

Observation Report from Clinical Practice in Ghana: Children and Adolescent Depression

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Abstract

The priority of Ghanaian parents is seeking higher academic attainment for their children. This is associated with the first President of Ghana, President Nkrumah, who stated that Ghanaians should seek first the status of education and everything shall be added unto it. As a result parents compete with each other to achieve the higher status of education for their children. Parents desperately seek help to intervene learning difficulties among school children and adolescents. The aim of this study is to investigate learning disability cases that are seen in a psychological clinic in Ghana using a survey method. The analysis included cases of young people from 3 to 18 years (mean age = 12.7 years, SD = 5.21) that were seen from the year 2011 to 2013. Eighty eight (58%) of the cases were learning disabilities associated with environmental factors whereas 64 (42%) were organic learning disability associated with biological factors. Children experiencing non-organic learning disability conditions were from low socio-economic status families ($\chi^2 = 5.95$, $df = 1$, $p < 0.05$). Findings revealed that high demands of

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Matrices [9], Coloured Progressive Matrices [9], Children Depression Inventory [10,11], Multidimensional Anxiety Scale for Children [12] and also referral forms containing physician's diagnosis. Conditions which were categorised as organic or biological included Turner's Syndrome, Klinefelter's Syndrome, Down Syndrome; birth complications associated with organic brain factors were maternal alcoholic intake during pregnancy, smoking, viral and bacterial infection in pregnancy, anoxia-lack of oxygen, low birth weight, etc. The environmental factors which were identified through the milestone development assessment of the children include the absence of any neurological complications such as poor nutrition, substandard education, poor environmental hygiene and overcrowding, untreated malaria resulting in series of convulsions. Socio-economic status was determined with the affordability of service costs. Children whose parents afforded the service cost were categorised to the higher strata of socio-economic status whereas parents who received a scale down of cost were put in the lower strata of the socio-economic status.

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disabilities tend to show emotional and behavioural difficulties as well.
It is likely that mental health symptoms may be caused by difficulties