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A. Parameswari

Assistant Professor,
Department Of Social Work
AJK College Of Arts and
Science Coimbatore, India

A Study on the Awareness Level of Child Psychiatric Disorder among Parents

A. Parameswari

Abstract

The family is a powerful determinant of a child's emotional development, love, warmth, security, attention, acceptance, happens and discipline are the basic requirement for the healthy growth of a child. The degree to which the child development to be a stable and responsible adult will depend on the basic satisfaction of their need in his immediate environment family is the most important social institution which provide care and intimate responses which are necessary for cultivating individual personalities among desirable. The family in the every culture functions as the primary institution in calculating the socio- cultural norms and value, discipline and other aspect of behavior pattern of the children. All these characteristics are induced in the child by the process of socialization the child is made to learn the best lessons of citizenship both from father and mother as the child grows in to adolescence several problems arising due to various changes in the environment conditions Mental illness in children can be hard for parents to identify. As a result, many children who could benefit from treatment don't get the help they need. Understand the warning signs of mental illness in children and help them to cope. The study aims to understand the socio-demographic status, knowledge about child psychiatry among parents. The descriptive design was used and the sampling method was simple random sampling. The frequency table was used for analysis. The suggestions were active co-operation of the parent and teachers in making the atmosphere of the suitable for proper mental development.

Keywords: Parent, Disorder

Introduction

It's typically up to the adults in a child's life to identify whether the child has a mental health concern. Unfortunately, many adults don't know the signs and symptoms of mental illness in children. Even if you know the red flags, it can be difficult to distinguish signs of a problem from normal childhood behaviour. You might reason that every child displays some of these signs at some point. And children often lack the vocabulary or developmental ability to explain their concerns. Concerns about the stigma associated with mental illness, the use of certain medications, and the cost or logistical challenges of treatment might also prevent parents from seeking care for a child who has a suspected mental illness. Children can develop all of the same mental health conditions as adults, but sometimes express them differently. For example, depressed children will often show more irritability than depressed adults, who more typically show sadness.

Importance of study

A child is the future citizen of the country. They must be provided an effective environmental to build up this personality in good manner and to become a useful citizen of the country Family is the cradle for children where molds up a personality and behavioural patterns. Mental illness in children can be hard for parents to identify. As a result, many children who could benefit from treatment don't get the help they need. Understand the warning signs of mental illness in children and help them to cope. Parents are the child's first teachers it is the duty of the parents to identify the problems of the children and make appropriate reference to solve the problems in order to identify, they must be aware of the child psychiatric disorder of children. Here there researcher is trying to find out the

Correspondence:

A.Parameswari

Assistant Professor,

Department of Social Work

AJK College of Arts and

Science Coimbatore, india

awareness level of child psychiatric disorder among parent.

Review literature

Introduction

The review of literature is not more reading for sake it is also not a casual reading like reading of a story or novel. It is focused and directed towards specific purposes. It is also selective the researcher has to select the kind of literature to be reviewed and determine the purpose of which he has to study them. The literature view starts with the selection of problem for research and continues through the various stages of the research process and end with report writing.

Types of childhood Psychiatric Disorder

Anxiety disorders

Children who have anxiety disorders—such as obsessive compulsive disorder, posttraumatic stress disorder, social phobia and generalized anxiety disorder experience anxiety as a persistent problem that interferes with their daily activities. Some worry is an or malpart of every child's experience, often changing from one developmental stage to the next. However, when worry or stress makes it hard for a child to function normally, an anxiety disorder should be considered.

Attention-deficit/hyperactivity disorder (ADHD): This condition typically includes symptoms in three categories: difficulty paying attention, hyperactivity and impulsive behavior. Some children with ADHD have symptoms in all of these categories, while others may have symptoms in only one.

Autism spectrum disorder: It is a serious developmental disorder that appears in early childhood — usually before age. Though symptoms and severity vary, ASD always affects a child's ability to communicate and interact with others.

Eating disorder: it is such as anorexia nervosa, bulimia nervosa and binge-eating disorder are serious, even life-threatening, conditions. Children can become so preoccupied with food and weight that they focus on little else.

Mood disorder: It is a depression and bipolar disorder — can cause a child to feel persistent feelings of sadness or extreme mood swings much more severe than the normal mood swings common in many people.

Schizophrenia This chronic mental illness causes a child to lose touch with reality (psychosis). Schizophrenia most often appears in the late teens through the 20s.

Specific developmental disorder: It is affected 'one specific area of functioning' it is may lack of scholastic skill and speech and language and motor skills problems.

Specific reading disorder or dyslexia: The child presents a serious delay in learning to read that is evident from early years. Problem includes omissions, distortion, or substitution of words, reversal of words reversal of words, writing and spelling are also impaired.

Specific developmental disorder of speech and language or dysphasia also called communication disorder

I) **Phonological disorder /dyslexia.** Difficulty in speech

II) **Expressive language disorder.** Difficulty in selecting

appropriate words restricted vocabulary immature grammar mistake etc.

III) **Receptive language disorder.** Difficulty in understanding of language, failure to respond to simple instructions.

Specific developmental disorder of motor function. Also called as developmental co –ordination disorder or clumsy disorder or motor dyspraxia. it is characterized by poor co-ordination in daily activities like dressing, walking, feeding, and playing.

Specific arithmetic disorder. It is also called as dyscalculia the child failed to understand the simple mathematical concept

Warning Signs of Mental Illness in Children

Warning signs that your child might have a mental health condition include:

Mood changes look for feelings of sadness or withdrawal that last at least two weeks or severe mood swings that cause problems in relationships at home or school.

Intense feelings Be aware of feelings of overwhelming fear for no reason — sometimes with a racing heart or fast breathing — or worries or fears intense enough to interfere with daily activities.

Behavior changes these include drastic changes in behavior or personality, as well as dangerous or out-of-control behavior. Fighting frequently, using weapons and expressing a desire to badly hurt others also are warning signs.

Difficulty concentrating Look for signs of trouble focusing or sitting still, both of which might lead to poor performance in school. Unexplained weight loss. A sudden loss of appetite, frequent vomiting or use of laxatives might indicate an eating disorder.

Physical symptoms Compared with adults, children with a mental health condition may develop headaches and stomachaches rather than sadness or anxiety.

Physical harm Sometimes a mental health condition leads to self-injury, also called self-harm. This is the act of deliberately harming your own body, such as cutting or burning yourself. Children with a mental health condition also may develop suicidal thoughts or actually attempt suicide.

Symptoms and Signs of Mental Illness in Children

Children with mental illness may experience the classic symptoms of their particular disorder but may exhibit other symptoms as well, including.

- Poor school performance;
- Persistent boredom;
- Frequent complaints of physical symptoms, such as headaches and stomachaches;
- Behaviors returning to those of a younger age (regressing), like bedwetting, throwing tantrums, or becoming clingy;
- More risk-taking behaviors and/or showing less concern for their own safety.

Treatment Method

There are a variety of treatments available for managing mental illnesses in children, including several effective medications, educational or occupational interventions, as well as specific forms of psychotherapy. In terms of medications, medications from specific drug classes are used to treat childhood mental illness. Examples include the stimulant class for treating ADHD, serotonergic medications for treating depression and anxiety, and narcoleptic medications for management of severe mood swings, anxiety, aggression, or in the treatment of childhood schizophrenia. For individuals who may be wondering how to manage the symptoms of a childhood mental illness using treatment without prescribed medications, psychotherapies are often used. While interventions like limiting exposure to food additives, preservatives, and processed sugars have been found to be helpful for some people with an illness like ADHD, the research evidence is still considered to be too limited for many physicians to recommend nutritional interventions. Also, placing such restrictions on the eating habits of a child or teenager can prove to be difficult at best, nearly impossible at worst.

Psychotherapy

Psychotherapy ("talk therapy") is a form of mental-health counseling that involves working with a trained therapist to figure out ways to solve problems and cope with childhood emotional disorders. It can be a powerful intervention, even producing positive biochemical changes in the brain. Two major approaches are commonly used to treat childhood mental illness, interpersonal psychotherapy and cognitive behavioral therapy. In general, these therapies take weeks to months to complete. Each has a goal of alleviating symptoms. More intense psychotherapy may be needed for longer time periods when treating very severe mental illness.

The behavioral, educational/vocational, and psychotherapy components of treatment for childhood mental illnesses are usually at least as important as the medication treatment. Dealing with the specific challenges that mentally ill children present takes patience, understanding, and a balance of structure and flexibility. One kind of psychotherapy used to treat children with mental illness is cognitive behavioral therapy (CBT). This form of therapy seeks to help those with many different kinds of psychiatric disorders identify and decrease the irrational thoughts and behaviors that reinforce maladaptive behaviors. This therapy can be administered either individually or in group therapy. CBT that seeks to help the sufferer of many childhood mental illnesses may decrease the tendency of the depressed or anxious child to pay excessive attention to potential threats, while helping the child with ADHD appropriately refocus their attention.

Interpersonal therapy (IPT): This helps to alleviate symptoms of mood disorders like anxiety and depression and helps the sufferer develop more effective skills for coping with relationships. IPT employs two strategies to achieve these goals: The first is educating the child and

family about the nature of their illness. The therapist will emphasize that depression is a common illness and that most people can expect to get better with treatment.

The second is defining problems (such as abnormal grief, interpersonal conflicts, or having significant anxiety when meeting new people). After the problems are defined, the therapist is able to help set realistic goals for solving these problems and work with the child and his or her family using various treatment techniques to reach these goals.

Cognitive behavioral therapy (CBT): This has been found to be effective as part of treatment for childhood mental illness. This approach helps to alleviate depression, anxiety, and some behavioral problems and reduce the likelihood that symptoms will come back by helping the child change his or her way of thinking about or otherwise reacting to certain issues. In CBT, the therapist uses three techniques to accomplish these goals.

Didactic component: This phase helps to set up positive expectations for therapy and promote the child's cooperation with the treatment process.

Cognitive component: This helps to identify the thoughts and assumptions that influence the child's behaviors, particularly those that may predispose the sufferer to having the emotional or behavioral symptoms that they have.

Behavioral component: This employs behavior-modification techniques to teach the child more effective strategies for dealing with problems.

Most practitioners will continue treatment of a mental illness for at least six months. Treatment for children with a mental illness can have a significantly positive effect on the child's functioning with peers, family, and at school. Without treatment, symptoms tend to last much longer and may never get better. In fact, they may get worse. With treatment, chances of recovery are much improved.

Mendenhall,(2010) A study of 165 children and their parents conducted by the National Institute of Mental Health, however, did find a correlation between parents' knowledge about mental illness and accessing mental health services for their child.

Kelly et al., (2011) Using the research, programs can be developed that provide parents with the ability to provide helpful interventions to children experiencing the symptoms of mental illness and increase the parents' confidence in doing so. Knowledge of helpful interventions in youth and parents.

Barrio & Yamada, (2010) mental health symptoms often emerge during the ages in which youth are still living at home with their parents (NIMH, 2005). Although the research is lacking in studies that examine the mental health educational programming for parents, the research does suggest that individuals, who have a better understanding of mental health issues, are able to provide more effective help to those in need.

Cohen et al., (2012) stated about help on behalf of their children and their perceptions about mental health and the

need for mental health services. Parents cited the need for more mental health knowledge and information about how to navigate mental health resources in the community.

Mendenhall, (2012) stated that, If parents are unable to identify a disturbance in their child as a symptom of mental illness, then it is unlikely that they would utilize mental health services to help their child.

Objectives of the Study

- ✓ To study the personal and socio-demographic status of the respondents.
- ✓ To assess the knowledge of parent about child psychiatric disorders
- ✓ To assess the awareness level of parents about child psychiatric disorders.

Research methodology

Introduction

Research methodology is a way to systematically solve the research problem. It may be understood as a science of studying how research is done scientifically. In it we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them

Research Design

The research design used in the case of this study is a descriptive research design. Descriptive research studies are those studies, which are concerned with describing the characteristics of a particular individual or of a group. Descriptive study is a fact-finding investigation with adequate interpretation. it is the simplest type of research. An attempt was made to describe the emotional adjustment problems in school children.

Universe and Sampling

The universe for the present study was parents of 125 government school students in Madhukarai. From the total population researcher selected 60 parents through simple random sampling when they came for PTA meeting.

Description of the Tools

- I. Interview schedule on personal profile of the respondents.
- II. Interview schedule on to find out the awareness level of child psychiatric disorder among parents.

Method of Data Collection

The researcher used interview method to collect the data. The secondary source data was obtained from various journals and books

Analysis of Data

The analysis of data is the most skilled task in the research process. it calls for the researchers own adjustment and skill. Analysis means critical examination of the assembled and grouped data for studying the characteristics of the object under study. The data collected was first transferred into a coding sheet and was suitably coded. After coding

the data the tables were formulated. SPSS used for the simple analysis

Table No-1: Respondents based on Their Age

Age	No of Respondents	Percentage
25-30	8	13.3
31-35	26	43.3
36-41	26	43.3
Total	60	100.0

The table reveals that (13.3%) of the respondents are belongs to the age group of 25-30 years old, (43.3%) are 31-35 years old, (43.3%) are 36-41.

Table No-2: Distribution of the Respondents Based On Their Education

Education	No of Respondents	Percentage
Primary	29	48.3
Higher secondary	15	25.0
UG	10	16.7
PG	6	10.0
Total	60	100.0

The above table shows that majority of the respondents (48.3%) are of the Primary (25.0%) are of the Higher Secondary, (16.7%) are of UG, and (10.0%) are of the PG qualified

Table No-3: Respondents based on Their Number Of children

No of Children	No of Respondents	Percentage
1-2	49	81.7
3-4	10	16.7
3	1	1.7
Total	60	100.0

The table reveals that (81.7%) of respondents have 1-2 children (16.7%) of respondents have 3-4children and (1.7%) of respondents have 3 children.

Table No-4: Respondents Based On Their Children Laughing and Crying Without Any Reason

Without reason	No of Respondents	Percentage
Yes	9	15.0
No	51	85.0
Total	60	100.0

The given table shows that (15%) of the respondents laugh and cry without any reason, (85%) of them not laugh and cry.

Table No-5: Respondents Based On Their Children Easily Mingling With Others

Easily friendly	No of Respondents	Percentage
Yes	44	73.3
No	16	26.7
Total	60	100.0

The table shows that (73.3%) of the respondents become mingling easily with others, (26.7%) of them don't mingle with others

Table No- 6 Distribution of the Respondents Based on Their Children’s Self-confidence

Self-confidence	No of Respondents	Percentage
Yes	37	61.7
No	23	38.3
Total	60	1

The table shows that (61.7%) of the respondents have self-confidence, and (38.3%) of them don’t.

Table No-7 Respondents based on Their Children’s interest In Socialization

Socialization	No of Respondents	Percentage
Yes	42	70.0
No	18	30.0
Total	60	100.0

The table shows that (70%) of the respondents have shown interesting socialization, (28.3%) of them don’t and (1.7%) of them don’t know.

Table No- 8: Respondents Based On Their Children Repetition of Mistake

Repeat mistake	No of Respondents	Percentage
Yes	25	41.7
No	35	58.3
Total	60	100.0

The table shows that (41.7%) of the respondents repeat the same mistake after telling and (58.3%) of them not repeating the mistakes.

Main Findings

In the chapter an attempt has been made by the researcher to list down the findings of the study on awareness level of child psychiatric disorder among parents

- ❖ 13.3% of the respondents are belongs to the age group of 25-30 years old, 43.3% are 31-35 years old, 43.3% are 36-41
- ❖ Majority of the respondents 48.3% are of the Primary, 25.0% are of the Higher Secondary, 16.7% are of UG, and 10.0% are of the PG qualified.
- ❖ 81.7% of respondents are 1-2 children, 16.7% of respondents are 3-4 children and 1.7% of respondents are 3 children.
- ❖ 15% of the respondents laugh and cry without any reason, 85% of them don’t.
- ❖ □ 73.3% of the respondents become friendly easily, 26.7% of them don’t.
- ❖ 61.7% of the respondents have self-confidence, and 38.3%of them don’t
- ❖ 70% of the respondents have shown interesting socialization, 28.3% of them don’t and 1.7% of them don’t know
- ❖ 41.7% of the respondents repeat the same mistake after telling and 58.3% of them don’t.

Suggestion

In this section the researchers would like to forward the following suggestions

1. Healthy child rearing is importance for the proper development of the child in all spheres of life.
2. Proper child-parent interaction can be made successful through the role of child guidance clinics in improving relationships.
3. Recreational facilities in the school provide opportunities for emotional catharsis, sublimation of instincts and formation of socially desirable habits. So this should be made compulsory along with studies for each and every child.
4. Parents and teachers have to work in close cooperation to build strong foundation of the child. They should divert the young mind into creative and strenuous activities.
5. Moreover, parents however busy have to find time to spend with their children because ‘spend time with me’ is the cry of children everywhere.

Conclusion

A child is the future citizen of the country. They must be provided an effective environmental to build up this personality in good manner and to become a useful citizen of the country Family is the cradle for children where melds up all his personality and behavioral patterns. Parents are the child’s first teachers it is the duty of the parents to identify the problems of the children and make appropriate reference to solve the problems in order to identify, they must be aware of the child psychiatric disorder of children. Researcher is trying to find out the awareness level of child psychiatric disorder among parent. Social workers can play an effective role in the development of a super child. Whether in school or family. Counseling session has to be given to parents as well as the problem children, identified. Social workers can educate the parents about effective child rearing practices and healthy parent-child relationship and also should ensure that the school atmosphere is conducive to wellbeing of the child. Serious case of maladjustment should be referred to a clinical psychiatrist for treatment. Simple psycho therapeutic techniques like group therapy, play therapy and psycho drama depending on the requirements of specific causes should be used. Since mental development depends upon physical and physiological development, steps should be taken for the proper physical development of children. Physical weakness, deformities, illness etc, if any, should be identified at the time of school entrance and medical aid should be made available for a treatment. Home atmosphere exercises a good amount of influence over the mental character of children. Therefore, teachers should seek active co-operation of the parent in making the atmosphere of the home suitable for proper mental development.

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