

Parental attitudes, knowledge and beliefs regarding the use and adverse effects of psychotropic medications on child and adolescent patients with psychiatric disorders

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Background: The use of psychotropic medicines is stigmatized, which makes it difficult for the clinicians to treat children and adolescents in a suitable and efficient manner.

Objectives: To find out parents' attitudes, knowledge and beliefs about the use and adverse effects of psychotropic medication on child and adolescents with psychiatric disorders.

Methods: A cross-sectional descriptive study was conducted from January 2018 to December 2019, in a private chamber of a psychiatrist, Bangladesh among 80 parents of children and adolescents with psychiatric disorders whose minimum level of education was up to secondary level were selected purposively. A structured, self-administered questionnaire in English for socio-demographic variables and items related to parents attitudes, knowledge and beliefs about the use and adverse effects of psychotropic medications was applied. Data were collected by face-to-face interview.

Results: 80 parents with children and adolescents with psychiatric disorders participated in the study. Mean (+SD) age of the parents were 34.4(+ 8.44) years. Among the respondents 25% preferred use of medicines, 62.5% preferred medicine use as last alternative, 31.25% knows that psychiatrists unnecessarily use high doses of medicines, 60% believed that psychotropics might have brain damaging effects, 62.50% believed that psychotropics might cause dependence, 7.50% believed that psychotropics might cause damage to physical health, 15% believed that psychotropics might affect learning abilities and 41.20% knows that psychotropic drugs are dangerous.

Conclusions: Parents must be educated about the potential risks and benefits of psychotropic medications on children and adolescents in order to reduce the stigma associated with this.

Declaration of interest: None

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Keywords: Parental attitude, knowledge, belief, psychotropic medications, children and adolescents.

Introduction

The use of psychotropic medicines is stigmatized, which makes it difficult for clinicians to treat children and adolescents in a suitable and efficient manner.¹⁻³ In addition, the paucity of systematic, controlled research evaluating the effectiveness and safety of psychiatric

medications for children adds to parents' hesitation and resistance to prescribing such drugs.⁴ Several studies point out that parents are dissatisfied with pharmacotherapy since they were not given complete information regarding the risks and benefits of psychotropic medications.⁵⁻⁷ The

general public's current negative attitudes are also felt by child psychiatrists, and their reluctance affects the parents' acceptance of drug therapies.⁴ Current literature review revealed there is unexpected scarceness of discussion on attitudes,⁸ knowledge and beliefs regarding the use and adverse effects of psychotropic medication for children's mental health disorders.⁹ Moreover in Bangladesh no research evidences are available in this area, so far. The findings of this study might provide baseline information for future studies in a broad spectrum. Therefore, the objectives of this research were to investigate the attitudes of the parents towards the use of psychotropic medications on children and adolescents with psychiatric disorders as well as to assess the beliefs and knowledge of the parents towards the adverse effects of psychotropic medications on children and adolescents with psychiatric disorders.

Methods

Using a structured interviewing method, a cross-sectional descriptive study was conducted at a private chamber of a psychiatrist at Labaid Cardiac Hospital, which is a tertiary level corporate hospital located at the heart of Dhaka city of Bangladesh, among adult male or female parents who came for outpatient treatment of their children and adolescents with psychiatric disorders were included in this study. Eighty parents of child and adolescent patients with psychiatric disorders, with different clinical diagnosis according to ICD-10, whose minimum level of education was up to secondary level, were selected purposively over a period from January 2018 to December 2019 for this purpose. Data were collected by face-to-face interview applying a two-part questionnaire. Part One Questionnaire, was the structured, self-administered data sheet which contains the socio-demographic profile of the responding parents and age and clinical profile of their children and adolescents that was developed by the researcher that included a range of variables such as: gender, age, marital status, level of education, occupation, place of residence, and monthly income of the parents and age of the children and adolescents with psychiatric disorders. Part Two Questionnaire, consisted of a 10-item questionnaire in English, concept of which was obtained and modified from the research study "parental attitudes and opinions on the use of psychotropic medication in mental disorders of childhood"¹⁰ and the questionnaire was pretested on 10 parents whose minimum level of education was up to the secondary level. Almost all ten parents could easily understand the questionnaire, and they were excluded from the main study. On that questionnaire, 5 items were on attitudes about use of psychotropics and 5 items were on knowledge and beliefs regarding adverse effects of

psychotropic medication on children and adolescents. Statistical analysis was done by utilising Statistical Package for Social Sciences (SPSS), version-16. For ethical purpose informed written consent was taken from the parents. Participants were assured about the confidentiality of the collected data and that it will be used only by the researcher for the purpose of the current study.

Results

A total of 80 respondents responded with a response rate of 100%. In this study, age range of the respondents was from 24 to 50 years with the mean age (\pm sd) of 34.4 ± 8.4 years. Fifty-five parents of the respondents were female parents and rest of them were male parents. Among the respondents 98% were married and 2% were divorced. Regarding habitat 65% of them were from urban areas and 35% from rural areas. Among the responding parents 45% were graduates, 40% studied up to secondary level and 15% were post-graduates. Regarding occupation 72.5% were employed and rest of them were house-keepers. 62.5% had monthly income of $>50,000$ BDT and 25% had that of $>20,000$ BDT and rest of them had that of $<10,000$ BDT (Table 1).

Table 2 is showing the different clinical diagnosis among the child and adolescents with psychiatric disorders according to ICD-10. Among the children and adolescent patients with psychiatric disorders 25 (31.25%) were in the age group of $<5-12$ years and 55 (68.75%) patients were in the age group of 13-18 years. Table 3 is reflecting the results regarding the attitude about the use of psychotropics on children and adolescents among the respondents; 25% preferred use of medicines, 62.5% preferred medicine use as last alternative, 31.2% believed that psychiatrists unnecessarily use high doses of medicines, 68.7% preferred only psychotherapy as first step, 75% preferred vitamins and herbals.

In the current study, Figure 1 is reflecting the knowledge and beliefs of the responding parents about the adverse effects of psychotropics on children and adolescents. Sixty percent of the respondents have knowledge and beliefs that psychotropics might have brain damaging effects, 62.5% of the respondents were afraid of potential dependency, 15% believed that psychotropics might affect learning abilities, 7.5% of those believed that they might cause damage to the physical health and 41.2% parents believed that psychotropic drugs are dangerous.

Table 1: Sociodemographic profile of the respondents (N= 80)

Characteristic	Frequency (n)	Percentage (%)
Gender		
Female	44	55
Male	36	45
Marital status		
Married	78	98
Divorced	2	2
Habitat		
Rural	28	35
Urban	52	65
Education		
Secondary	32	40
Graduate	36	45
Post-graduate	12	15
Occupation		
Employed	58	72.5
House-keepers	22	27.5
Monthly Income (BDT)		
<10,000	10	12.5
>20,000	20	25
>50,000	50	62.5

Table 2: Diagnosis of child/adolescent patients according to ICD-10(N=80)

ICD-10 code	Diagnosis	Age of child/adolescent (yrs.)	
		<5-12 n (%)	13-18 n (%)
F32	Depressive episode	5 (6.25)	17 (21.25)
F41	Anxiety disorders	2 (2.5)	1 (1.25)
F60	Specific personality disorders	-	18 (22.5)
F70	Mild mental retardation	-	1 (1.25)
F71	Moderate mental retardation	4 (5)	2 (2.5)
F72	Severe mental retardation	1 (1.25)	4 (5)
F84	Pervasive developmental disorders	10 (12.5)	8 (10)
F91	Conduct disorders	3 (3.75)	4 (5)
	Total	25 (31.25)	55 (68.75)

Table 3: Regarding attitude about the use of psychotropics on children and adolescents among the respondents (N=80)

Attitudes regarding use of psychotropics	Yes Frequency (%)	No Frequency (%)
Preferred use of medicines	20(25%)	60(75%)
Preferred medicine use as last alternative	50(62.5%)	30(37.5%)
Psychiatrists unnecessarily use high doses of medication	25(31.25%)	55(68.75%)
Preferred only psychotherapy as first step	55(68.75%)	25(31.25%)
Preferred vitamins and herbals	60(75%)	20(25%)

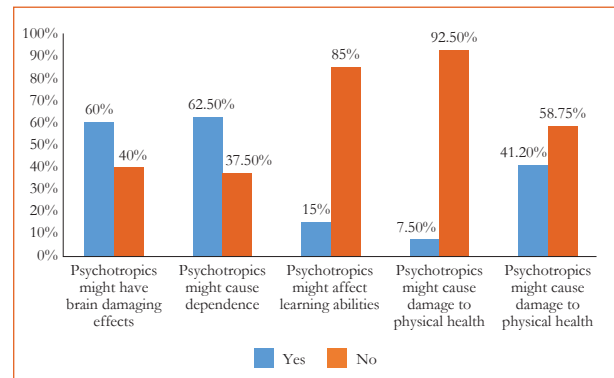


Figure 1: Regarding parents' beliefs and knowledge about the adverse effects of psychotropics on children and adolescents among the respondents (N=80)

Discussion

In this study, among the respondents, female parents (55%) were more than male parents (45%). In was consistent with another study finding.¹⁰ This might be because mothers frequently worry more about the health of their children. In our country, individuals from rural areas typically prefer local doctors for their convenience, or sometimes they don't know where to go for professional services for their children's mental illness. This may be why majority (65%) of them were from urban areas and only 35% were from rural areas.

Where the educational level was higher, parents were expected to be closer to the scientific point of view

regarding the use and adverse effects of psychotropic medication. Though in this study, 45% were graduates, 40% studied up to secondary level and 15% were post-graduate; it seemed that they are not well informed regarding that. Treatment-seeking behaviour is closely linked to a person's socioeconomic status. In this study, majority (72.5%) of the parents were employed and rest of them were house-keepers. Among the respondents, 62.5% had monthly income of >50,000 BDT and 25% had that of >20,000 BDT and rest of them had that of <10,000 BDT (Table 1), which goes in favour of their treatment seeking from a tertiary level corporate hospital located in the heart of Dhaka city.

Findings of this study shows that majority (68.75%) of the child and adolescent patients were in the age group of 13-18 yrs. and rest of them were in the age group <5-12 yrs. Among <5-12 yrs. age group pervasive developmental disorders were most prevalent (12.5%) followed by depressive disorders (6.25%), moderate mental retardation (5%), conduct disorders (3.75%). Among the age group of 13-18 yrs. specific personality disorders were most prevalent (22.5%) followed by depressive disorders (21.25%), PDD (10%) and so on (Table 2). Correlation between parents' attitude, knowledge and beliefs regarding use and adverse effects of psychotropic medication on children and adolescents with children's psychiatric disorders were not evaluated in this study.

In this study, Table 3 shows the attitude of the use of psychotropics on children among the respondents that a significant proportion of parents have a negative attitudes regarding use of psychotropic medication for treating their children's mental health disorders; only 25% preferred medicine use as necessary, 31.2% had attitudes that psychiatrists unnecessarily use high doses of medication, 62.5% preferred medicine use as last alternative, 75% of the respondents preferred vitamins and herbals. These findings were consistent with another study findings.¹⁰ Moreover, in this study, most (68.75%) of the parents preferred to start with psychotherapy sessions rather than to give psychotropic medication as a first step (Table 3). Other studies confirm these findings.^{11,12}

Results of this study plotted in Fig 1 reflects the beliefs and knowledge about the adverse effects of psychotropics on children and adolescents among the respondents. Sixty percent (60%) of the parents believed that psychotropics might have brain damaging effects, 15% believed that psychotropics might affect learning abilities which was consistent with another study findings.¹³ In this study,

41.2% parents believe that psychotropic drugs are dangerous. Similarly, the research carried out by Lazaratou et. al. revealed that majority of parents believed that psychotropic drugs are dangerous.¹⁰ In this study, 62.5% of the respondents were afraid of potential dependency and 7.5% of those believed that they might cause damage to the physical health, this is consistent with the belief that psychiatric medicine promotes dependence and physical harm is among the opinions expressed.¹⁴

A potential limitation is about generalization, as the study sample was conveniently taken from one selected institution with a relatively small sample size, and parents whose minimum level of education was up to the secondary level were selected only for the study. A 10-item modified questionnaire for the assessment of parental attitudes, knowledge, and beliefs on the use of psychotropic medication and its adverse effects was used. It was in English.

Conclusions

According to study findings, parental attitudes, knowledge, and views on the use of psychotropic medications for treating mental health illnesses in children are not compatible with the state of science. Parents and youth must be educated about the possible risks-benefits as well as the safety and efficacy of the psychotropic medications in order to lessen stigmatizing attitudes and to improve treatment compliance of this group of patients. Lack of parental knowledge about the use of psychotropic medications in children can have a profound negative impact on children's development, educational achievements, and ability to live productive lives.¹⁵ Child psychiatrists must inform parents in a scientifically sound manner about the benefits and risks of psychotropic medications, and they must also take into account the family's opinions and beliefs. They must also make sure that both parents are present when discussing medication in order to avoid disagreements and to increase compliance.

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