The parents of those children with a definite psychiatric illness was initially screened using the General Health Questionnaire-12 and those who are getting a score of 3 and above was further evaluated for psychiatric disorders by taking history, doing detailed physical examination and mental status examination and the diagnosis was confirmed using DCR criteria for ICD-10.

The data was collected and tabulated. Statistical analysis was done using the computer software, Statistical Package for Social Sciences (SPSS) 16.0.

Results

The study included parents of 200 children from child guidance clinic. The mean age of the children was 8.32 with standard deviation (SD) 1.997. Mean age of father was 37.37 and mean age of mother was 33.09. Out of the total children included in the study 75.5% of them were males 24.5% were females.

Among the 200 fathers 122 had psychiatric morbidity of which most common was harmful use of alcohol in 60 fathers (30%) followed by alcohol dependence syndrome in 38 fathers (19%). 8 fathers had co morbid psychiatric disorder along with alcohol use disorder of which mood disorder was commonest. Out of the 200 mothers 50 (25%) had psychiatric morbidity of which depressive disorders n=22(11%) was the most common followed by anxiety disorder n=18 (9%).

Significant associations were found between 1) conduct disorders in children with fathers' alcohol dependence and bipolar affective disorder and mothers' depressive disorder 2) ADHD (F90.0) in children with fathers' alcohol harmful use 3)Hyperkinetic conduct disorder(ADHD+CD) in children with fathers' alcohol dependence and bipolar affective disorder and mothers' depression 4) Pervasive developmental disorder in children with fathers' alcohol dependence 5) Mental retardation in children with fathers' alcohol dependence and psychosis .

Table-1: showing various psychiatric diagnosis of children attending child guidance clinic

Diagnosis	Number of children	Percentage
Hyperkinetic disorder(F90.0/ADHD)	22	11%
Specific learning disorder(F81/SLD)	16	8%
Conduct disorders(F91/CDs)	11	5.5%
Mental retardation(MR)	24	12%
Pervasive developmental Disorders(F84/PDDs)	14	7%
Bipolar affective disorder(F31/BPAD)	5	2.5%
Depressive disorders(F32/f33)	3	1.5%
Anxiety disorders	15	7.5%
ADHD+SLD(F90.0+F81)	47	23.5%
Hyperkinetic conduct disorder(F90.1/ADHD+CD)	27	13.5%
SLD+CD	6	3%
SLD+ anxiety disorder	2	1%
SLD+ others*	1	0.5%
CD+ others*	1	0.5%
MR+ anxiety	1	0.5%
Others*	5	2.5%
Total	200	100%

*Others included 2 children with non-organic sleep disorders, 3 children with post encephalitic sequelae and 2 children with non-organic enuresis

Table-2: Psychiatric morbidity among fathers of children attending child guidance clinic

Psychiatric morbidity	Number	Percentage
Alcohol dependence syndrome(ADS)	38	19%
Alcohol harmful use	60	30%
Psychotic disorders(F20-F29)	2	1%
Bipolar affective disorders(F31/BPAD)	7	3.5%
Depressive disorders(F32/F33)	1	0.5%
Anxiety disorders(F40-F48)	6	3%
Ads +anxiety disorder	3	1.5%
Alcohol harmful use + anxiety disorder	2	1%
BPAD +ADS	3	1.5%
No disorder	78	39%
Total	200	100%

Table-3: Psychiatric morbidity in mothers attending child guidance clinic

Psychiatric morbidity	Number	Percentage
Bipolar affective disorder(F31/BPAD)	4	2%
Depressive disorders(F32/F33)	22	11%
Anxiety disorders(F40-F48)	18	9%
Depression +anxiety disorders	5	2.5%
Mental retardation	1	0.5%
No disorders	150	75%
Total	200	100%

Table-4: Association between paternal psychiatric illness and child ADHD

Child diagnosis	Paternal diagnosis	P value	Chi square value
ADHD	Alcohol dependence	0.085	2.972
	Depression*	1.000	0.124
	Anxiety*	1.000	0.043
	Psychosis*	1.000	0.250
	BPAD*	0.606	1.301
ADHD with conduct disorder	Alcohol harmful use	0.041	4.172
	Alcohol dependence	0.011	6.389
	Depression*	1.000	0.157
	Anxiety*	0.366	1.817
	Psychosis*	1.000	0.315
ADHD with specific learning disorder	BPAD*	0.005	12.009
	Alcohol harmful use	0.104	2.630
	Alcohol dependence	0.790	0.071
	Depression*	1.000	0.309
	Anxiety*	0.464	1.344
	Psychosis*	0.416	0.789
	BPAD*	1.000	0.072
	Alcohol harmful use	0.606	0.266

The criteria for diagnosing disorders were according to the Diagnostic Criteria for Research (DCR 10) accompanying the ICD 10. But some of the names of the diagnoses have been used interchangeably with DSM-5 since most of the studies on childhood disorders were based on DSM.

Table-5: Association between paternal and child psychiatric illness (except ADHD)

Child diagnosis	Paternal diagnosis	P value	Chi square value
Conduct disorders	Alcohol dependence*	0.000	20.334
	Depression*	1.000	0.267
	Anxiety*	0.125	3.094
	Psychosis*	1.000	0.537
	BPAD*	0.007	9.651
	Alcohol harmful use	0.713	0.135
PDD	Alcohol dependence*	0.025	4.0903
	Depression*	1.000	0.087
	Anxiety*	1.000	0.019
	Psychosis*	1.000	0.176
	BPAD*	1.000	0.915
	Alcohol harmful use	0.982	0.001
MR	Alcohol dependence*	0.007	6.803
	Depression*	1.000	0.170
	Anxiety*	0.372	1.974
	Psychosis*	0.020	11.912
	BPAD*	1.000	0.172
	Alcohol harmful use	0.083	3.002
SLD	Alcohol dependence	0.850	0.036
	Depression*	0.330	2.041
	Anxiety*	0.345	1.156
	Psychosis*	1.000	0.995
	BPAD*	0.170	2.519
	Alcohol harmful use	0.424	0.640
BPAD	Alcohol dependence*	1.000	0.012
	Depression*	1.000	0.026
	Anxiety*	0.246	2.074
	Psychosis*	1.000	0.052
	BPAD*	0.228	2.420
	Alcohol harmful use	1.000	0.290
Depression	Alcohol dependence*	1.000	0.859
	Depression*	1.000	0.015
	Anxiety*	0.157	2.540
	Psychosis*	1.000	0.031
	BPAD*	1.000	0.160
	Alcohol harmful use*	1.000	0.008

Table-6: Association between maternal and child psychiatric illness (except ADHD)

Child diagnosis	Maternal diagnosis	P value	Chi square value
Conduct disorder	Psychosis*	1.000	0.537
	Bipolar*	0.062	2.224

	Depression	0.028	4.837
	Anxiety	0.524	0.405
	Intellectual disability*	0.210	3.781
Id	Psychosis*	0.270	2.054
	Bipolar*	1.000	0.027
	Depression*	1.000	0.002
	Anxiety	0.093	2.814
	Intellectual disability*	1.000	0.170
Pdd	Psychosis*	1.000	0.176
	Bipolar*	1.000	0.725
	Depression*	1.000	0.015
	Anxiety*	0.700	0.471
	Intellectual disability*	1.000	0.087
Specific learning disorder	Psychosis*	0.552	0.264
	BPAD*	1.000	0.241
	Depression*	0.511	0.706
	Anxiety	0.222	1.491
	Intellectual disability*	1.000	0.495
Bipolar affective disorder(BPAD)	Psychosis*	1.000	0.052
	BPAD*	1.000	0.214
	Depression*	0.520	0.186
	Anxiety*	0.461	0.364
	Intellectual disability*	1.000	0.026
Depression	Psychosis*	1.000	0.031
	BPAD*	0.116	2.825
	Depression*	0.354	1.026
	Anxiety*	1.000	0.396
	Intellectual disability*	1.000	0.015
Anxiety	Psychosis*	1.000	0.176
	BPAD*	0.493	0.229
	Depression*	1.000	0.015
	Anxiety*	0.404	0.898
	Intellectual disability*	1.000	0.087

Table-7: Association between maternal psychiatric illness and child ADHD

ADHD	Psychosis*	1.000	0.250
	BPAD*	0.602	1.030
	Depression*	0.745	0.412
	Anxiety*	0.479	1.175
	Intellectual disability*	1.000	1.24
ADHD with conduct disorder	Psychosis*	1.000	0.315
	BPAD*	0.077	4.110
	Depression*	0.008	6.954
	Anxiety*	0.524	0.337
	Intellectual disability*	1.000	0.156
ADHD with SLD	Psychosis*	0.416	0.789
	BPAD*	1.000	0.010
	Depression*	0.630	0.431
	Anxiety	0.756	0.097
	Intellectual disability*	1.000	0.309

Test used was Pearson chi square test, $df = 1$, p value significant level < 0.05 (*Fischer's exact test value).

Discussion

In our study total of 122 fathers and 50 mothers had psychiatric morbidity which constitute 43 % of parents of either sex. This is in correspondence with the study done in Philipps University Marburg Germany which showed 48.3 % of parents of either sex had psychiatric morbidity [8]. Most common psychiatric morbidity among fathers was harmful use of alcohol (30%) followed by alcohol dependence syndrome in 38 fathers (19%). This is in accordance with the study by Philipps University Marburg Germany which showed 20.7 % of substance dependence among parents of children with psychiatric disorders. Among the mothers depressive disorder $n=22$ (11%) was the most common psychiatric morbidity followed by anxiety disorder $n=18$ (9%) [8]. As per a study from a south Indian rural population prevalence of depressive disorder was 14.82% and anxiety was 4% [9]. Significant association was found between, ADHD in children with fathers' alcohol harmful use ($p=0.041$). A study done in US found that there is significant association between ADHD in children and fathers' substance use disorder. In this study 29% of children with ADHD had their fathers having substance use disorder [10]. In this study there was significant association between ADHD with conduct disorder (CD) in children and fathers' alcohol dependence ($p=0.011$) and bipolar affective disorder ($p=0.005$) and mothers' depression ($p=0.008$). The US study also found similar association with 31.5% of children with ADHD and conduct disorder had their fathers having substance use disorder and 43.3% of mothers having mood disorder [10]. Mental retardation in children was significantly associated with fathers' alcohol dependence ($p=0.007$) and psychosis ($p=0.020$). An Indian study on parents of children with mental retardation found significant association between mental retardation in children and dysthymia, anxiety disorder and depression in parents. Substance use disorder is highly co-morbid with all these conditions [11].

Conclusion

Psychiatric illnesses in parents represent a risk for children in the family. These children have a higher risk for developing behavioral problems than other children.

Medical, mental health or social service professionals working with mentally ill adults need to inquire about the children and adolescents, especially about their mental health and emotional development.

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