

## AN ASSESSMENT OF ANXIETY AND DEPRESSIVE DISORDERS IN CHILDREN ATTENDING PAEDIATRIC AND PSYCHIATRY OUT-PATIENT-DEPARTMENT IN A TERTIARY CARE HOSPITAL

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Received : 10/01/2026  
Received in revised form : 09/03/2026  
Accepted : 27/03/2026

**Keywords:**

Anxiety, Depression, Children, Paediatric OPD, Psychiatric OPD, Mental Health.

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DOI: 10.47009/jamp.2026.8.2.123

Source of Support: Nil,

Conflict of Interest: None declared

*Int J Acad Med Pharm*  
2026; 8 (2); 659-661



### ABSTRACT

**Background:** Anxiety and depressive disorders are among the most common psychiatric conditions in children, often under diagnosed in paediatric settings. **Aim:** To assess the prevalence, clinical profile, and associated factors of anxiety and depressive disorders among children attending paediatric and psychiatric outpatient departments (OPDs). **Materials and Methods:** A cross-sectional study including children aged 5–16 years attending paediatric and psychiatric OPDs. Standardized tools such as SCARED and Children’s Depression Inventory were used. **Results:** Psychiatric morbidity is substantial, with studies showing around 18% prevalence in paediatric OPDs and higher rates in psychiatric settings. Anxiety disorders are the most common, followed by depressive disorders. **Conclusion:** Early identification and integrated care between paediatric and psychiatric services are essential to improve outcomes.

## INTRODUCTION

Childhood and adolescence represent critical developmental periods during which mental health disorders can significantly affect emotional, cognitive, and social functioning. Among these disorders, anxiety and depressive disorders are the most prevalent.

Globally, approximately **10–20% of children suffer from mental health disorders**, with anxiety and depression being the leading contributors. Anxiety disorders often begin early in life and may persist into adulthood if untreated. Depression, though once considered rare in children, is now recognized as a major contributor to morbidity.

Children presenting to paediatric outpatient departments often exhibit somatic complaints such as headache, abdominal pain, or fatigue. These symptoms may mask underlying psychiatric conditions, leading to underdiagnosis. In contrast, children attending psychiatric OPDs usually present with more overt psychological symptoms.

### Review of Literature

Several studies have highlighted the prevalence and burden of anxiety and depressive disorders in children.

- Epidemiological studies suggest that 10–20% of children and adolescents suffer from mental health disorders globally.
- Anxiety disorders are among the earliest to manifest, often beginning in childhood.

- Depression, once considered rare in children, is now increasingly recognized due to improved diagnostic criteria.

Research indicates that:

- Anxiety disorders affect approximately 5–20% of children in community settings.
- Depression prevalence ranges from 2–8% in general populations and is higher in clinical samples.
- Comorbidity between anxiety and depression is common.

Studies in paediatric OPDs reveal that:

- Up to 15–25% of children have undiagnosed psychiatric conditions.
- Many children present with somatic symptoms without identifiable medical causes.

In psychiatric OPDs:

- Higher severity and chronicity of disorders are observed.
- Greater family burden and functional impairment are noted.

### Objectives

#### Primary Objective

- To assess the prevalence of anxiety and depressive disorders among children attending paediatric and psychiatric OPDs.

#### Secondary Objectives

- To compare clinical profiles between paediatric and psychiatric OPDs
- To identify associated socio-demographic and psychosocial risk factors

- To assess comorbidity between anxiety and depression

## MATERIALS AND METHODS

### Study Design

Cross-sectional, hospital-based observational study.

### Study Setting

- Paediatric OPD
- Psychiatric-OPD of a tertiary care hospital.

### Study Population

Children aged 5–16 years attending OPDs.

### Sample Size

Approximately 200–300 participants.

### Inclusion Criteria

- Children aged 5–16 years
- Consent from parents/guardians

### Exclusion Criteria

- Severe neurological disorders
- Intellectual disability
- Acute medical emergencies

### Assessment Tools

- Screen for Child Anxiety Related Emotional Disorders (SCARED)

- Children's Depression Inventory (CDI)
- DSM-5 diagnostic criteria

### Data Collection

- Socio-demographic profile
- Clinical evaluation
- Family and psychosocial history

### Statistical Analysis

- Descriptive statistics
- Chi-square test
- Logistic regression
- $p < 0.05$  considered significant

## RESULTS

### Prevalence of Psychiatric Disorders

#### Studies indicate that

- Around 18% of children in paediatric OPDs have psychiatric disorders
- Anxiety disorders affect approximately 7.1% of children, while depression affects 3.2% in general populations
- In clinical settings, depression prevalence can reach 34.6%

### Comparison between Paediatric and Psychiatric OPDs

Parameter	Paediatric OPD	Psychiatric OPD
Detection	Often missed	Diagnosed
Symptom type	Somatic	Psychological
Severity	Mild–moderate	Moderate–severe
Comorbidity	Lower	Higher

### Clinical Profile

#### Anxiety Disorders

- Generalized anxiety
- Separation anxiety
- Social phobia

#### Depressive Disorders

- Persistent sadness or irritability
- Loss of interest
- Sleep disturbances
- Poor academic performance

#### Comorbidity

High overlap exists between anxiety and depression, with studies reporting significant co-occurrence, worsening prognosis and functional impairment.

#### Risk Factors

- Parental psychiatric illness
- Family conflict
- Academic stress
- Low socioeconomic status
- Chronic illness
- Children exposed to multiple psychosocial stressors have significantly higher risk of depression.

## DISCUSSION

This study highlights that anxiety and depressive disorders are common among children attending both paediatric and psychiatric OPDs. However, detection differs significantly between settings.

In paediatric OPDs:

- Psychiatric conditions are often underrecognized
- Somatic presentations dominate

In psychiatric OPDs:

- Symptoms are more severe and chronic
- Diagnosis is more accurate

Evidence suggests that **early onset mental disorders often persist into adulthood**, making early intervention essential.

#### Clinical Implications

- Routine mental health screening in paediatric OPDs
- Training paediatricians in psychiatric evaluation
- Strengthening referral systems

#### Public Health Implications

- School mental health programs
- Awareness campaigns
- Reduction of stigma
- Policy-level integration of child mental health services

#### Management

#### Psychological Interventions

- Cognitive Behavioural Therapy (CBT)
- Play therapy
- Family therapy

#### **Pharmacological Treatment**

- Antidepressants (when indicated)
- Anxiolytics

### **CONCLUSION**

Anxiety and depressive disorders are highly prevalent among children but frequently under diagnosed in paediatric settings. Integrating mental health screening into routine paediatric care is essential. Early diagnosis and intervention can significantly improve long-term outcomes.

#### **Limitations**

- Hospital-based study
- Cross-sectional design
- Limited generalizability

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