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Psychiatric Disorders in Primary School Children

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ABSTRACT

This work was done to study psychiatric disorders in primary school children and to investigate the personal history and family characteristics of the affected children. To achieve this purpose we selected three primary schools in Tanta city, representing different socio-economic strata.

The school social workers and the class-room teachers were informed about the manifestations of psychiatric disorders in primary school children and referred these cases for psychiatric examination. The psychiatrist attended each school once weekly during the scholastic year 1979/1980. The parents of the affected children were likewise interviewed.

The total number of children in the three schools was 1500. Psychiatric disorders as confirmed and diagnosed by the psychiatrist were present in 10 ·/. of cases. Behaviour disorders were the commonest type of psychiatric disorders present while habit disorders occurred less frequently. The personal history of the affected children showed that 50 ·/. of them were the youngest as regards their birth order and that neurotic traits in early childhood were present in 76.6 ·/. of them. Study of the family characteristics showed severe parental conflicts in 26.6 ·/. of cases. Over-protective parents were more than aggressive parents. Psychiatric disturbances in siblings were reported in 50 ·/. of cases.

INTRODUCTION :

Epidemiological studies of school age children were undertaken by various authors. Rutter and Graham (1966) found that excluding educational disorders, mental retardation and some monosymptomatic disorders such as enuresis, a minimum prevalence rate of 6.5 per. cent was obtained for psychiatric disorders among 10 — and 11 — year old children. Bower et al. (1960) note that at least 3 children in

each class of 200 classrooms studied could be regarded as having educational problems of sufficient severity to warrant the label of " emotionally handicapped children " They also found that 4.4 ٪ of all children in the 200 classes were overtly aggressive or deviant most of the time, while 6.7 ٪ were withdrawn or timid most of the time. Redwine **et al., (1955)** also state that the extent of aggressive behaviour of school children in various studies is increasing during the past two or more decades.

The role of the family in causing these emotional disorders in children is important. Bloom (1976) states that social constraints arising from the authoritarian and hierarchical nature of many Nigerian families, caused anxiety among young Nigerian children. Bowlby (1961) states that divorce usually stimulates separation anxiety, with feelings of rejection and helplessness in the children. Forfar (1973) states that the symptoms represent the indirect expression of feelings such as hostility, frustration and anger towards overrestrictive parents.

The aim of the present study is to find out the prevalence of psychiatric disorders in primary school children and to study the personal history and the family characteristics of the disturbed children.

MATERIAL AND METHOD :

The material of this work included all children attending three primary schools in Tanta, Middle Delta. The three schools could be considered as representative of the primary schools in Tanta, as regards the socio — economic standard of children. The total number of children in the three schools was 1500. The psychiatrist visited each school once weekly during the scholastic year 1979/1980. A team of school social workers and the class - room teachers cooperated in the study.

All 1500 children were examined and interviewed by the psychiatrist for evidence of psychiatric disturbances.*

Fresh cases appearing during this year were also examined.

The parents of the affected children were called and interviewed by the psychiatrist and social worker in order to obtain information

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* **Cases of mental retardation and psychiatric disorders of epilepsy were not included in this study.**

as regards the family history and family characteristics. Sixty families only cooperated in the study.

RESULTS.

TABLE I

Psychiatric Disorders in 1500 Primary School Children.

		No.	%
I.	No psychiatric disorder present :	1350	90
II.	psychiatric disorder present :	150	10
	1. **Behaviour disorder :**	80	5.3
	— aggressive behaviour	40	2.7
	— Truancy	20	1.3
	— hyperkinesis	10	0.7
	— lying	5	0.3
	— stealing	5	0.3
	2. **Habit disorders**	40	2.7
	— stammering	20	1.3
	— nocturnal enuresis	10	0.7
	— nail biting and/or thumb sucking	10	0.7
	3. **Personality disorder :**	15	1
	— shyness and introversion.	15	1
	4. **Psychoneurosis :**	15	1
	— phobias	15	1
	Total	1500	100

Table I shows the results of examination of 1500 primary school children as regards the presence or absence of psychiatric disorder , and the nature of the psychiatric disorders present. The classification followed in this work is taken after Henderson and Gillespie (1956) as it was found to be a more comprehensive and detailed one. The table shows that psychiatric disorders were present in 150 (10 %) children. Behaviour disorders were present in 80 (5.3 %) and habit disorders in 40 (2.7 %) cases. Personality disorders and psychoneurotic disorders were present each in 15 (1 %) cases.

TABLE II

Personal History

		NO.	%
1.	**Birth order :**		
	Youngest	30	50
	Middle	12	20
	Eldest	10	16.7
	Only child	8	13.3
2.	**Pregnancy :**		
	Normal	58	96.7
	Abnormal	2	3.3
3.	**Labour :**		
	Normal	58	96.7
	Abnormal	2	3.3
4.	**Milestones :**		
	Normal	46	76.7
	Delayed	14	23.3
5.	**Neurotic traits in early childhood :**	44	73.3
	Fears	34	56.7
	Temper tantrums	18	30
	Cruelty	16	26.7
	Sleep disorders (nightmares and terrors)	14	23.3
	Refusal of food	14	23.3
	Nocturnal enuresis	10.	16.7
	Nail biting and/or thumb sucking	10	16.7
	Stammering	8	13.3
6.	**Scholastic performance :**		
	Average	30	50
	Below average	10	16.7
	Poor	20	33.3
	Total	60	100

Table II illustrates the personal history of 60 cases suffering from psychiatric disorders. As regards the birth order the child was the youngest sibling in 30 (50 %), the middle in 12 (20 %), the eldest in 10 (16.7 %) and the only child in 8 (13.3 %) cases. Abnormal

pregnancy and labour were present each in 2 (3.3 ٪) cases. Milestones of development were delayed in 14 (23.3 ٪) cases. Neurotic traits in early childhood were present in 44 (73.3 ٪) cases.

Scholastic performance, as judged by the school records and the reports of teachers, was average in 30 (50 ٪), below average in 10 (16.7 ٪) and poor in 20 (33.3 ٪) cases.

TABLE III

Family Characteristics

	No.	٪
1. Father-child relationship :		
Passive and disinterested	15	25
Overprotective	15	25
Dead	5	8.3
Aggressive (fearful)	10	16.7
No gross disturbance	15	25
2. Mother-child relationship :		
Overprotective	20	33.3
Divorced or separated	8	13.3
Aggressive	8	13.3
No gross disturbance	24	40
3. Father-mother relationship :		
Severe conflicts	16	26.6
Divorce	4	6.7
Separation	4	6.7
No gross disturbance	36	60
4. Psychiatric disturbances in siblings	30	50
Nocturnal enuresis	14	23.3
Aggressive behaviour	10	16.7
Stammering	6	10
Nail biting and/or thumb sucking	4	6.7
Shyness and introversion	4	6.7
Nightmares	2	3.3
Total	60	100

Table III shows the family characteristics of disturbed children. The number of families studied was sixty as these were the families that cooperated in the study. The father-child relationship was disturbed in 45 (75 %) cases. The father was passive and disinterested in 15 (25 %), overprotective in 15 (25 %), aggressive in 10 (16.7 %) cases and lost, through death, in 5 (8.3 %) cases. The mother-child relationship was disturbed in 36 (60 %) cases. The mother was overprotective in 20 (33.3 %); aggressive in 8 (13.3 %) and divorced or separated in 8 (13.3 %) cases. The father - mother relationship was disturbed in 24 (40 %) cases. Severe conflicts were present in 16 (26.6 %), divorce in 4 (6.7 %) and separation in 4 (6.7 %) cases. Psychiatric disorders in the siblings of affected children were present in 30 (50 %) cases.

DISCUSSION :

1. Psychiatric disorders in primary school children :

Epidemiological studies of school age children were undertaken by Rutter and Graham (1966). A minimum prevalence rate of 6.3 per. cent was obtained for psychiatric disorder among 10 - and 11 - year old children (excluding cases of educational disorders, mental subnormality and some monosymptomatic disorders such as enuresis.) These results are approximate to our findings where we found that out of 1500 school children studied, 10 % suffered from psychiatric disorders. (Other than mental retardation). Behaviour disorders such as aggressive acts, truancy, hyperkinesis, lying and or stealing were studied by various authors.

Forfar and Arneil (1973) have pointed that aggressive behaviour e.g. disobediences, destructiveness, and excessive fighting with children occur especially at the age of 4 - 8 years. Bower, Shellhamer and Daily (1960) report that " as described by teachers 4.4 % of all children in 200 classes were overly aggressive or deviant most of the time ".

In our cases we found aggressive behaviour in 2.7 % of the children examined. Sparks (1952) found dangerous acts in 14 % of his cases but in our cases aggressive behaviour was present in 2.7 % of children only. This may be because our culture does not encourage the expression of aggressive or dangerous behaviour.

Truancy occurred in 1.3 ٪ of all children examined and did not represent a serious problem as they were not actual cases of escape or running away from the school. In all these cases thorough exploration of the situation showed that these children came late to the school and were afraid of returning home and so were compelled to pass the school hours away from the school. Hyperkinesis occurred in a relatively small number of cases (0.7 ٪) reflecting the strict discipline of the school in our culture which does not allow facilities and opportunities for the natural activity of the child. As regards habit disorders, Lapouse and Monk (1958) state that tension phenomena such as nail biting, sucking the thumb or fingers, chewing or sucking lips or tongue or biting inside the mouth, nose picking and grinding teeth ... etc. were frequent in studied children. About 30 ٪ of the children were reported to have one of these manifestations, 20 ٪ two, and about 16 ٪ showed three or more. Meadow and Smithells (1978) report that at the age of 5 years 15 ٪ of children wet their bed and by the age of 10 years it decreases to 5 ٪. Obi (1977) states that enuresis appeared to occur most in children aged 9 - 12 years. Forfar and Arneil (1973) state that enuresis is very common among children in highly developed countries, and that estimates of its prevalence indicate that at the age of 5 years it occurs in 1 to 10 children and at 14 years in 1 to 35 children.

In our cases, habit disorders occurred much less frequently. (2.7 ٪ of cases only).

Nocturnal enuresis was present in 0.7 ٪ of cases.

This markedly low percent may be due to false information given by parents as they might have looked upon enuresis as a shameful condition that they would not readily admit to health authorities.

Nail biting and or thumb sucking occurred in 0.7 ٪ of children. This may be because the condition was not observed by teachers and the parents did not take it as an important problem requiring notification. Stammering was present in 1.3 ٪ of cases.

The total number of cases showing habit disorders in our cases was 40 (2.7 ٪) which is lower than that reported in other cultures. This may be false, as a result of parents hiding the condition as in nocturnal enuresis or taking it lightly as in nail biting and thumb sucking. However, this low rate may be due to better emotional

adjustment of children in our culture which can be due to more stability of the family and more emotional care available for the children.

As regards psychoneurotic reactions in school children, Cummings (1944) notices that restlessness, anxiety, and lack of concentration were closely associated with a high incidence of anxiety and that specific fears were found in over 20 % of the children with 8 % showing fear of animals.

Bloom (1976) in a study of fears of young children found that a high proportion referred to death, injury and violence; and to ghosts, fairies and evil spirits. Lapouse and Monk (1958) state that the high prevalence of children with fears and worries (43 %) stands out sharply. In our cases, phobias occurred in 1 % of cases and were mostly fear from animals and dark places. Other psychoneurotic reactions such as anxiety, obsessive complusive neurosis, depressive neurosis were not reported in our series. We propose that in childhood both anxiety and depression may not manifest themselves as the classical psychoneurotic symptoms per se but as behaviour, habit or personality disorder, and as aggressiveness, school failure, delinquency, and psychosomatic symptoms.

II. Personal history :

Studying the birth order of our cases showed that 50 % were the youngest while 16.7 % were the eldest of their siblings. This may be because the youngest sibling is more liable to be neglected or else to be overprotected and spoiled by his parents.

Neurotic traits were present in the early childhood of disturbed children in 76.7 % of cases. Such a high figure shows that these disturbances show much earlier than school age. This may be of importance in the prevention of psychiatric disorders in primary school children.

As regards scholastic achievement, Garrison and Force (1965) point that many teachers fail to recognize emotional problems in children with whom they work.

Bower **et al.** (1960) note that at least three children in each class of 200 classrooms studied could be regarded as having educational problems of sufficient severity to warrant the label of " emotionally handicapped children ".

In our sample we found that the scholastic achievement was poor in 33.3 % of cases, below average in 16.7 % of cases and average in 50 % of cases. This is in accordance with the above mentioned findings that emotional disorders affect the learning ability of children.

III. Family characteristics :

Many authors have studied the various aspects of parent-child relationship and the effect of family relations on child development. Anderson, H. and Anderson, G. (1968) state that punishment tends to initiate resistance or rebellion in the child.

Mussen et al. (1969) state that a parent who is hostile and restrictive tends to promote counter hostility within the child and that this parental behaviour pattern is often found among neurotic children and may lead also to shyness and introversion.

Noyes and kolb (1963) point out that child of an indulged, overprotective mother may show disobedience, tantrums, and aggressively demanding attitudes. The problems of the dominatingly overprotective mother's child are largely of anxieties, fears, shyness and submissive behaviour. Carmichael (1968) states that one response to maternal rejection is aggressiveness on the part of the child.

Broken home was also found to have adverse effects on the child's development. Bowlby (1961) states that divorce usually stimulates separation anxiety, with feelings of rejection and helpessness in the children. Noyes and Kolb (1963) report that a broken home is a common source of personality difficulties and that the prolonged deprivation of the young child of maternal care frequently gives rise to a sense of insecurity, a frequent cause of neurotic behaviour. The incidence of broken home is high in some cultures. Sugar (1970) states that one or more of three marriages in the United States ends in divorce. Smart, M. and Smart, R. (1978) report that it was estimated that 30 % of school - age children were not living with a mother and father who were in a continuous first marriage. Schlesinger (1973) states that in Canada 8.9 % of families were classified as one-parent.

Sugar, 1970 and Smart, 1978, found that divorce and/or separation of parents was present in approximately one third of cases. In our cases divorce and separation of parents was present in 13.3 % of cases indicating more stability of the family in our culture.

In our cases overprotective parents were found more frequently than aggressive parents. This is in accordance with the child rearing practices in our culture. Overprotection was present in 25 % of mothers while aggression was present in 16.7 % of fathers and 13.3 % of mothers.

Psychiatric disorders were present in the siblings of the disturbed child in 50 % of cases. This shows that in a good number of cases siblings are also affected. This is probably due to the disturbed home atmosphere in these families.

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الموجـــــز

الاضطرابات النفسية عند تلاميذ المدارس الابتدائية

قام الباحثون بدراسة الاضطرابات النفسية عند تلاميذ ثلاثة مدارس ابتدائية مجموع تعدادها الف وخمسمائة تلميذا . ونتيجة لهذه الدراســة وجدت الاضطرابات النفسية فى مائة وخمسين حالة (١٠ ٪) من التلاميذ ، وكان أكثر أنواع الاضطرابات النفسية شيوعا هى الاضطرابات السلوكية (٣ر٥ ٪) ، بينما كانت نسبة اضطرابات العادات (مثل التبول اللا ارادى قضم الاظافر ومص الاصابع ، واللجلجة فى الكلام) أقل تواترا (٧ر٢ ٪) .

وبدراسة التاريخ الشخصى لهذه الحالات تبين أن ٥٠٪ من المرضى كان ترتيبهم الاصغر بين الاشقاء ، كما وجدت الميول العصابية فى الطفولة المبكرة فى نسبة عالية من المصــابين (٧٦ر٧ ٪) ، وتبين أن تحصــيلهم الدراسى أقل من المتوسط أو ضعيف فى ٥٠ ٪ من الحالات .

وأظهرت دراسة الجو الاسرى أن انماط الرعاية الزائدة عند الوالدين أكثر تواترا من نمط الاب العدوانى أو الام العدوانية ، وكانت نسبة الطلاق قليلة بالنسبة للمجتمعات الاخرى . كما تبين وجود الاضطرابات النفسية عند أشقاء الاطفال المرضى بنسبة ٥٠ ٪ .

ABSTRAIT

Désordres Psychiatriques Parmi les Enfants de L'Ecole Primaire.

Ce travail a été fait pour étudier les désordres psychiatriques parmi les enfants de l'école primaire, ainsi que pour examiner l'histoire personnelle, et les caractéristiques familiales des enfants affectés.

Pour achever cette tâche nous avons choisi trois écoles primaires dans la ville de Tanta, représentant different niveaux socioéconomique. Les assistants sociaux de l'école ainsi que les instituteurs ont été informés à propos des manifestations des troubles peychiatriques chez les enfants des écoles primaires, les cas ont été referés par eux pour l'examination psychiatrique. Le psychiatre se trouvait dans chaque école une fois par semaine durant l'année scolaire 1979/1980. Les parents des enfants affectés ont été ainsi interviewés.

Le nombre total des enfants dans les trois écoles été 1500. Les désordres psychiatriques diagnostiqués et confirmès par le psychiatre étaient présents dans 10 % des cas. Les troubles de comportement étaient les plus communs de ces désordres, tandis que les troubles d'habitude étaient moins fréquents. L'histoire de ces enfants affectés a montré que 50% étaient les plus jeunes relativement à leur ordre de naissance, des traits neurotiques durant la période pré-scolaire se sont produits dans 76.6% des cas. L'étude des caractéristiques familiales a montré la présence de conflits sévères entre les parents dans 26.6 % des cas. Des parents surprotectifs étaient présents beaucoup plus que les parents aggréssifs. Les troubles psychiatriques entre les frères étaient rapportés dans 50 % des cas.