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Mental Health Issues in Institutionalized Adolescent Orphans

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ABSTRACT

The aim of the study was to determine the nature and extend of Mental Health issues in institutionalized adolescent orphans of District Kupwara. A case study of orphans aged 11 to 17 years from 04 orphanages in Kupwara. A structured and internationally standardized interview schedule MINI Kid (Mini International Neuropsychiatric Interview for Kids) was used for data collection and socio-demographic sheet was also used for additional information. Kapuswaour's scale was used to see the Socio-economic status of kids. Data were cleaned and analyzed by SPSS version 16.00 windows. Eleven participants (13.75%) met DSM 1V criteria for MDE, 6.5% reported suicidal tendencies, 11.25% showed dysthymic symptoms, 10% panic disorder, 20% agoraphobia, 7.5% separation anxiety disorder, 16.25% social phobia, 15% specific phobia, 6.25% PTSD symptoms, 1.25% substance dependence (Non-alcoholic), 3.75% ADHD, 1.25% conduct disorder, 3.75% ODD, 8.75% GAD and nineteen participants i.e. 23.75% showed co-morbid conditions. Orphan-hood brings a host of various mental health vulnerabilities. A cultural recognition of Mental Health problems and the long term negative consequences of these issues need to be developed and interventions to address these vulnerabilities and risks for mental health problems among institutionalized orphans.

Keywords: *Mental Health, Institutionalized Orphans, Adolescent, Public Orphanages, Private Orphanages, MINI Kid*

Research on the psychological consequences of childhood adversity in low-income countries is increasing, but limited by the range of mental health outcomes evaluated and populations sampled. There are minimal studies on the psychosocial health of children orphaned South Asia and particularly in India and J&K. However, numerous risk factors for poor mental health that have been identified for orphans living in Kashmir and include the type of relationship with the new caregiver, movement from home to institutions, separation from siblings, poverty, an inability to attend good school, high mortality risk, poor psychosocial function, economic exploitation, violence loss of peer interaction and increased responsibility on the homestead. For example if both parents die, and there is no other significant person to take care, orphaned children often have to stay at home to care for their siblings as well as themselves. Sometimes

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caregivers have to pull orphans out of school to work, when their financial burdens increase. Institutional care for orphaned children is common in Asia and culturally viewed as least desirable, primarily because of the potential for shelter and education. The overall impression that institutional settings can cause unhealthy psychological development when they provide insufficient emotional stimulation and findings pertaining to Jammu and Kashmir conclude that children enrolled in orphanage centers in Kashmir are exposed to risk of mental health problems. Orphanages may cause unhealthy psychological development for a number of reasons and issues related to the mental health and skill level of caregivers is one of the main concerns.

Despite the potential risk associated with orphanages research in J&K indicates that in situations of limited resources orphanages can help to provide basic needs of shelter, food, education and can take care of general health problems. Others also indicate that it is possible for children and youths to maintain hope and enjoy supportive relationship in institutional settings, if such relationships are available, but place a heavy responsibility on caregivers.

An orphanage is a residential institution devoted to the care of orphans – children whose natural parents are deceased or otherwise unable or unwilling to care for them. Natural parents, and sometimes natural grandparents, are legally responsible for supporting children, but in the absence of these or other relatives willing to care for the children, they become a ward of the state, and orphanages are one way of providing for their care, housing and education.

Impact of conflict in Kashmir is such that the exposure to actual armed conflict is limited but the effects are in terms of repression, loss of security, income and service access, disrupted schooling, displacement, military harassment and other forms that have an immense impact on the lives of children and their families. A study on impact of conflict situation on women and children in Kashmir shows that most crucial problems the children faced after the death of their father is economic hardship (Dabla, 2010). Empirical studies on children in an armed conflict show the determinant effects on children‘s mental health and wellbeing. About 30-50 % shows Post Traumatic Stress Disorder (PTSD). A study of children in Kashmir showed out of 103 children 37 show symptoms of PTSD (Margoob, 2005). The problems that emerge are internalizing violence which tends a child to perceive abnormal situations as normal ones. A lot has to be researched on the response of children in an armed conflict but the children cooping process in the political violence has remained for and under estimated (Punamiki & Suleiman, 1990). Since, the initiation of armed conflict in Kashmir has involved many transformations at the micro and macro levels, with major implications on women and children. The impact has put into challenge, the major consequences for survival, development, health and overall well being to which children are highly vulnerable group.

Children started to have emotional and relationship difficulties along with anxiety and depression, phobias, obsessive compulsive disorder, post- traumatic stress disorder and psychosomatic conditions. Clinically significant psychiatric problem can be defined as a disorder in one or more of the following areas i.e. overt behavior, emotional states, interpersonal

relationships and cognitive functions. The abnormality must be of sufficient duration and severity to cause functional impairment.

Varieties of biological, psychological, social and environmental factors are involved as causal factors and its interaction increases the vulnerability of psychiatric problems in children. Apart from psychological factors, mental health of a child is greatly influenced by many environmental factors and life events such as adverse family circumstances, maternal separation or deprivation, parental divorce, bereavement, physical handicap, prolonged separations between the parents, physical and sexual abuse, poverty, marital discord, parental psychopathology, instability in the family environment and especially with the death of a parent etc.

There is sufficient evidence from the variety of mass violence/conflict situations, that a significant proportion of the exposed population develop different mental disorders. There are vulnerable groups like women, children, widows, orphans, elderly, disabled, those exposed to severe pain and loss of body parts. That perceived threat translates into physiological hyper-arousal, which may translate into a ourriad of symptoms, such as interrupted sleep and an inability to concentrate. Furthermore, a body in constant alert mode is compromised in its basic homeostatic functions, contributing to a disturbed metabolism, increased heart rate and inflammatory processes. Psychological stresses resulting from armed conflict typically stems from physical displacement, the loss of community and a need to adjust to a new environment, social isolation, loss and grief, reduced social standing within a community, or a loss of family (WHO, 2002).

LITERATURE REVIEW

Children under 16 years of age constitute over 40 percent of India's population and Psychiatric problems in children in India are rising and reported-cases represent only the tip of the iceberg, large number remains unreported (Bansal & Barman, 2011). Till date, Indian studies reported prevalence rates of psychiatric disorders among children ranging from 2.6 to 35.6 per cent. When we look at the scenario of Kashmir, it is one such state of a developing country which is torn with armed conflict and the young population especially orphans get affected directly and indirectly. According to Save the Children, an NGO, there are many orphanages that operate outside government control. As per its 2009 study, the NGO estimates the number of orphans in Kashmir at 2.14 lakh, with only 20,000 finding shelter in orphanages. More than half of them are in the 7-16 age group. The number is confirmed by a survey conducted by the Kashmir University's sociology department, which pegs the number of widows at 32,000. However, a 2007-08 survey conducted by the state government has put the figure at 26,000, a number that civil society groups contest (http://www.tehelka.com/the-orphan-industry/).

A study by UK-based child rights organization, Save the Children, has revealed that estimated population of orphans in Jammu and Kashmir is 2,14,000 and 37 percent of them were orphaned due to the armed conflict. The report titled "Orphaned in Kashmir- The State of Orphans in Jammu and Kashmir" says that the study conducted in six districts of the state reveals that 37 per

cent of the orphans lost one or both parents due to the conflict while 55 percent were orphaned due to the natural death of parents and remaining eight percent due to other reasons. The six sample districts for the study were chosen by the child rights group after consultation with state government and among them, Anantnag, Kupwara and Baramulla represent high-intensity conflict districts. From the study it was concluded that 4.4 per cent of children in the state were orphaned due to conflict and other reasons. The percentage of orphaned children was the highest in Kupwara (6.6 per cent), Ganderbal (3.4 per cent) and Baramulla (2.5 per cent).

According to Borderless World Foundation in 2003, in the border district of Kupwara, almost 24,000 children were at risk from the violence around them. According to a survey by various government and private agencies, there are about 24,000 orphans in Kupwara while Anantnag and Budgam had 10,000 orphans each. Therefore, this study will be an attempt to assess the nature and extent of various mental disorders among this specific population being brought up in public and private owned orphanages of district Kupwara.

Margoob, M.A., Rather, Y.R., Khan, A.Y., & Singh, G.P. (2006) conducted a study to examine the opinion that orphanages are breeding ground for psychopathology. An orphanage for girls in Srinagar was surveyed by Psychiatrists, and using DSM IV guidelines screened children were evaluated for psychopathology. Results revealed that PTSD was the commonest psychiatric disorders (40.62%), easily attributable to the prevailing mass trauma state of almost two decades. Next commonest diagnoses were MDD (25%) and conversion disorder (12.5%). A high psychopathology in orphanages could be an important guide for policy makers to plan for better rehabilitation and social reintegration of orphans.

Dabla, B.A. and Sarfaraz Ahmad, (2011) showed in their research work that mental problems reported by the sampled orphanages included 80% stress, 100% depression, 100% anxiety and 100% showed lack of comprehension. Stress has been reported by 4 orphanages out of five and all the five orphanages reported depression, anxiety and lack of comprehension. It states that these psychological issues are primarily due to traumatic situations that orphans have witnessed due to armed conflict

Qurat-ul-Ain Masoodi (2012), a social activist conducted a survey based on a sample of 140 children in various orphanages in Kashmir using various scales of psychiatric assessment including the Mini-International Neuro-psychiatric interview. The study found among the orphans high prevalence of Separation Anxiety, Post Traumatic Stress Disorder (PTSD), Panic Disorder, Social Phobia and Conduct Disorder, Generalized Anxiety disorder and Dysthymia. There is a high rate of mental health problems, predominantly those of emotional nature among orphanage children. This appears consistent with findings from studies with other groups of neglected, traumatized and institutionalized children, although the mechanisms may well differ.

NEED FOR THE STUDY

Kashmir being one main conflict ridden place, the presence of various psychological disorders is expected to be high in adolescent orphans who are easily exposed to deaths, tortures, witnessed to their parent's death and other various types of traumas. The number of studies conducted in Kashmir valley has shown drastic increase in mental health problems of adolescent population due to armed conflict for last more than twenty years. Conflict has led an increase in the orphan population throughout Kashmir valley who are being brought up in various orphanages and in their respective families with the help of local NGO's and religious bodies. Despite that, mental health is given less attention in the valley especially to teenage/adolescent mental health. Very few studies have been done in the area adolescent orphan's mental health and are confined with certain specific type contexts. No such attempt has been made to validate the findings by using accurate and standardized measures for the assessment. So a need is felt to carry out a research which can fulfill some of the limitations of the earlier studies and can assess the mental health issues of adolescent orphans being brought up in various public/private institutions.In this line, this study will be conducted in which children from different areas of district Kupwara being brought up in different Govt. and private Orphanages will be taken for the study within the age range of 11 to 17. The findings will be validated by using internationally standardized scientific tool called MINI Kid 6.0. The study will highlight the need of various mental health programs to be initiated to save our younger generation from such problems and to improve the quality of life, which in turn will lead finally to happy and prosperous nation as a whole.

OBJECTIVES

1. To assess the mental health issues of adolescent orphans being brought up in Orphanages of District Kupwara.
2. To assess the demographic profile of adolescent orphans being brought up in Orphanages of District Kupwara.
3. To identify the nature of Mental Health problems among adolescent orphans being brought-up in Public and Private Orphanages of district Kupwara.
4. To identify the nature of Mental Health problems among Male adolescent orphans and female adolescent being brought-up in orphanages of district Kupwara.

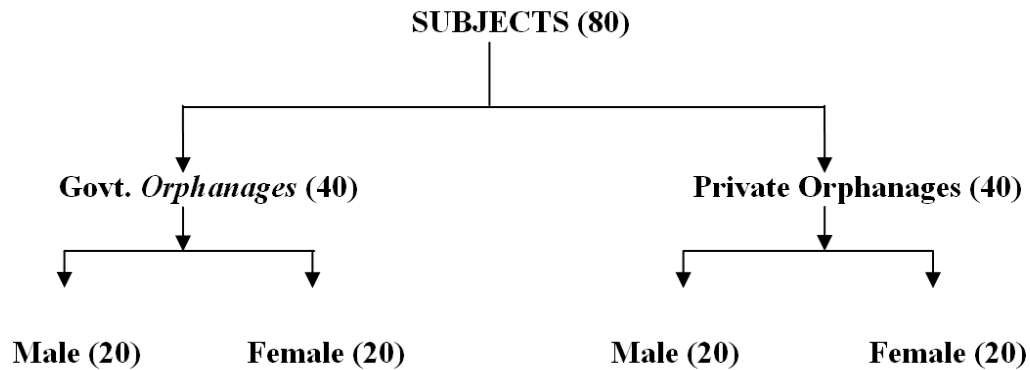
METHODOLOGY

Design of Study

The present study was an exploratory institution based study. This study was conducted in four orphanages of District kupwara, among which two were Private and two are run by Govt (Social Welfare Department).

Sample

Total study was conducted in public and private orphanages of district Kupwara. The sample was comprised of 80 adolescent orphans from Govt. and Private Institutions.



Inclusion Criteria for target population

- Adolescent orphans who were admitted in the orphanages of district Kupwara and were currently being reared in these institutions.
- Adolescents included were in the age range between 11 to 17 years.
- Both the genders were included in the study.

Exclusion Criteria for target population

- Any history of significant head injury, epilepsy or gross neurological deficits.
- Any serious medical condition.
- Children admitted in orphanages because of poverty.

Tools Used

- Socio-demographic Sheet
- Mini Kid 6.0

Description of tools

SOCIO-DEMOGRAPHIC DATA SHEET:

This data sheet was specially prepared to serve the purpose of current study. This included all necessary demographic details and variables of target population like Name, Age, Sex, Area, Education (Class), Socio-economic Status, Duration in Orphanage, Orphan status (Single/Double orphan), Cause of death of the parent/s, Witnessed death or not.

MINI KID 6.0:

The M.I.N.I. International Neuropsychiatric Interview (M.I.N.I. 6.0) ,created by David V. Sheehan,

is a short, structured diagnostic interview developed in 1990 by psychiatrists and clinicians in the United States and Europe for DSM-IV and ICD-10 psychiatric disorders. With an administration time of approximately 15 minutes, the M.I.N.I. 6.0 (10/10/10) is the structured psychiatric interview of choice for psychiatric evaluation and outcome tracking in clinical psychopharmacology trials and epidemiological studies. The M.I.N.I. is the most widely used psychiatric structured diagnostic interview instrument in the world, employed by mental health professionals and health organizations in more than 100 countries.

PROCEDURE:

The subjects were contacted personally in their respective orphanages after school hours. The aim of the study as well as potential risks and benefits were clearly explained to caregivers and orphans. Caregivers were asked to consent as guardians for the orphans. However individual orphans had a right to either to participate or refuse the study unconditionally. Participants were further reassured that, information gathered from the study would be kept under high confidentiality. All qualified orphans with caregiver's permission and assented themselves for participation were enrolled in this study. Tool was explained to them and they were made clearly understand the procedure and the clarifications / queries were answered wherever needed. It was assured to the respondents that these responses will be kept confidential and will be used only for research purposes. After building rapport motivating each respondent the questions were asked to each respondent in a conducive and confidential atmosphere and necessary help was provided where ever the respondent needed.

Statistics

After completion of data, objectives proposed were tested by using advanced version of SSPS 16.0 for Windows. 80 questionnaires were completed for data analysis. Frequencies of relevant variables and cross tabulations as base line were used to explore the frequency and percentage of different mental health problems of target population.

RESULTS AND INTERPRETATION

Socio-Demographic Characteristics

Table 1: Showing the **Socio-demographic characteristics of sample population**

Socio-Demographic Variable	Groups	Frequency	Percentage
Age (Years)	11-14	65	81%
	15-17	15	19%
Gender	Male	40	50%
	Female	40	50%
Residential Area	Rural	68	85%
	Urban	12	15%
Class	Primary	15	18.75%
	Middle	49	61.25%
	High School	15	18.75%
	Hr. Sec.	1	1.25%
Duration in Orphanage (Years)	1-4	29	36.25%
	5-8	40	50%
	9-11	11	13.75%
Orphan Status (Single/Double)	Single	71	88.8%
	Double	9	11.2%
Type of death (Parent)	Natural	52	65%
	Accidental	18	22.5%
	Conflict Victim	10	12.5%
Witness to Death (Parent)	Yes	7	8.8%
	No	73	91.2%
	Total	**80**	**100**

A total of 80 orphans from 04 different orphanages who were eligible and assented for the study were enrolled. The data for all was processed and analyzed and the respondents were within the age range 11-17 with a mean age of 14. A big percentage (81.25%) were between 11-14 years and (18%) between the age 15-17 years. Half of the participants were male 40 (50%) and females were 40 (50%). Out of 80 participants, 68 orphans belonged to rural areas i.e. 85% and only 12 orphans i.e. 15% were residents of urban areas. Majority of the participants 49 (61.25%) were attending middle school, 15 (18.25%) participants were attending high school, 15 (18.25%) were attending primary school and minority 01 (1.25%) was attending Hr. Sec. school. Half of the orphans 40 (50%) were living in orphanages for last 5 to 8 years, 29 (36.25%) were living in these institutions for last 1 to 4 years and 11 (13.75%) have been living in orphanages for 9 to 11 years. Single orphans were 71 (88.8%) and double orphans were 9 (11.2%). According to the participants 52 (65%) lost their parents by natural death, 18 (22.5%) due to accidents and the parents of 10 (12.5%) orphans have been killed in armed conflict as shown in Table 1 below.

Table 2: ***Showing frequency and percentage of sample group with respect to various mental health problems***

Type of Mental Disorder	Frequency	Percentage	Total
Major Depressive Disorder	11	13.75%	80
Suicidality	5	6.25%	80
Dysthymia	9	11.25%	80
Mania (Hypomanic Episodes)	0	0%	80
Panic Disorder	8	10%	80
Agoraphobia	16	20%	80
Separation Anxiety Disorder	6	7.5%	80
Social Phobia	13	16.25%	80
Specific Phobia	12	15%	80
Obsessive Compulsive Disorder	0	0%	80
PTSD	5	6.25%	80
Alcohol Dependence	0	0%	80
Substance Dependence	1	1.25%	80
Tic Disorders	0	0%	80
ADHD	3	3.75%	80
Conduct Disorder	1	1.25%	80
ODD	3	3.75%	80
Psychotic Disorders	0	0%	80
Anorexia Nervosa	0	0%	80
Bulimia Nervosa	0	0%	80
GAD	7	8.75%	80
Adjustment Disorders	0	0%	80
Medical, Organic Drug cause	0	0%	80
Pervasive Dev. Disorder	0	0%	80
Co-morbid condition	19	23.75%	80

Results in Table 2 show the frequency and percentage of mental disorders in sample population and it is evident that majority of target population 16 (20%) fulfilled the criteria for Agoraphobia, 13 (16.25%) for Social Phobia, 12 (15%) for Specific Phobia, 11 (13.75%) for

Major Depressive Episode, 9 (11.25%) for Dysthymia, 8 (10%) for Panic disorder, 7 (8.75%) for General Anxiety disorder, 6 (7.5%) for Separation Anxiety Disorder, 5 (6.25%) for Suicidality, 5 (6.25%) for PTSD, 3 (3.75%) for ADHD, 3 (3.75%) for ODD, 1 (1.25%) for Conduct disorder, 1 (1.25%) for Substance dependence and a good percentage 19 (23.75%) showed Co-morbid Psychiatric Illness.

Table 3: ***Showing frequency and percentage of adolescent orphans being brought-up in Private Orphanages with respect to various mental health problems***

Type of Mental Disorder	Frequency	Percentage	Total
Major Depressive Episode	6	15%	40
Suicidality	3	7.5%	40
Dysthymia	3	7.5%	40
Mania (Hypomanic Episodes)	0	0%	40
Panic Disorder	3	7.5%	40
Agoraphobia	9	22.5%	40
Separation Anxiety Disorder	4	10%	40
Social Phobia	9	22.5%	40
Specific Phobia	7	17.5%	40
Obsessive Compulsive Disorder	0	0%	40
PTSD	2	5%	40
Alcohol Dependence	0	0%	40
Substance Dependence	0	0%	40
Tic Disorders	0	0%	40
ADHD	2	5%	40
Conduct Disorder	0	0%	40
ODD	2	5%	40
Psychotic Disorders	0	0%	40
Anorexia Nervosa	0	0%	40
Bulimia Nervosa	0	0%	40
GAD	4	10%	40
Adjustment Disorders	0	0%	40
Medical, Organic Drug cause	0	0%	40

Pervasive Dev. Disorder	0	0%	40
Co-morbid condition	13	32.5%	40

Table 3, describes the nature and extent of mental disorders in sample population being brought up in Private orphanages. Results show that 9 (22.5%) respondents fulfilled the criteria for Agoraphobia, 9 (22.5%) for Social Phobia, 7 (17.5%) for Specific Phobia, 6 (15%) for MDE, 4 (10%) for Separation Anxiety Disorder, 4 (10%) for GAD, 3 (7.5%) for Suicidality, 3 (7.5%) for Dysthymia, 3 (7.5%) for Panic disorder, 2 (5%) for PTSD, 2 (5%) for ODD, 2 (5%) for ADHD and 13 (32.5%) showed Co-morbid Psychiatric Illness.

Table 4: ***Showing frequency and percentage of adolescent orphans being brought-up in Public (Govt.) Orphanages with respect to various mental health problems***

Type of Mental Disorder	Frequency	Percentage	Total
Major Depressive Episode	5	12.5%	40
Suicidality	2	5%	40
Dysthymia	6	15%	40
Mania (Hypomanic Episodes)	0	0%	40
Panic Disorder	5	12.5%	40
Agoraphobia	7	17.5%	40
Separation Anxiety Disorder	2	5%	40
Social Phobia	4	10%	40
Specific Phobia	5	12.5%	40
Obsessive Compulsive Disorder	0	0%	40
PTSD	3	7.5%	40
Alcohol Dependence	0	0%	40
Substance Dependence	1	2.5%	40
Tic Disorders	0	0%	40
ADHD	1	2.5%	40
Conduct Disorder	1	2.5%	40
ODD	1	2.5%	40
Psychotic Disorders	0	0	40
Anorexia Nervosa	0	0	40
Bulimia Nervosa	0	0	40

GAD	3	7.5%	40
Adjustment Disorders	0	0	40
Medical, Organic Drug cause	0	0	40
Pervasive Dev. Disorder	0	0	40
Co-morbid condition	6	15%	40

Table 4, describes the nature and extent of mental disorders in sample population being brought up in Public (Govt.) Orphanages. Results show that 7 (17.5%) respondents fulfilled the criteria for Agoraphobia, 6 (15%) for Dysthymia, 5 (15%) for MDE, 5 (15%) for Specific Phobia, 5 (15%) for Panic disorder, 4 (10%) for Social Phobia, 3 (7.5%) for GAD, 3 (7.5%) for PTSD, 2 (5%) for Suicidality, 2 (5%) Separation Anxiety Disorder, 1 (2.5%) for ADHD, 1 (2.5%) for ODD, 1 (2.5%) for Conduct disorder, 1 (2.5%) for Substance dependence and 6 (15%) showed Co-morbid Psychiatric Illness.

Table 5: ***Showing frequency and percentage of Male Adolescent Orphans being brought-up in orphanages with respect to various mental health problems***

Type of Mental Disorder	Frequency	Percentage	Total
Major Depressive Episode	6	15%	40
Suicidality	4	10%	40
Dysthymia	4	10%	40
Mania (Hypomanic Episodes)	0	0%	40
Panic Disorder	2	5%	40
Agoraphobia	7	17.5%	40
Separation Anxiety Disorder	2	5%	40
Social Phobia	6	15%	40
Specific Phobia	3	7.5%	40
Obsessive Compulsive Disorder	0	0%	40
PTSD	4	10%	40
Alcohol Dependence	0	0%	40
Substance Dependence	1	2.5%	40
Tic Disorders	0	0%	40
ADHD	3	7.5%	40
Conduct Disorder	1	2.5%	40

ODD	3	7.5%	40
Psychotic Disorders	0	0%	40
Anorexia Nervosa	0	0%	40
Bulimia Nervosa	0	0%	40
GAD	2	5%	40
Adjustment Disorders	0	0%	40
Medical, Organic Drug cause	0	0%	40
Pervasive Dev. Disorder	0	0%	40
Co-morbid condition	8	20%	40

Table 5, describes the nature and extent of mental disorders among Male Adolescent Orphans being brought up in targeted Orphanages. Results show that 7 (17.5%) respondents fulfilled the criteria for Agoraphobia, 6 (15%) for Social Phobia, 6 (15%) for MDE, 4 (10%) for Suicidality, 4 (10%) for Dysthymia, 4 (10%) for PTSD, 3 (7.5%) for Specific Phobia, 3 (7.5%) for ADHD, 3 (7.5%) for ODD, 2 (5%) for Panic Disorder, 2 (5%) for Separation anxiety disorder, 2 (5%) GAD, 1 (2.5%) for conduct disorder, 1 (2.5%) for substance dependence and 8 (20%) showed Co-morbid Psychiatric Illness.

Table 6: ***Showing frequency and percentage of Female Adolescent Orphans being brought-up in orphanages with respect to various mental health problems***

Type of Mental Disorder	Frequency	Percentage	Total
Major Depressive Episode	5	12.5%	40
Suicidality	1	2.5%	40
Dysthymia	5	12.5%	40
Mania (Hypomanic Episodes)	0	0%	40
Panic Disorder	6	15%	40
Agoraphobia	9	22.5%	40
Separation Anxiety Disorder	4	10%	40
Social Phobia	7	17.5%	40
Specific Phobia	6	15%	40
Obsessive Compulsive Disorder	0	0%	40
PTSD	1	2.5%	40

Alcohol Dependence	0	0%	40
Substance Dependence	0	0%	40
Tic Disorders	0	0%	40
ADHD	0	0%	40
Conduct Disorder	0	0%	40
ODD	1	2.5%	40
Psychotic Disorders	0	0%	40
Anorexia Nervosa	0	0%	40
Bulimia Nervosa	0	0%	40
GAD	3	7.5%	40
Adjustment Disorders	0	0%	40
Medical, Organic Drug cause	0	0%	40
Pervasive Dev. Disorder	0	0%	40
Co-morbid condition	11	27.5%	40

Table 6, describes the nature and extent of mental disorders among Female Adolescent Orphans being brought up in targeted Orphanages. Results show that 9 (22.5%) respondents fulfilled the criteria for Agoraphobia, 7 (17.5%) for Social Phobia, 6 (15%) for Specific Phobia, 6 (15%) for Panic disorder, 5 (12.5%) for MDE, 5 (12.5%) for Dysthymia, 4 (10%) for Separation anxiety disorder, 3 (7.5%) GAD, 1 (2.5%) for PTSD, 1 (2.5%) for ODD and 11 (27.5%) showed Co-morbid Psychiatric Illness.

DISCUSSION

This study was conducted to determine the nature and extend of Mental Health issues in institutionalized adolescent orphans of District Kupwara. The target population aged between 11 to 17 years from 04 orphanages in Kupwara was taken for study with their consent and comfort. A structured and internationally standardized interview schedule MINI Kid (Mini International Neuropsychiatric Interview for Kids) was used for data collection and socio-demographic sheet was also used for additional information. Kapuswaour's scale was used to see the Socio-economic status of kids. Data were cleaned and analyzed by SPSS version 16.00 windows.

The aim of this section of the study is to discuss the major findings of the study in line with previous research findings reviewed in the literature. In the present study result shows that adolescent orphans have number of mental health issues as per the tool based on DSM-IV criteria as compared to previous researches in the region. Overall prevalence of mental health problems among institutionalized adolescent orphans of district Kupwara was revealed to be high

as compared to global rates for general adolescent populations of 3% to 6%. The findings are consistent with studies in other parts of the world and in Jammu and Kashmir. The present study shows some other disorders in addition to the already existing psychological problems highlighted by other studies. Results of the present study revealed that the commonest problem among this population was Agoraphobia (20%) followed by Social Phobia (16.25%), Specific Phobia (15%), MDD (13.75%), Dysthymia (11.25%), Panic disorder (10%), General Anxiety disorder (8.75%), Separation Anxiety Disorder (7.5%), Suicidality (6.25%), PTSD (6.25%), ADHD (3.75%), ODD (3.75%), Conduct disorder (1.25%), Substance dependence (1.25%) and a good percentage 19 (23.75%) showed Co-morbid Psychiatric Illness.

The above mentioned disorders among target population are supported by various studies and the differences are discussed in light of the observations and clinical judgments made during the study. For example, Abdulbaghi, A. and Kirmanj, M. (1996) investigated orphans situation and development in Iraqi Kurdistan. CBCL and two instruments regarding PTSD were used. While competency scores showed an improvement in both samples at the follow-up test, the problem scores increased in the orphanage sample and decreased among the foster care subjects. Moreover, the orphanage sample reported higher frequency of PTSD than the foster care children.

In our study PTSD was seen among 6.25% in the sample of 80 which is a good percentage and also 81% of the target population was below 14 years of age which would have been the impediment in expressing the traumatic symptoms accurately. Here it is also important to mention that general symptoms of anxiety nightmares could be the manifestations of psychological trauma.

Also Frank, D. et al. (1996) studied the effect of Infants and young children in orphanages. They found that infants and young children are uniquely vulnerable to the medical and psychosocial hazards of institutional care, negative effects that cannot be reduced to a tolerable level even with massive expenditure. In the long-term, institutionalization in early childhood increases the likelihood that impoverished children will grow into psychiatrically impaired and economically unproductive adults." Moreover Sengendo and Nambi (1997) interviewed 169 orphans under the education sponsorship of World Vision in Uganda. They found that orphans had significantly higher depression scores ($p < .05$) and lower optimism about the future than non-orphans ($p < .05$) (Cluver and Gardner, 2007). Peter, B. et al. (2004) conducted a study to identify the psychosocial problems of orphans and non-orphans. Findings showed that prevalence and seriousness of psychosocial problems (negative emotion, stigma, depression and behavioral problems) was higher among orphans than non-orphans. Manuel (2002) conducted a study in in rural Mozambique and found that orphans had higher depression scores ($p < .001$) were more likely to be bullied ($p < .001$), and were less likely to have a trusted adult or friends ($p < .001$). Nyamukapa et al. (2006) conducted a survey in Zimbabwe and applied factor analysis to compare orphans and non-orphaned children aged 12-17 ($n = 5321$). Findings showed more psychosocial disorders amongst orphans ($p < .05$) which remained when controlling for poverty,

gender, age of household head, school enrolment and adult support. Depression showed group differences, but anxiety did not (Cluver and Gardner, 2007). These studies are in line with our findings and clinical judgments as it was evident during the study that bullying is one of the serious concerns of these adolescent orphans as it was observed that this problem leads to more frustration, internalization of anger, revenge feelings and depression. It was also seen that this population understand bullying as a trend and junior ones imitate this behavior from seniors and intends to continue with the same to their juniors and people around which is an alarming situation and may take a bad shape in future.

Also Makame, Ani and Mc Gregor (2002) in urban Tanzania, interviewed 41 orphans and 41 non-orphaned controls. They found that orphans had increased internalizing problems compared with non-orphans ($p < .0001$) and 34% reported that they had contemplated suicide in the past year, compared to 12% of non-orphans ($p < .016$) (Cluver and Gardner, 2007). Atwine et al. (2005) conducted a study in rural Uganda and it was found that orphans were more likely to be anxious (OR = 6.4) depressed (OR = 6.6) and to display anger (OR = 5.1) and showed significantly higher scores for feelings of hopelessness and suicidal ideation. These two studies substantiate our findings about suicidality (6.25%), ODD (3.75%) and conduct disorder (1.25%) as it could be the result of Beating and suppression by Wardens and Caretakers as this issue was common in both private institutions as a measure of discipline. The population of these orphanages seems quite depressed and fearful with the severe punishment for small and petty issues. This factor acts as reinforcement to already existing psychological problems among this population. These issues could be also associated with Lack of emotional support, Guidance and Counseling as there was no emotional support available to the admitted orphans and no any counseling services are available in these institutions for providing support to disturbed children, helping them in crisis management etc.

Margoob M.A., Rather, Y.R., Khan, A.Y., & Singh, G.P. (2006) conducted a study to examine the opinion that orphanages are breeding ground for psychopathology. Results revealed that PTSD was the commonest psychiatric disorders (40.62%), next commonest diagnoses were MDD (25%) and conversion disorder (12.5%). These disorders were found in the present study as well with variation in percentage as PTSD (6.25%), MDD (13.75%). These problems could be attributed to the prevailing mass trauma for last more than two decades.

Margoob, M.A. and Rather, Y. H. (2006). In their paper *Children living in Orphanages: An exploration of their Nature, Nurture and Needs.* The report lays the importance based on facts that, the problem areas are high scores of associated living conditions, like poor residential setup, rigid time tables, poor recreational facilities, poor nutrition and lack of modern educational facilities. Delva et al., (2009) conducted a cross sectional survey in Conakry, Guinea. The result shows that the psychological well-being score was significantly lower among orphan children than non- orphan children.

Dabla, B.A. and Sarfaraz Ahmad, (2011) showed in their research work that mental problems reported by the sampled orphanages included 80% stress, 100% depression, 100% anxiety and

100% showed lack of comprehension. It states that these psychological issues are primarily due to traumatic situations that orphans have witnessed due to armed conflict. Qurat-ul-Ain Masoodi (2012), a social activist conducted a survey in Kashmir using various scales of psychiatric assessment including the MINI Kid. The study found among the orphans high prevalence of Separation Anxiety, Post Traumatic Stress Disorder (PTSD), Panic Disorder, Social Phobia and Conduct Disorder, Generalized Anxiety disorder and Dysthymia. There is a high rate of mental health problems, predominantly those of emotional nature among orphanage children. These studies also substantiate the overall findings of the present study with different percentage of disorders among orphan population. It is also important to mention that there was not much difference between the private and public orphanages, male and female adolescent orphans in terms of nature and extend of mental health issues. The respondents' view on love as something innate (Maslow, 1999; Schore, 2001), and of attachment as an affectional connection between child and adult has been echoed in the literature (Sperling and Berman, 1998).

Some Observations during study that could be potentially precipitating factors for psychological issues of orphans

- Lack of basic facilities in Orphanages
- Inadequate recreational facilities in Orphanages
- Non-availability of Health Facility
- Lack of interaction with Outsiders
- Restricted movement of orphans
- Poor Hygiene
- Difficulty in comprehensionLack of proper nutrition

CONCLUSION

Very high percentage of anxiety disorders exist among orphans in institutional care in the frontier district of Kashmir valley i.e. District Kupwara. Orphan-hood of itself brings a host of mental health vulnerabilities and being placed in an institution significantly increases the risk not only for mental disorders but other psycho-social issues as well. In this cultural context lack of recognition of mental disorders and their long term negative consequences on orphans placed in our institutions leave them more vulnerable to serious Psychopathology.

Separation of children's from families, poverty, death of parent/s, loss of other close family member and family discord have made it mandatory for orphans to get shelter at every expense. The earliest response to problems of orphans came from family and kin group members but this type of help neither remained sustainable nor organized for big number of orphans. The governmental response is feeble as it lacks comprehensive policy for them and the only option remained is orphanages. These orphanages turned to be the premier institutes of care and shelter for orphans. Hence, these orphanages stand as an integral part in the lives of an orphan and the degree of their functionality varies given their nature of activities.

In accessing the perspective of adolescent orphans in the age group of eleven to seventeen years regarding mental health problems of orphans, the four orphanages were selected for study. The study revealed 81.25% orphanages were below 14 years of age and 18.75% orphans were 15-17 years old.

It was discovered from the study that most of orphans were initially helped by their family members and in case where family members were not present, their near relatives led their helping hand. However, it has been found that initial help has remained only for specific time, while later they were forced to take shelter at orphanages.

The education of orphans at orphanages entirely depended on the private and Govt. institutions. Schooling of orphans being brought up in Govt. orphanages was done at Govt. schools and those orphans being brought up in private orphanages were getting education at private schools. The role of the government beyond the schooling is also less. Cultural and recreational activities of orphanages seem to be very much limited and the basic necessities in the orphanages are not much satisfactory including entertainment and sports activities. The food, shelter, clothing, bedding and educational facilities were not up to the mark in orphanages except Female orphanage (Gulshan-i-Banat).

The physical and psychological aspects were the complex ones in orphanages. The frequent phobic reactions, aggression and depressiveness are three important aspects found in most of the orphans. Further, observation tells a swindling mood of an orphan. The other impacts are children being placed for the longer durations in orphanages and at very young age have great or increased risks in sound physical and mental development. This has been also agreed that, if such orphans are kept at orphanages for prolonged periods may also have difficulties in interpersonal relationships and serious problems in parenting their own children.

It can be thus said that the role of orphanages is a mixture of success and failures, the success they meet in rehabilitating the orphans and meeting their basic necessities of life. The failures are in the sense that services were not confirming the standards as prescribed by the society, state and international legal instruments.

LIMITATIONS

The scope of the study is limited in terms of sample size and geographical area covered due to constraints of time and resources. The study used purposive sampling design limiting the type of data collected. Results do not clearly show the direct association between orphan status and different mental disorders.

The small sample size, limited power of the study, and its geographical restriction to one district of the state does not give a representative picture. It is important that future studies address the issues of mental health among orphans throughout Kashmir valley and will further lead to concrete policies and services for this population. Despite the methodological limitations, the

study revealed important information about prevalence of mental disorders and associated factors among orphans in District Kupwara.

To date this is the only study that explored mental disorders among adolescent orphans in all registered orphanages of District Kupwara.

RECOMMENDATIONS

Institutional care is on rise as the kin system is no longer able to bear the brunt of the burden. Only some orphanages are registered and there is no system for monitoring the quality of care provided. The following recommendations are suggested:

1. A more systematic research is needed to explore more fully the issues related to institutional care in Kashmir and clear guidelines regarding the establishment of orphanages.
2. A contextual recognition of mental disorders and early recognition among vulnerable populations like institutionalized orphans needs to be developed. A high psychopathology in orphanages could be an important guide for policy makers to plan for better rehabilitation and social reintegration of orphans.
3. There is an urgent need to expand and improve current interventions not only to meet basic needs but also to include psychosocial support, mental health services for orphans and training for their carriers. This is a challenge given the scarcity of professionals and the skill level of caretakers but needs to be addressed now.
4. It is also recommended that caregivers be formally trained and certified to work in orphanages and be a pre-requirement for establishing an orphanage. The training should include the importance of the caregivers’ relationship with the orphan, how to recognize symptoms of different mental disorders and assess for suicidal tendencies. It is also important that a clear referral system for more formal services be established.
5. Families with orphans should be helped in terms of food security, income generation and counseling including information on the Rights of the Child, so as to be able to better look after their orphans.

Finally, there is also a need for future in-depth qualitative studies to gain detailed and rich understanding in answering the “how” and “why” of the behaviors and experiences of orphans in their real world.

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