Mental Health of Parents having Children with Congenital ENT Defects

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Abstract

Background: To determine the frequency of psychological and mental problems among parents of children with congenital ENT diseases and to get an idea about the magnitude of mental health issues of such parents.

Methods: In this cross-sectional study parents of the children with congenital ENT defects were included. General Health Questionnaire version 12 (GHQ-12) was used to ascertain their mental health status at that time. Out of a possible score range of 0-12, 4 was the cut off score. Those with scores 4 or above were considered to have mental health problems. Those scoring 4-6 were labeled mild, 6-8 and above 8 were categorized as having moderate and severe mental health problems respectively. The questionnaires were completed on the same day, even if the subjects needed help.

Results: Total parents were 31, of which 18(58%) were male and 13(41%) were female. Fourteen (45%) out of 31 parents developed different types of psychiatric illness with different degree of severity. Fourteen out of 31 tested were positive. Four respondents were mild (score 4-6), three were moderate (score 6-8) and seven were severe (score >8). Five out of 7 severe cases were women. Chi square test was applied and results were significant (p value <0.05%).

Conclusion: Birth of a congenitally defected child does have adverse effects on parents’ mental health and more so for mothers.

Key words: Cleft lip  Cleft Palate  Mental health of parents

Introduction

The mental health of the parents, their mutual relationship, and involvement of the father in upbringing a child have an important impact on the outcome for the child.1 The appearance, associated difficulties in a newborn with congenital defects of ENT, can affect the parents in a number of negative ways.2,3,4 These effects may compromise the long term outcome for the baby as well as the family. 5,6 If parental mental health is optimum, it can improve the outcome for the mental health of the child, which is expected to be affected by the different appearance caused by the defect.7 Furthermore, the alliance formed between the clinician and the parent/s can augment the favorable outcome for the child.8 If the parents of a congenitally defected child were to be evaluated for mental health problems, then they could be helped in time.9 In the Pakistani context, detecting the mental health issues in parents of affected children will go a long way in improving the outcome for these children.10 There can be greater bonding between parents and more support can be expected from the extended families as well.

Patients and Methods

This cross-sectional descriptive study was carried out in the ENT Out-Patients Department of a tertiary care hospital in Rawalpindi, from August 2014 to September 2014. Parents with congenitally affected children were included. Gender of parent and child with congenital defect was noted. Monthly income of parent was also asked and parents with Rs-20,000 and lower were considered low socioeconomic group, Rs-21,000 to 50,000 as lower middle class and above this amount as middle class. General Health Questionnaire version 12 (GHQ-12) was used to ascertain their mental health status at that time. Out of a possible score range of 0-12, 4 was the cut off score; meaning those with scores 4 or above had some mental health problems. Those scoring 4-6 were labeled mild, 6-8 and above 8 were categorized as having moderate and severe mental health problems respectively. The parents were explained the purpose of the exercise, especially when many of them were illiterate and had to be helped with the completion of the performa when they agreed to participate. It had to be explained that refusal to cooperate will not affect the treatment of the child in any way and completing the questionnaire will also have no bearing on the outcome for their child. Furthermore, it was made clear that the questions were about their person and they will not be reporting/complaining about the services offered in...
the hospital. GHQ (General Health Questionnaire) – 12, was used to ascertain the mental health status of all the parents. The questionnaires were completed on the same day, even if the subjects needed help. Out of a possible score range of 0-12, 4 was the cut off score, meaning those with scores 4 or above had some mental health problems. Those scoring 4-6 were labelled mild, 6-8 and above 8 were categorized as having moderate and severe mental health problems respectively. SPSS 10 was used for biostatistics evaluation.

Results

Majority (58%) were male. Majority (67%) belonged to city area. Seventy four percent were found to be educated. Monthly income of 21 (67%) parents was less than Rs. 20,000. Twenty (64%) out of 31 children with congenital defect were male (Table 1). Fourteen (45%) out of 31 parents developed different types of psychiatric illness with different degree of severity. Table 1

Table 1: Congenital ENT defects and paternal mental health – Demographic profile

<table>
<thead>
<tr>
<th>Domicile</th>
<th>Education</th>
<th>Monthly income</th>
<th>Gender of Affected child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>Rural</td>
<td>Educated</td>
<td>Illiterate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11</td>
<td>6</td>
</tr>
</tbody>
</table>

Table 2: Affected children with different congenital anomalies and affected parents with different degree of severity of illness

<table>
<thead>
<tr>
<th>No of Parents and Children with congenital defect</th>
<th>Positive Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of Congenital Deformity</td>
<td>No of children affected</td>
</tr>
<tr>
<td>Cleft Lip</td>
<td>7</td>
</tr>
<tr>
<td>Cleft Palate</td>
<td>4</td>
</tr>
<tr>
<td>Cleft Lip/Palate</td>
<td>7</td>
</tr>
<tr>
<td>Deafness</td>
<td>8</td>
</tr>
<tr>
<td>Absent Pinnae</td>
<td>4</td>
</tr>
<tr>
<td>Microtia</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31</td>
</tr>
</tbody>
</table>

Four respondents were mild (score 4-6), three were moderate (score 6-8) and seven were severe (score >8). 5 out of 7 severe cases were women. Chi-square test was applied and results were significant (p value <0.05%)

Discussion

This study has found that more than 45% of the subjects had mental health problems. Out of the positive scoring subjects about 28% (4) were mild and about 21% were moderate in intensity whereas the rest i.e. 50% (7) were severe. If we were to be cautious we could attribute the milder cases to other factors. More than 2/3 of the subjects are moderate and severe cases and constitute one third of the sample. Our study is comparable with previous studies in which stress scale was developed among parents of children with cleft palate. Given the small sample size, differences in scores between urban/rural, educated/illiterate, rich/poor or affected boy/girl were not very significant.

When comparing the scores of genders, it was found that more than 50% of females were positive as compared to 38.8% of males. This is also in accordance with other studies conducted in Pakistan as regards prevalence of mental health disorders. Here our study is comparable with previous one, in which mothers of cleft palate children experienced more stress symptoms as compared to fathers. In our study, out of seven cases rated as severe, 5 were females. This is an important finding; it is the females who have to take care of the child at all times and in all situations. If their mental health is not up to the mark, then the whole family/household suffers and most of all the affected child.

Nevertheless, the findings of this study are a strong indicator of mental health problems being a very real problem for the parents of the congenitally defected children. Early counseling and repair of defect is necessary as parental behavior leaves a bad impact on child development. It also points to the need for concerted efforts to provide a supportive atmosphere for the parents, especially the mother of an affected child. Efforts need to be made to involve the parents in planning and implementing the treatment procedures and the parents should be encouraged to involve their larger families.

Conclusions

Parents of congenitally defected children should be evaluated for mental health symptoms. They should be informed of all the progress being made and encouraged to give their views. The treating doctors should offer their availability even after the repairs have been completed.
References