PSYCHIATRIC MORBIDITY IN A CHILDREN’S HOME

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SUMMARY

Sixty-two inmates of a children’s home were examined by using a symptom check list and Hindi adaptation of Stanford Binet Intelligence Scale—Form L.M. (1960). A high proportion (69.4%) of the inmates had one or other psychiatric problem. Mild mental retardation (I. Q. 50—70) was most common (40.3%), 11.3% were diagnosed as having unsocialized disturbance of conduct. Four most common psychiatric symptoms were stealing, quarrelsome behaviour, destructive behaviour and bed wetting. No significant correlation was found between psychiatric illnesses and present age, duration of stay and age at entry into the home.

Ever since the pioneering studies of John Bowlby (1946, 1952) the role of parental deprivation in the causation of psychological disturbances has been well recognized. Several other workers have stressed the importance of parental deprivation during early childhood in the genesis of depression (Spitz & Wolf 1946; Brown, 1961; Beck et al., 1963; Sethi, 1964; Wig et al., 1969; Bowlby, 1973; Bagadia et al., 1976; Brown et al., 1977), intellectual defect (Goldfarb, 1943, 1945; Williams, 1961; Rajalakshmi, 1968; Rutter, 1972) and antisocial personality disorder (Beres and Obers, 1950; Earle and Earle, 1961; Greer, 1964; Brown and Epps 1966; Rutter, 1966, 1970).

The absence of natural parents is the chief characteristic of the inmates of an orphanage and various kinds of psychological disturbances are frequent in such a setting but no comprehensive study has so far been reported from this country, although thousands of children spend their whole life in these institutions. While parental deprivation is central to the theme of studying an orphanage, there are other factors too—such as the socio-economic background of the institution, staff attitudes, recreational and educational facilities—which play a pivotal role in the socialization and personality development of the inmates.

The present study was therefore undertaken 1. To evaluate the prevalence of psychiatric illness and 2. To establish relationship between various psycho-social factors and psychiatric illness.

MATERIAL AND METHODS

Sample:

The sample of this study consisted of all inmates of a children’s home in the city of Lucknow. The study was conducted for a period of 8 months. Out of 64 inmates of the home—two could not be studied, as they had absconded while the study was in progress.

Brief Account of Children’s Home:

Lilawati Munshi Balgrah named after the wife of the then Governor of Uttar Pradesh was founded in 1956 as a charitable institution to provide refuge to the children of the “inmates of a house of destitute women

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in Lucknow. The children admitted to this home usually belong to one of the following categories.

(a) Illegitimate neonates or children admitted to any hospital with no relative or guardian.

(b) Lost children brought by the police.

(c) Children of widows and destitutes are admitted on a voluntary basis.

(d) Transferred from other orphanages.

| TABLE |
|-------|
| AGE AT ENTRY |
| (in yrs.) |
| Below 1—5 Above 15 |
| Illegitimate New Born (N= 7) | 7 | 5 |
| As a lost child (N=22) | 12 | 10 |
| On voluntary basis (N=28) | 8 | 20 |
| Transferred from other orphanage (N= 5). | 5 |

The above table shows various sources of admission in this home. Seven children were admitted as newly born usually from hospitals where they were left by the relatives. The lost children who were admitted were 12 in the age group of 1-5 years, and 10 above 5 years of age. The children admitted on request of relatives were 8 in the age group of 1-5 years and 20 above 5 years. Five cases were transferred from other orphanages.

Generally their stay in the home is terminated by adoption, job-rehabilitation, reclaimed by parents, matrimonial arrangement in case of girls or transfer to another orphanage after they have attained the age of 16, in case of boys.

METHOD OF INVESTIGATION

Each child was interviewed and a detailed case history was obtained from the Superintendent of the Home. The enquiry covered identification data, age at the time of entry, reasons and circumstances in which the child was brought to the home, scholastic progress, history of present and past illness and general behaviour of the child. A symptom check list was used to detect psychiatric or emotional problems in these inmates. Since all the children are kept under close supervision of the Superintendent, the information pertaining to their behaviour problems was obtained from her with the help of this symptom check list. A detailed physical and mental status examination was carried out in each individual. The Hindi-adaptation of Stanford Binet Intelligence Scale—Form LM (1960)—was employed for assessing the intelligence of the subjects. Diagnoses were made as per the guidelines of the International Classification of Diseases (1977).

OBSERVATIONS AND RESULTS

The mean age of the inmates was 11.4 years, the youngest child being 3 years and the oldest 25 years. Male and female ratio was 1 : 2.2. Nearly 72% of the children belonged to the age group of 6-15 years. 67.3% children were educated up to V class, 21.8% up to VIII class and only one subject up to XII class. In addition to the case history and reports provided by the staff of this home about the behavioural adjustment of each subject, the investigators had the advantage of close observation of most of the children throughout the period of enquiry. Any child presenting with psychiatric problem was thoroughly evaluated and diagnosed according to ICD-9.

Of the 62 children, 19 did not manifest any psychiatric problem during the period of study. Among the psychiatrically ill, Mild Mental Retardation (I.Q.-50-70) was the most common diagnosis (40.3%). While 26 children scored below 70 on Stanford Binet Intelligence Scale, we have included only 25 in the category of Mild Mental Retardation, because in one case
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TABLE 1—Pattern of Psychiatric Illnesses

| Code no. | Diagnosis (ICD-9)                                      | Male   | Female  | Total |
|----------|--------------------------------------------------------|--------|---------|-------|
| 317      | Mild mental retardation (I.Q. 50—70)                   | 5      | 20      | 25    |
| 312.0    | Unsocialised disturbances of conduct                   | 4      | 3       | 7     |
| 307      | Special symptoms or syndromes, Not elsewhere classified | 1      | 3       | 4     |
| 309      | Enuresis                                               |        |         |       |
| 309      | Nail biting                                            | -      | 3       | 3     |
| 309      | Adjustment Reaction                                    | 2      | 2       | 4     |
| .        | No psychiatric illness                                  | 7      | 12      | 19    |
| **Total** |                                                      | **19** | **43**  | **52** |

I.Q. score was 69 and clinically and on educational performance, she did not appear to be subnormal. Many children with Mild Mental Retardation also exhibited symptoms of unsocialized disturbance of conduct, enuresis, nail biting, thumb sucking etc. For the purpose of diagnosis, they have all been kept in the category of Mild Mental Retardation, since it was the primary diagnosis. Seven children (11.3%) were diagnosed as having 'Unsocialised disturbance of conduct'. An equal number were placed in the category of 'Special Symptoms of Syndromes, not elsewhere classified'. Four subjects (6.5%) belonged to the category of 'Adjustment reaction', all of which belonged to subcategory Brief Depressive Reaction (309.0). To illustrate—one 18 years old female was having a love affair which ended in disappointment. Soon after she started showing withdrawal, suicidal attempts, aggressiveness, tendency to run away and disobedience to superiors. It lasted for about a month. This example illustrates that when this girl felt disappointed she reacted with depression and aggression towards self. Aggression towards superiors was exhibited by disobedience, tendency to run away and destructiveness. Ordinarily such a situation leads to severe reactive depression with or without suicidal ideation. Aggressiveness seems to be indicative of subject's hostility and rejection of authorities because she perceived them as indifferent. The patient was diagnosed as a case of Adjustment Reaction (Brief Depressive Reaction 309.0) (ICD-9).

Stealing was found frequently in Mild Mental Retardation group. Quarrelsome behaviour was most frequent in children with 'Unsocialised disturbance of conduct'. Destructive behaviour was noted in all the seven subjects in the group of conduct disorder. Bed wetting was observed in 14.5% of the total children. Impulsive behaviour and nail biting occurred in 12.9% cases. Truancy was observed in 7 (11.3%) subjects of the studied sample. A similar figure (11.3%) was also obtained for roaming tendency, which was obviously more frequent in cases of conduct disorder.

To establish a relationship between various psychosocial factors and psychiatric illness, the sample was analysed for age, duration of stay and age at entry (Table 3). Since psycho-social factors are likely to be more relevant in the functional type of psychiatric disorders, Mild Mental Retardation has been excluded for the purpose of this evaluation. Moreover, the psychogenic disorders observed in this enquiry...
**TABLE 2—Symptoms** and Diagnosis

| Symptoms                                      | Mild mental retardation (N=25) | Unsocialised disturbance of conduct (N=7) | Specific symptoms or syndromes not elsewhere classified (N=7) | Adjustment reaction (N=4) | No Psychiatric illness (N=19) | Total (N=62) |
|-----------------------------------------------|--------------------------------|------------------------------------------|---------------------------------------------------------------|--------------------------|-------------------------------|---------------|
| Stealing                                      | 12                             | 3                                        | 1                                                             | 1                        | 15                            | 17            |
| Quarrelsome behaviour                        | 8                              | 6                                        | -                                                             | -                        | 15                            | 17            |
| Destructive behaviour                        | 1                              | 7                                        | -                                                             | 1                        | -                             | 9             |
| Bed wetting                                   | 4                              | -                                        | 4                                                             | 1                        | -                             | 9             |
| Impulsive behaviour                          | 2                              | 5                                        | -                                                             | 1                        | -                             | 8             |
| Nail biting                                  | 3                              | 1                                        | 3                                                             | 1                        | -                             | 8             |
| Truancy                                       | 2                              | 4                                        | -                                                             | 1                        | -                             | 7             |
| Roaming                                       | 3                              | 3                                        | -                                                             | 1                        | -                             | 7             |

* Only those symptoms which occurred with the greatest frequency have been mentioned.

**TABLE 3—Relationship of Psychiatric Illness with present age, duration of stay and age at entry.**

| Present Age (in yrs.) | Psychiatric Illness (N=18) | No Psychiatric Illness (N=19) |
|------------------------|---------------------------|-------------------------------|
| 1—5                    | 5(26.3)                   | 9(47.3)                       |
| 6—10                   | 7(36.8)                   | 6(31.6)                       |
| 11—15                  | 4(21.1)                   | 4(21.1)                       |
| 16—20                  | 5(27.8)                   | 8(42.1)                       |
| 21 and above           | 2(10.5)                   |                               |

**X²=0.02, d.f.=1, N.S.**  
(Comparison bet. upto 10 and 11 yrs and above)

| Duration of stay (in yrs.) | Psychiatric Illness (N=18) | No Psychiatric Illness (N=19) |
|----------------------------|---------------------------|-------------------------------|
| Less than 1                | 3(16.7)                   | 9(47.3)                       |
| 1—5                       | 12(66.7)                  | 6(31.6)                       |
| Above 5                   | 3(16.7)                   | 4(21.1)                       |

**X²=2.70, d.f.=1, N.S.**  
(Comparison bet.<1 yr. and ≥1yr.)

| Age at entry (in yrs)     | Psychiatric Illness (N=18) | No Psychiatric Illness (N=19) |
|----------------------------|---------------------------|-------------------------------|
| less than 5                | 5(27.8)                   | 8(42.1)                       |
| 5—10                      | 12(66.7)                  | 6(31.6)                       |
| above 10                  | 1(5.6)                    | 3(15.8)                       |

**X²=0.032, d.f.=1, N.S.**  
(Comparison bet <5 yr. and ≥5 yrs.)

Figures in parenthesis indicate percentage includes
(1) Unsocialized disturbance of conduct
(2) Special symptoms or syndromes not elsewhere classified.
(3) Adjustment reaction.

On an assessment of the results, we observe that excluding the mentally retarded group, only 29.1% of the sample had demonstrated other psychiatric problems. About 11% of them have been diagnosed as ‘Special symptoms or syndromes, not elsewhere classified’ which includes 4 cases of Enuresis and 3 cases of Nail Biting. The other two diagnostic categories were ‘Unsocialised disturbance of conduct’ and ‘Adjustment reaction’, which were usually of depressive nature (Brief Depressive Reaction 309.0). This substantiates the observations of Gregory (1965) and Rutter (1966) that deprivation leads to delinquent behaviour and to some types of depression.
Analysis of symptomatology very clearly demonstrates that the four common symptoms among the inmates were stealing, quarrelsomeness, destructive behaviour and bed wetting. All these seems to be associated with delinquent behaviour. Another important observation is that many of mentally retarded children also showed unsocialised disturbance of conduct, which is quite in keeping with the observation that antisocial behaviour is seen quite often in mentally retarded children (Burt, 1944).

Age at separation is said to be very important in production of later psychiatric morbidity (Spitz and Wolf, 1946; Gregory, 1958; Beck et al., 1963; Munro, 1966; Hill and Price, 1967; Hill, 1969; Birtchnell, 1970; Brown et al., 1977; Climent et al., 1977). Bowlby (1977) greatly emphasized the importance of proper attachment with parent surrogates for emotional maturity.

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