

Challenges in the Management of Mental Health Patients in A Tertiary Care Hospital: Practical Experiences

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Abstract:

Background: Mental health disorders are important issue which is currently creating a significant emphasis on child and adolescent health. The optimum and standard management is an important issue to reduce the burden of mental health disorders.

Objectives: To ascertain the challenges for the management of patients in mental health clinic.

Methods: This is an observational study; data were collected retrospectively from hospital records. All the patients, seen in mental health clinic of child development center of Dhaka Shishu Hospital from January 2018 – December 2018 were included. The patients of mental health are seen in a multidisciplinary approach by child health physician, developmental therapist and psychologist.

Results: In Total 335 patients were seen in 12 months in mental health clinic of Dhaka Shishu Hospital ;among them male female ratio is 1.5 ; age of children mean age 3 years , most of the patients came from urban area; Disease pattern diagnosed as 235 cases are ASD , others include ADHD, Conduct disorder, Intellectual impairment disorders , Learning disabilities, Anxiety disorders , School phobia ; During management important challenges were detected like polypharmacy, irregular follow up; family issues (Parenting, watching devices during feeding, faulty dietary habit) ; poor sleep hygiene; lost to follow up.

Conclusion: Mental health is one of the important clinical conditions in child health issue. If the challenges can be detected earlier & intervention is given it will make important steps in management of mental health diseases.

Keywords: Mental health, psychologist, anxiety disorders

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I. Introduction

Mental health problem in children and adolescent period is one of the important rising problem in Bangladesh. It is seen that developing country have higher burden of mental disorders than developed countries^{1,2}. Representative studies from the developing world give a prevalence range of 1–49%³. Earliest report among urban primary school children revealed 13.4% had some type of behavioral disorder, with boys being twice more affected than girls (20.4 vs. 9.9%)⁴(urban slum) children, reported 22.9% had some form of psychiatric disorder with slightly lower prevalence in boys than girls (20.0% in boys and 25.5% in girls)⁵. Mullick & Goodman used Development and Well- Being Assessment (DAWBA) questionnaire, and previously validated Strengths and Difficulties Questionnaire (SDQ) tools in their study and found overall prevalence of 15.2% in different settings (rural, urban and urban slum) with the highest prevalence in the urban slum (19.5%)⁶. 14.6% children with behavioral problems as reported by the parents in rural Bangladesh⁷ Half of all lifetime mental health disorders have their onset in childhood and adolescence⁸. If untreated, childhood mental health disorders have a high level of persistence⁹ However, studies from several countries have shown that only a minority of children and adolescents with impairing mental health disorders are in contact with specialist child and adolescent mental health services (CAMHS)¹⁰. and that children who do come in contact with CAMHS often have had mental health problems for years before being referred^{11,12}. Time-to-treatment of mental disorders in a

community sample of Dutch adolescents. A TRAILS study. Severity of symptoms¹³, comorbidity¹⁴, and persistency of symptoms¹⁵ have all been identified as predictors of contact with CAMHS. However, Ford et al. found that among children who had persistent symptoms for three years, 61.6% had not accessed CAMHS. Management of childhood psychiatric problems are always very much challenging specially in the countries where the public health is not free of cost. So its severity increases and comorbidities increases day by day. So it becomes as challenge for the health care providers to overcome the multiple problems. So the purpose of this study is to ascertain the challenges for the management of patients in mental health clinic.

Objective

To ascertain the challenges for the management of patients in mental health clinic.

II. Methodology

All the patients of different ages seen in mental health clinic of child development center (CDC) of Dhaka Shishu Hospital attended from January May 2018 – December 2018 were taken as study population. The patients of mental health were seen in a multidisciplinary approach by Child health physician, developmental therapist psychologist, and psychosocial councilor. For Diagnosis SDQ (Strength and difficulties questionnaire), M-CHAT, SCQ (Social and communication questionnaire), and in selective cases ADOS (Autism disorder observational scale) were used. Ethical clearance was taken. All the data were collected from neurology clinic files, and hospital medical records to confirm the inclusion criteria. Total 1year follow up records were checked. Who had completed examination and on regular follow up was taken as sample. All the data were taken according to questionnaire. Data were analysed and presented as frequencies and percentage. Chi square test were applied. P value < .05 was taken for significance.

III. Result

In one year total 334 patients were seen in mental health clinic in child development center.

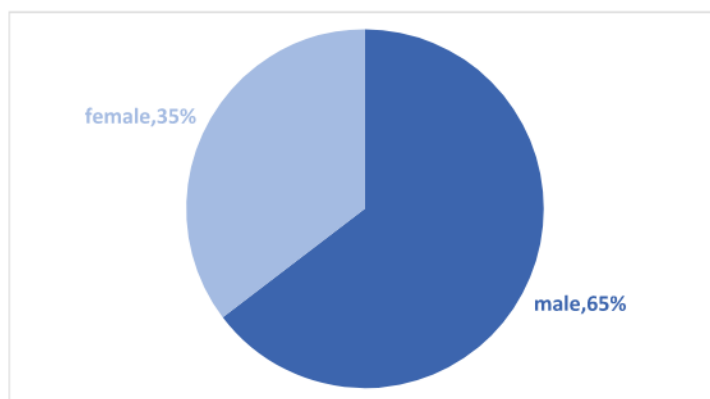


Fig I: Sex distribution in study group

In this study we found 35% of female child was on regular follow up and 65% boys were in regular follow up. Male female ratio was 1.5:1.

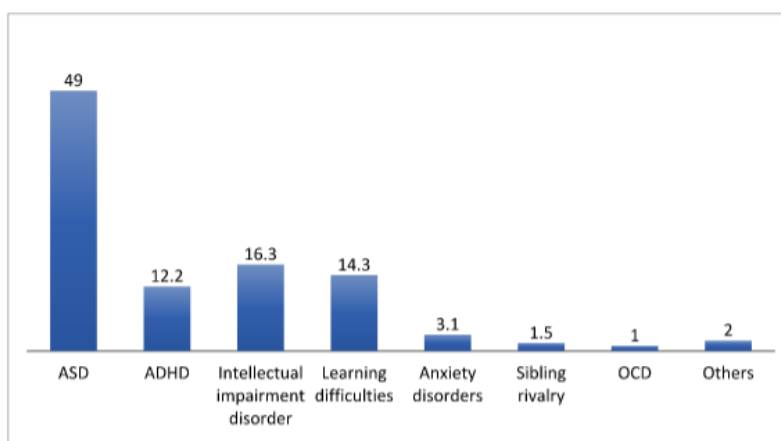


Fig II: Distribution of different types of mental health problems

Pattern of distribution of different mental health disorders were extremely variable. It was seen that in 1 year 49% children had ASD (Autism spectrum disorder), 12.2 % had ADHD, 16.3% had intellectual impairment disorders, 14.3% had Learning difficulties, and 3.1 % had anxiety disorders.

Table I: Sociodemographic characteristics

		Frequency	Percentage (%)
Sex	Male	220	65%
	Female	114	35 %
Age	<3 years	75	22.45%
	>3 years	259	77.55%
Residence	Urban	230	68.86
	Rural	104	31.14%
Family history	Positive	65	19.46
	Negative	279	80.54
Socioeconomic condition	Average	200	59.88
	Below average	134	40.11
Birth history	eventful	75	22.45
	uneventful	259	77.54

Sociodemography is very important for management of mental health patients. In study group male female ratio is 1.5: 1. 22.45 % children were below 3 years and most of them had communication and socialization problem. 230 cases came from urban area. For socioeconomic condition 12345 tk was considered as per capita income for Bangladesh. Birth history was uneventful in 77.54%.

Table II: Difficulties in management (n=334)

	Present (in %)	Absent (in %)	P value
Family issues (Parenting, faulty feeding, excessive mobile use)	91.6%	8.4%	0.000*
Polypharmacy	92.3%	7.7%	0.000*
Follow up	48%	52%	0.5
Schooling	72%	28%	0.57
Co-morbidities	48%	52%	0.5

In follow up different factors were considered as challenges for management. Among these family issues, and polypharmacy had significant association. Regular follow up, regular schooling and other comorbidities did not give significant issues. (Table II)

IV. Discussion

The majority of mental health problems start in childhood and adolescence, with 75% of adults with a mental health disorder experiencing the onset of the problem before the age of 24 years.^{8,16}

Primary care practitioners play a key role in the recognition and management of child and adolescent mental health problems. Primary care practitioners also face challenges once they have identified the presence of a mental health problem. Primary care practitioners also face challenges once they have identified the presence of a mental health problem.¹⁷

In a developing country like Bangladesh prevalence of mental health disorder is not very low. In 1 year OPD clinic service it is observed that 49% cases are diagnosed as ASD, then IDD, ADHD and other mental health disorders. A recent 2013 pilot study in Bangladesh, utilizing community health workers, has found prevalence of all kinds of neurodevelopmental disability is 7.1%. Whereas, for ASD, the study indicates a prevalence of 0.15% (3% in Dhaka city and .07% in rural area).¹⁸

Here male female ratio is 1.5:1. A UK national study in 2004 found that 10% of boys and 5% of girls had a mental health disorder at the age of 5–10 years. 22.45 % children were below 3 years and most of them

had communication and socialization problem¹⁹. 230 cases came from urban area. For socioeconomic condition 12345 tk was considered as per capita income for Bangladesh. Birth history was uneventful in 77.54%. In 19.4% cases there were positive family history of mental health disorders. Goodman²⁰ have previously conducted a prevalence study in urban, rural and slum districts of Bangladesh, of mental health disorders in 5- to 10-year-old children, though the numbers seen for the diagnostic phase were small (only 59 screen positive children in all). They suggested 15.4% of rural children had some kind of disorder (9.3% anxiety, 6.7% behavioral disorder), compared with 10% in urban children and 19.5% in slum children.

In follow up different factors were considered as challenges for management. Among these family issues (Parenting, faulty feeding, excessive device using) and polypharmacy had significant association. Regular follow up, regular schooling and other comorbidities did not give significant issues. Schools are an ideal place to provide mental health services to children and youth.²¹

V. Conclusion

Mental health is one of the important clinical conditions in child health issue. If the challenges can be detected earlier & intervention is given it will make important steps in management of mental health diseases.

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