

Original Research Article**Psychiatric Morbidity & Sociodemographic Profile of the Patients Attending Private Psychiatric Clinic**

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**Abstract**

**Background:** *Psychiatric disorders have an economic impact on individual, their families and the society. About 25% population of the world are affected by mental and behavior disorders at sometimes during their lives. Psychiatric disorders are diagnosed and identified by using clinical methods which are similar to those used for physical disorders.*

**Aims:** *To find psychiatric morbidity & sociodemographic profile of the patients attending private psychiatric clinic.*

**Materials & Methods:** *The present cross sectional study was conducted in a private psychiatric clinic located in Jammu region on 172 patients after fulfilling inclusion and exclusion criteria All the information about the patients like age, sex, residence etc were recorded in a separate sheet and diagnosis of the patient was made according to diagnostic and statistical manual for mental disorder (DSM 5).*

**Results:** *Total of 38.4% patients were in the age group of 21-30 years, males were 54.1%, about 71.5% patients were from urban background. Regarding psychiatric morbidity 39.5% patients were of depression, 23.8% were of substance abuse disorder, 21.6% were of anxiety disorders, 7.6% were of bipolar affective disorder, 5.8% were of schizophrenia and only 1.7% patients were of other psychiatric disorders.*

**Conclusion:** *From present study, it has been concluded the onset of psychiatric illness usually occur in young adults, mostly in males, living in nuclear families of the urban region. The most common illness were depression and substance abuse disorders. Hence special attention should be paid to young adults and adolescents as this group of individual is most vulnerable group to suffer from psychiatric and substance abuse related disorders.*

**Keywords:** *Anxiety Disorders, Depression, Substance Abuse.*

**Introduction**

Mental health as per world health organization (WHO) is defined as a positive sense of well being

encompassing the physical, social, mental, spiritual and economic aspects of life; not just the absence of disease. Psychiatric disorders are understood as

clinically significant conditions categorized by alteration in behaviors, mood, emotion or thinking associated with impaired functioning and personal distress. These disorders are clearly abnormal or pathological phenomena and not just variation within the range of normal.<sup>1</sup>

In both developed and developing countries psychiatric morbidity is a major health problem as large number of peoples worldwide suffer from mental illnesses. According to WHO, around 40 million people were suffering from mental disorders such as dementia and schizophrenia across the globe.<sup>2</sup> About 25% population of the world are affected by mental and behavior disorders at sometimes during their lives. These disorders are universal affecting peoples of all societies, countries and continents, both rich & poor, men & women, from rural & urban areas and individual of all age groups. They have an economic impact on individual, their families and the society. Psychiatric disorders are diagnosed and identified by using clinical methods which are similar to those used for physical disorders. Moreover among patients seen by primary health care professionals, 20% of them have one or more mental disorders.<sup>1</sup> The present study was conducted with the objective to find psychiatric morbidity & sociodemographic profile of the patients attending private psychiatric clinic.

### Methodology

The present cross sectional study was conducted in a private psychiatric clinic located in Jammu region. Most of the patients attending the clinic were from Jammu region and adjacent areas like rajouri, samba, udhampur etc. After meeting inclusion and exclusion criteria 172 patients were selected for the study. All the information about the patients like age, sex, residence etc were recorded in a separate sheet. Patients were diagnosed according to Diagnostic and statistical manual for Mental disorder (DSM 5) criteria by the Psychiatrist.<sup>3</sup>

### Inclusion Criteria

- All those patients who had never received a psychiatric treatment.

- Both males and females.

### Exclusion Criteria

- Those who had diagnosed comorbid medical illness.
- Those who did not gave consent.
- Those who were not able to cooperate while assessment.

### Statistical analysis

Analysis of data was done using statistical software MS Excel / SPSS version 17.0 for windows. Data presented as percentage (%) as discussed appropriate for quantitative and qualitative variables.

### Observations and Results

Table 1 shows that 38.4% patients were in the age group of 21-30 years followed by 25% in 31-40 years and 13.3% in 41-50 years. The least number of patients were in the age of 51 to 60 (10.5%), above 60 years (8.7%) and below 20 years (4.1%). There were 54.1% males and 45.9% females in the study. 71.5% patients were from urban background and only 28.5% were with rural background. Maximum percentage of patients i.e. 78.5% were Hindus followed 19.2% Muslims and 2.3% of other religion. 57.7% patients in this study were married followed by 47.1% unmarried and 0.6% each divorced and widowed. About 70.3% were from nuclear families and only 29.7% were from joint families. 57% patients in this study were 12<sup>th</sup> pass whereas graduates were 21.5%, 19.8% were 10<sup>th</sup> pass and only 1.7% were uneducated. As per occupational status 36% patients were unemployed, 30.8% were students, 15.7% work in private sector, 9.4% work in government sector, 2.3% were farmers and 5.8% were doing some other job. 41.3% patients belong to upper socioeconomic status, 37.8% belong to middle and 20.9% belongs to lower socioeconomic status.

Table 2 shows that 39.5% patients were of depression, 23.8% were of substance abuse disorder, 21.6% were of anxiety disorders, 7.6% were of bipolar affective disorder, 5.8% were of schizophrenia and only 1.7% patients were of other psychiatric disorders.

**Table 1** shows sociodemographic profile of the studied patients

	Number of patients	Percentage (%)
Age (in years)		
≤20	7	4.1
21-30	66	38.4
31-40	43	25
41-50	23	13.3
51-60	18	10.5
>60	15	8.7
Sex		
Males	93	54.1
Females	79	45.9
Residence		
Rural	49	28.5
Urban	123	71.5
Religion		
Hindu	135	78.5
Muslims	33	19.2
Others	4	2.3
Marital status		
Married	81	51.7
Unmarried	89	47.1
Divorced	1	0.6
Widowed	1	0.6
Type of family		
Joint	51	29.7
Nuclear	121	70.3
Education		
Uneducated	3	1.7
Secondary	34	19.8
Senior secondary	98	57
Graduation and above	37	21.5
Occupation		
Students	53	30.8
Unemployed	62	36
Government sector	16	9.4
Private sectors	27	15.7
Farmers	4	2.3
Others	10	5.8
Socio economic class		
Upper	71	41.3
Middle	65	37.8
Lower	36	20.9

**Table 2** shows psychiatric diagnosis of the studied patients

Psychiatric diagnosis	Number of patients	Percentage
Depression	68	39.5
Substance abuse	41	23.8
Anxiety disorders	37	21.6
Bipolar affective disorder	13	7.6
Schizophrenia	10	5.8
Other psychiatric disorders	3	1.7

## Discussion

In both developing and developed regions of the world, mental disorders are thought to impose

significant disease burden due to their relapsing and remitting course which are well recognized as significant contributors of impaired health,

disablement, impaired quality of life and increased consumption of health services. The stigma attached to psychiatric hospitals and psychiatric illnesses acts as a significant barrier not only to diagnose and treatment of psychiatric disorders but also their acceptance in the community. Increasing trends in psychiatric help seeking can be linked to the advantages associated with increased awareness about the mental illnesses, offering separate general hospital psychiatric units and establishment of private psychiatric clinics at par with other specialities.<sup>1</sup>

The majority i.e. 38.4% patients were in the age group 21-30 years and 25% were between 31 to 40 years which means that 63.4% patients were between 21-40 years. Most of the persons in Indian culture get married between 21-40 years and try to settle down in a new family atmosphere which may be a stressful situation.<sup>4</sup> Also the awareness or concern levels regarding psychiatric illness were high in this age group.<sup>5</sup> Our finding is in accordance to Shrestha MR et al who observed that 32.3% patients were in the age group of 21-30 years.<sup>1</sup> Our finding can further be supported by Fahmida A et al who observed that 42% patients were between 18 to 27 years and 35% were between 28 to 37 years.<sup>2</sup> Similar findings were also observed by other studies.<sup>6,7,8,9,10,11,12</sup>

There were 54.1% males and 45.9% females in this study. Psychiatric morbidity in general is reportedly higher among females,<sup>5</sup> however in Indian society males were considered as the sole bread earner of the family<sup>1</sup> and the illness of a male member is taken more seriously than that of a female patient due to gender bias.<sup>11</sup> Our finding is in agreement with Shrestha MR et al who found that 60.5% patients who were seeking psychiatric consultations were males.<sup>1</sup> Our finding can further be supported by Kunal K et al who observed that 55.9% of the studied patients were males.<sup>13</sup> Similarly Fahmida A et al in his study also found that 70.4% patients were males.<sup>2</sup> Other studies had also found similar results.<sup>5,11,14</sup>

About 71.5% patients in the present study belong to urban areas and only 28.5% belong to rural area. Higher prevalence of psychiatric disorders in urban

areas can be explained as peoples living in these areas are facing more daily life stresses and hence are more vulnerable to psychiatric illness.<sup>2</sup> Kunal K et al also observed that 75% of the studied patients were from urban areas.<sup>13</sup> Similar results were also found by other studies.<sup>12,14</sup>

In the present study, 78.5% patients were Hindus whereas only 19.2% were Muslims and 2.3% belong to other religion. The demographic profile of Jammu region is such that majority of its population belongs to Hindu religion.<sup>15</sup> Our finding is in agreement with Adhikari P et al and Goyal GS et al who had found 85.6% and 78.7% patients in their studies were Hindus.<sup>11,12</sup> Similar results were also observed by Patra S et al.<sup>14</sup> However Fahmida A et al. had observed that 92.76% patients in their studies were Muslims as their study was carried out in Muslim dominant area (Dhaka).<sup>2</sup>

51.7% patients in this study were married, 47.1% were unmarried only 0.6% were divorced and widowed. In our culture, one of the social obligation is marriage which is mostly performed and arranged by the elders of the family, irrespective of the individuals will or preparedness for it. Most of the times due to arranged marriage, marital partners remains strangers to the families and so to each other resulting in several adjustment problems among the married peoples.<sup>16</sup> Our finding is in accordance with Fahmida A et al. who observed that 50.66% of patients with psychiatric disorders were unmarried.<sup>2</sup> Similar observations were also made by Goyal GS et al and Patra S et al.<sup>12,14</sup>

Maximum percentage of patients i.e. 70.3% were from nuclear family and only 29.7% were from joint family. In Indian culture joint family system is protective against mental illness with better emotional and social support whereas there is no such privilege in nuclear family.<sup>17</sup> Goyal GS et al had also observed that 77.5% patients were also from nuclear families.<sup>12</sup>

Majority of our patients were educated as 57% patients were 12<sup>th</sup> pass, 21.5% were graduates and above, 19.8% were 10<sup>th</sup> pass and only 1.7% were illiterate. Literacy rates are on rise in India

especially in urban region, trends of which are shown in our study.<sup>15</sup> Our finding is in agreement with Fahmida A et al who observed that 56.6% patients were 12<sup>th</sup> pass followed by graduates.<sup>2</sup> Patra S et al had also observed in his study that 57.99% patients were above matric.<sup>14</sup>

In this study 36% patients were unemployed followed by 30.8% patients who were student. Students are vulnerable to psychiatric disorders due to competition and performance pressure by the parents.<sup>2</sup> Moreover students and unemployed persons are financially weak and are dependent on other family members for financial related issues which often leads to psychological problems.<sup>18</sup> Our finding is in accordance with Fahmida et al who observed that 30.2% patients attending psychiatric OPD were unemployed and 23.7% were students.<sup>2</sup> Similar results were also observed by Khan TA and Belbase M.<sup>5</sup>

In the present study 41.3% patients were from upper socioeconomic class, 37.8% patients were from middle socioeconomic status and only 20.9% were from lower socioeconomic status. Patients of higher socioeconomic status prefers consultations at private psychiatric clinics due to stigma related to mental diseases and psychiatric hospitals.<sup>19</sup> Moreover there is a common myth that psychiatric hospitals are meant for mentally ill persons, (patients having psychotic disorders) rather than for patients with any other psychiatric illness.<sup>11</sup> Our finding is in contrast to Adhikari P et al who found that majority of the patients belong to low socioeconomic status.<sup>11</sup> The reason for such difference could be that we had conducted our study in a private psychiatric clinic and Adhikari P et al had conducted their study in general psychiatric hospital.

The most common psychiatric diagnosis in our study was depression which was present in about 39.5% patients. In the present times, depression is of serious concern because of the complexity of its differential diagnosis and of its higher prevalence which varies from 17% and 37% in the primary care sector. Diagnosis and management of depression can be difficult as the symptoms of depression can mimic those of other diseases, the

primary caretaker may not recognize the disease individuals unwilling to accept clinical intervention, or may be unable describe their feelings. Lack of social support, financial strains, female, family history of depression, being young are the common risk factors associated with depression.<sup>20</sup> Our finding is in accordance with Kunal K et al and Sharma BB who in their respective studies had observed that depression was present in about 40% and 42% patients respectively.<sup>13,21</sup> Similarly Kohli C et al who observed that depression was present in 30.1% participants<sup>22</sup> whereas Fahmida A et al had observed depression in 6.58% patients.<sup>2</sup> The reason for higher prevalence of depression in our study is that we had conducted our study on OPD basis whereas Fahmida A et al had done their study on admitted patients and admission rates of depression are less as compared to other psychiatric disorders like mania and schizophrenia. Other studies had also found similar results to our studies.<sup>11,23</sup>

The second most common diagnosis in our study was substance abuse which was present in about 23.8% patients. The history of substance abuse is as old as mankind itself and is influenced by social, economic, political and psychosocial factors.<sup>24</sup> However it is one of the rising problem of modern times which is posing a serious threat to our cohesion and social integrity.<sup>2</sup> The critical period when the first initiation of substance abuse takes place is adolescence.<sup>24</sup> Due to various reasons like academic pressure, temptation by peer groups, the lure of popularity and identification and easy availability of many such substances like tobacco (cigarettes) and other psychoactive drugs, students are particularly vulnerable group among the adolescents for the substance abuse. Globalization, violence, conflict ridden cultures in nations across the world and changing social values have added tremendous stress on all human beings and especially young adult and adolescents population making them vulnerable to substance abuse.<sup>25</sup> Our finding is in accordance with Fahmida A et al who found 29.6% patients were of

substance related disorders.<sup>2</sup> Patra S et al had also observed similar result.<sup>14</sup>

The third most common diagnosis in this study was anxiety disorders which was present in 21.6% patients. Although increasing attention has been paid to anxiety disorders and being one of the most common mental health problem in the general medical settings, it still lags far behind depression in terms of research as well as clinical settings.<sup>26</sup> Anxiety disorders are associated with other adverse consequences which includes diminished occupational opportunities, an increased risk of functional impairment, impaired occupational performance, reduced educational opportunities, limited academic achievement and elevated morbidity and mortality rates.<sup>27</sup> As the anxiety symptoms are associated with significant distress and there is increased awareness among the patients, both of which are contributing to increase number of patients with anxiety disorders approaching the psychiatrists for treatment.<sup>28</sup> Kunal K et al in his study had observed that 30% of patients attending psychiatric OPD were of anxiety disorders.<sup>13</sup> Similarly Wig NS et al had found that 22% patients with psychiatric morbidity were suffering from anxiety disorders.<sup>23</sup> However Fahmida A et al had observed anxiety disorders among 0.7% participants<sup>2</sup> which may be due to low admission rates of anxiety related disorders as they had conducted their study on admitted patients.

The other psychiatric disorders which were seen in this study are bipolar affective disorder (7.6%), schizophrenia (5.8%) other psychiatric disorders (1.7%) which include epilepsy, mental retardation etc. Our finding is in accordance to Kunal K et al who observed that among the patients of psychiatric disorders, schizophrenia was present in 10% and other psychiatric disorders were present in 5% patients.<sup>13</sup> Our finding can further be supported by Dubey KC who found 9.1% patients of psychiatric diseases were schizophrenics.<sup>29</sup> Similarly Wig NS et al had also found 11% prevalence of schizophrenia among psychiatric patients.<sup>23</sup> Also Goyal GS et al and Patra S et al had found a lower prevalence of 5.33% and 4.4% of BPAD in their respective studies.<sup>12,14</sup> However

Fahmida A et al have found a higher prevalence both for schizophrenia (39.4%) and BPAD (12.17%).<sup>2</sup> The reason for lower prevalence of schizophrenia, BPAD and other psychiatric disorders in our study may be due to lack of awareness, superstitions, intervention by faith healers as traditional faith healers are usually first to be consulted in our culture.<sup>1</sup> Hence teaching faith healers to a level that they can recognize patients with mental illness and can motivate those patients to seek consultation from a psychiatrist will bridge the gap between community and the psychiatrist.<sup>30</sup>

### Conclusion

From present study, it has been concluded the onset of psychiatric illness usually occur in young adults, mostly in males, living in nuclear families of the urban region. The most common illness were depression and substance abuse disorders. Hence special attention should be paid to young adults and adolescents as this group of individual is most vulnerable group to suffer from psychiatric and substance abuse related disorders.

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### Declaration:

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