



Emotional and Behavioral Disorder of Children and Adolescents - A Review on Prevalance, Risk Factor and Impact on Academic Performance

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ABSTRACT

Introduction-The Emotional disorder is a condition identified by an inability to learn and build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behavior or feelings under normal circumstances, a general pervasive mood of unhappiness or depression, and a tendency to develop physical symptoms or fears associated with personal or school problems. Behavior problems among children are a deviation from the accepted pattern of behavior on the part of children when they are exposed to an inconsistent social and cultural environment. 2001 WHO report indicated the 6-month prevalence rate for any MHD in CYP, up to age 17 years, to be 20.9%. The cause of most cases is unknown, but there is some factor such asgenetics, prenatal factors and birth complications, neurobiological factors, trauma, family factor, gender, temperament and environment & society that are believed to be responsible for an emotional and behavioral disorder.Conclusion -Emotional and behavioral disorders of children and adolescents have significant negative impacts on the parents as well as society, in the form of direct behavioral consequences and costs, and on the individual, in the form of poor academic, occupational and psychosocial functioning and on the family. Prevention and management of EBD are not easy and it requires an integrated multidisciplinary effort by healthcare providers at different levels to be involved in the assessment, prevention, and management of affected individuals, and also to provide social, economic, and psycho-emotional support to the affected families. This is a very crucial topic for developing countries where the most importance is given to children and youth community.

Keywords - EBD, Emotional disorder, Behavioural disorder, mental problems in children.

Backgroundo Information

Introduction-

Children and adolescents are the most valuable resource for any state as well as Country. Today's children are tomorrow's responsible citizens of the world (1). A great emphasis on children is required because a very substantial proportion of 35-45% of the world's population, are young children. For the future development of the country, it is necessary to make our children mentally healthy. According to various studies, nearly one in five children and adolescents have emotional and behavioral disorders at some point in time, regardless of their geographic region or socio-economic status (2), and approximately 14-20% of all children from birth to 18 years of age have some type of psychiatric problem. Emotional disorder is a psychological problem of children and adolescents. The characteristic feature to identify this disorder is, an inability to learn (cannot be expressed by any intellectual, sensory, or health factors) and build or maintain satisfactory interpersonal relationships with peers and teachers, a general pervasive mood of unhappiness or depression, inappropriate types of behavior or feelings under normal circumstances, and a tendency to develop physical symptoms or fears associated with personal or school problems (3). These symptoms adversely affect a child's academic performance and peer relations. Anxiety, depression, and post-traumatic stress disorder common disorder occur in childhood. Due to less-developed vocabulary and comprehension to express emotions, it is difficult to recognize early by the parents or other carers. Clinicians also find difficulty in distinguishing between developmentally normal emotions (e.g., fears, crying) and the disturbance in emotions such as emotional distress (4). Excessive and severe anxiety lead to abnormal disruption in daily routines and academic work, it may be identified by the presence of fear or worry, irritability and anger, trouble sleeping, and physical symptoms such as fatigue, headaches, or stomachaches. Panic disorder in children and adolescents is identified by panic attacks such as unexpected and repeated periods of intense fear or discomfort along with increased heartbeat or feeling short of breath, un-triggered by external stimuli (5). Generalized anxiety disorder is characterized by generalized worry across multiple life domains. Separation anxiety disorder is characterized by fear related to actual or anticipated separation from parents or caregivers. Social anxiety disorder (also known as social phobia), is identified by the presence of fear related to social situations where peers may negatively evaluate the person. Depression often affects the children who are under stress, experiencing loss, or having attentional, learning, conduct, or anxiety disorders and other types of chronic physical illness. Disruptive mood dysregulation disorder (DMDD) is a childhood disorder characterized by a pervasively irritable or angry mood. When the behavior shown by children is a deviation from the

accepted pattern of behavior it is considered a Behavior disorder, the pattern of behavior is disruptive in nature, it lasts for at least 6 months and causes problems in the various area such as school, at home, and in social situations. Attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and conduct disorder (CD) are the most common types of behavior disorders. It has been seen that behavior disorder is often seen as less stigmatizing, less severe, more socially acceptable, and more practical than emotional disorder. **Prevalence** - 2001 WHO report indicates the 20.9% MHD prevalence rate in CYP, up to age 17 years, with 10.3% disruptive behavior disorders (DBD), 13% Anxiety disorders, and 5% of depression at any given point in time(6). Global Burden of Disease Study 1990–2017 in India indicates, The contribution of mental disorders to the total DALYs in India increased from 2.5% in 1990 to 4.7%, in 2017. Depressive disorders are the most common mental disorders followed by anxiety disorders, idiopathic developmental intellectual disability, schizophrenia, bipolar disorder, conduct disorder, autism spectrum disorders, eating disorders, and attention-deficit hyperactivity disorder, and other mental disorders(7). National Mental Health Survey of India 2016 suggests that the Prevalence of mental disorders in the age group 13-17 years is 7.3% and nearly equal in both genders, and nearly twice (13.5%) in urban metros as compared to rural (6.9%) areas(8). This survey also suggests that Nearly 9.8 million young Indians aged between 13-17 years require active interventions(8). The most common prevalent problems are Depressive Episode & Recurrent Depressive Disorder (2.6%), Agoraphobia (2.3%), Intellectual Disability (1.7%), Autism Spectrum Disorder (1.6%), Phobic anxiety disorder (1.3%), and Psychotic disorder (1.3%) (8). A recent study among 15 – 24 years in the state of Himachal Pradesh India revealed that adolescents suffered from a wide range of mental health conditions like depression (6.9%), anxiety (15.5%), and tobacco (7.6%), and alcohol (7.2%), suicidal ideation (5.5%) requiring urgent interventions(9). The results of a study done in Bangalore, India indicated a prevalence rate among children aged 0-16 years is 12.5 percent, and the psychiatric morbidity among 0-3-year-old children is 13.8 percent with the most common diagnoses being breath-holding spells, pica, behavior disorder NOS, expressive language disorder, and mental retardation, and the prevalence rate in the 4-16-year-old children was 12.0 percent. Enuresis, specific phobia, hyperkinetic disorders, stuttering, and oppositional defiant disorder were the most frequent diagnoses(10). The impairment associated with the disorder is 5.3 percent in the 4-16 year group and only 37.5 percent of the families perceived that their children had any problem and they need treatment (10). The prevalence of psychiatric disorders in school children in Western Uttar Pradesh was found to be 11.48% (11). The prevalence of the emotional problem in the adolescent population is 17.1%, hyperactivity in 16.1%, conduct problem in 15.2%, peer problem in 5.6%, and prosocial behavior in 5.1% in northeast India. Finding of a meta-analysis suggests the prevalence of psychiatric disorders in children and adolescent in the community are 6.46% and in the school 23.33%(12). **Risk factor** - The cause of most cases is unknown, but there is some factor that is believed to be responsible for an emotional and behavioral disorder.

Genetic

The finding of some studies suggests the disorder has a strong genetic influence, Siblings of children with ADHD are three to four times more likely to develop the disorder than siblings of children without the disorder (13). Adoption and twin studies indicate that 50% or more of the variance causing antisocial behavior is attributable to heredity for both males and females. ODD also tends to occur in families with a history of ADHD, substance use disorders, or mood disorders, suggesting that a vulnerability to develop.

Gender

Boys are much more likely than girls to suffer from behavioral disorders (18). It is unclear if this is due to biological differences, or whether differences in gender norms and expectations influence how male children behave or develop.

Perinatal factor

Malnutrition, specifically protein deficiency, lead poisoning, and the mother's use of alcohol or other substances during pregnancy may increase the risk of developing the behavioral disorder. Certain infections such as viruses (measles, varicella-zosterencephalitis, rubella, enterovirus) during pregnancy, at birth, and in early childhood, and extremely premature birth, very low birth weight, and extreme neglect, abuse, or social deprivation also increase the risk (13).

Neurobiological factor

Evidence suggests that changes in brain structure, development, and neurotransmitter levels may influence behavioral disorders, for example, areas of the brain that control attention are less active in children with ADHD(14). Low serotonin and high sensitivity to cortisol, a stress hormone, may also play a role in aggression (15). Injuries to certain areas of the brain can also lead to serious behavioral problems in children (16).

Psychological factor

Psychological trauma is a complex emotional and physical response to severe or chronic stress. Early exposure to trauma can impact a child's normal development, and any experience that causes significant distress can affect the normal psychosocial development of children (15).

Family and environmental factor

An unstable home life, Difficult relationships with parents or caregivers, Inconsistent or harsh discipline, and physical or emotional abuse are the common factors that may impact the normal psychosocial development of children. Negative parenting practices and parent-child conflict may lead to antisocial behavior, but they may also be a reaction to the oppositional and aggressive behaviors of children. Factors such as a family history of mental

illnesses and/or substance abuse as well as a dysfunctional family and inconsistent discipline by a parent or guardian can lead to the development of behavior disorders (17). Children who are difficult to manage, temperamental, or aggressive from an early age are more likely to develop behavioral disorders later in life (18). Children exposed to certain toxic substances, such as lead or polychlorinated biphenyls, may develop problems that resemble ADHD (19). Physical abuse and parental mental disorder were significantly associated with psychiatric disorders (10)

Socioeconomic

Low socioeconomic status is associated with poor parenting practices, specifically with inconsistent discipline and poor parental monitoring, which are then associated with an early onset of aggression and antisocial behaviors.

Impact on academic performance

In the study, it has been seen that problem behavior affects the teacher-child relationship. The higher levels of teacher-child closeness earlier in the school year predicted lower rates of problem behavior later in that same year, and higher levels of problem behavior in the first part of the school year predicted lower levels of closeness. The higher levels of teacher-child conflict predicted increased levels of problem behavior later in the same school year. The children who have higher levels of problem behavior experience more conflict with their teachers and children who displayed lower levels of problem behavior had closer and warmer relationships with their teachers (20).

Need awareness

National Mental Health Survey of India 2016 also stated that Public awareness activities are still limited in mental health, Current mental health education activities are isolated, sporadic, and invisible in nature and lack focus and direction (8).

Need for collaborative approach

National Mental Health survey 2016 also suggests that Collaboration within and outside the health sector is minimal (8). The school teachers and healthcare workers are two key stakeholders for mental health services in rural India. In India, many studies were done on knowledge development regarding childhood emotional and behavioral disorders, but it has been seen that the intervention is given to one group only either parents or teachers, As we know that mental health activity is a collaborative approach, and for better mental health care service collaborative approach is required.

Recommendation

As per DSM and ICD diagnostic criteria for the emotional and behavioral disorder, the symptoms must be present in multiple settings, such as home school, or peers group. In India, the decision-making of parents is supported by teachers and healthcare workers, so for improvement in good decision making it is necessary to increase awareness about Emotional and Behaviour disorders of children. There is a need to conduct an educational interventional study for parents, teachers, and community healthcare workers to assess the efficacy of intervention and to suggest future large-scale studies. This review also recommended that Teaching intervention can be organized collectively for the multi group such as parents, teachers, and community health workers because it will be helpful for better identification, referral, and management of childhood emotional and behavioral disorders.

Conclusion

Emotional and Behavioral Disorders of children and adolescents have significant negative impacts on the parents as well as society, in the form of direct behavioral consequences and costs, and on the individual, in the form of poor academic, occupational and psychosocial functioning and on the family. The costs to family and society include the trauma, disruption, and psychological problems caused to the victims of crime or aggression in homes, schools, and communities, together with the financial costs of services to treat the affected individuals, including youth justice services, courts, prison services, social services, foster homes, psychiatric services, accident, and emergency services, alcohol and drug misuse services, in addition to unemployment and other required state benefits. Prevention and management of EBD are not easy and it requires an integrated multidisciplinary effort by healthcare providers at different levels to be involved in the assessment, prevention, and management of affected individuals, and also to provide social, economic, and psycho-emotional support to the affected families. This is a very crucial topic for developing countries where the most importance is given to children and youth community.

Conflict of interest

The authors had no relationship/condition/circumstances that present a potential conflict of interest.

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