

The prevalence of psychiatric illness among the informants of psychiatric patients

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Abstract: The aim of the study was to explore the prevalence of psychiatric illness among the informants of psychiatric patients at the Paschim Medinipur district. The participants consisted of 56 male and 44 female informants of various psychiatric patients coming for treatment at the OPD of psychiatric department of Midnapore Medical College and Hospital and their age ranged from 20-70 years. They were administered Socio-Economic Status Scale (Rural and Urban) to assess Socioeconomic Status of patients and Self-Reporting Questionnaire (SRQ) to screen for psychiatric problem in participants. The analysis revealed that the majority of patients are suffering from depression followed by mental retardation and schizophrenia; they are majorly from the class-IV social status followed by class-II. Most patients were accompanied by father and mother, stay at the rural area and having 70% informants had positive psychiatry screen status. Close family members had higher rate of psychiatric morbidity.

Key words: Psychiatric illness, informants, psychiatry screen status, categorical variables, therapeutic implications.

I. Introduction

The widely accepted definition of health is that given by the World Health Organization (1948) which is as follows: "Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity". Again WHO in 2007 conceptualized mental health as being an integral component of one's overall well-being, playing a role in whether "the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community?" There was hardly any research data available on mental health in India at the time of independence. The first major mental health survey was undertaken under the aegis of ICMR in Agra, U.P. in a study sample of 29,468 in 1961. A series of epidemiological studies on psychiatric disorders were subsequently undertaken during 1960's and 1970's in south, north, eastern and western parts of the country but on relatively smaller study samples. Though some studies were undertaken with the diseased persons but in India or abroad there are only very few studies available about the mental health conditions of their family members. Svavarsdottir, Lindqvist, and Juliusdottir (2014) conducted a study on self-reported quality of life among people with mental illness in a psychiatric rehabilitation centre in Iceland. Results showed that needs are rarely met and disclosure of treatment information is lacking. Informants described themselves as socially isolated and non-participants in society. Such paucity of available studies involving the informants of the psychiatric patients have open up the possibilities of conducting such an unique study.

Scenario of Mental Health problems at Paschim Medinipur district:

Daily on an average 50 – 60 patients come for OPD treatment, majority of them are children and late adults. Mental Retardation, Seizure disorder, Pervasive Developmental disorders and Attention – Deficit and Disruptive Behaviour Disorders are at a higher rate among children and adolescents but in case of other groups depression, anxieties, psychotic illnesses and somatoform disorders are still dominating. Majority of the patient's awareness toward health and mental health is very poor which mislead them to have proper mental health treatment. Economic deprivations and other socio pathological problems lead the patient party have some difficulties in seeking help for their family members.

II. Methodology

Aims of the study:

The aim of the study was to explore the prevalence of psychiatric illness among the informants of psychiatric patients at the Paschim Medinipur district.

Hypotheses:

The hypotheses of the study are-

- 1) Prevalence of psychiatric problems among the informants of psychiatric patients is pretty high.
- 2) There is likely to be a gender difference.
- 3) Socioeconomic factors are likely to play an important role.
- 4) Prevalence of psychiatric symptoms is likely to be different among informants of various categories of diagnosed psychiatric patients.

Participants:

56 male and 44 female informants of various psychiatric patients visited for treatment at the OPD of psychiatric department of Midnapore Medical College and Hospital were participated in the study. Their age ranged from 20-70 years and all of them were from Paschim Medinipur district.

Selection criteria—

- 1) Educational qualifications of the informants: At least up to Class-VI.
- 2) Relationship with the patients: Those informants having the relationship of husband, wife, child, parents, and siblings were only included in the present study.
- 3) Willingness: All of them were willing to participate in the study.
- 4) Should possess the ability to understand Bengali questionnaire.

Tools:

- 1) Socio-Economic Status Scale (Rural) (Pareek, & Trivedi, 1964).
- 2) Socio-Economic Status Scale (Urban) (Kuppuswamy, 1962).
1 and 2 were used to assess Socioeconomic Status of patients.
- 3) Self-Reporting Questionnaire (SRQ) (WHO; Harding et al., 1980) as translated into local Bengali language version by Choudhury, Brahma, and Sanyal (2003) to screen for psychiatric problem in participants.

Procedure and Analysis:

For data collection initially participants were contacted and thereafter consent was taken from them. Data were collected individually after special appointment with each candidate at the psychiatric OPD of Midnapore Medical College and Hospital. For scoring initially all data were entered on SPSS programmed data sheet and then scored using proper scoring methods. Descriptive (frequencies, mean, and S.D.) and inferential statistics (t-test and Chi-square) were calculated.

III. Results

The frequency, mean, and standard deviation of various study variables were used as summary measures of the data. A chi-squared test was used to test association among these study variables. Frequency and percentage of various study variables are presented in table 1 and 2.

Table1: Frequency and percentage for psychiatric patient’s diagnosis, relatives of the patients, and socioeconomic status.

Patient’s diagnosis			Relatives of the patients			SES		
Variable	Frequency	Percent	Variable	Frequency	Percent	Variable	Frequency	Percent
MR	26	26.0	Father	29	29.0	Class-I	1	1.0
Schizophrenia	26	26.0	Mother	26	26.0	Class-II	33	33.0
Depression	31	31.0	Husband	16	16.0	Class-III	18	18.0
Anxieties	16	16.0	Wife	9	9.0	Class-IV	41	41.0
Dementia	1	1.0	Brother	8	8.0	Class-V	7	7.0
Total	100	100.0	Sister	7	7.0	Total	100	100.0
			Daughter	4	4.0			
			Son	1	1.0			
			Total	100	100.0			

Table2: Frequency and percentage for gender, domicile, and psychiatric screen status

Gender			Domicile			Psychiatric Screen Status		
Variable	Frequency	Percent	Variable	Frequency	Percent	Variable	Frequency	Percent
Male	56	56.0	Rural	63	63.0	Positive	75	75.0
Female	44	44.0	Urban	37	37.0	Negative	25	25.0
Total	100	100.0	Total	100	100.0	Total	100	100.0

Results showing that regarding the diagnosis of patients, the highest number of informants was of depressive patients (31) followed by mental retardation (26) and schizophrenia (26) and thereafter anxieties (16). For dementia patients the number was negligible. In terms of the relatives of the patients, fathers visited with the patients in maximum occasions (29) followed by mother (26), husband (16), wife (9), brother (8), sister (7), and daughter (4) respectively. But the number for son was negligible. In socioeconomic status, class-IV were in highest number (41) followed by class-II (33), III (18), and V (7) respectively. But the informants from class-I status was not at all noticeable. For gender, males were in higher numbers (56) than females (44). In domicile, maximum participants were from rural (63) followed by urban (37). Finally in disease status, psychiatric screen status was positive for most of the patients (75%).

Table 3: Psychiatric morbidity status across various study variables

Study variables		Yes	No	P
Age	Mean	43.07	41.08	-.80 (Not significant)
	S.D.	10.48	11.24	
Gender	Male	39	17	1.95 (Not significant)
	Female	36	8	
Domicile	Rural	45	18	1.16 (Not significant)
	Urban	30	7	
Patient's diagnosis	MR	20	6	7.16 (Not significant)
	Schizophrenia	23	3	
	Depression	22	9	
	Anxieties	10	6	
	Dementia	0	1	
Relatives	Father	21	8	14.37* (Significant)
	Mother	24	2	
	Husband	9	7	
	Wife	8	1	
	Brother	7	1	
	Sister	4	3	
	Daughter	2	2	
	Son	0	1	
SES	Class-I	0	1	4.72 (Not significant)
	Class-II	27	6	
	Class-III	13	5	
	Class-IV	29	12	
	Class-V	6	1	

*p<.05 **p<.01

Results showed that mean age difference of the participants was not significant. For the categorical variable like gender, male had 69.9% positive disease status and 30.4% negative disease status whereas, female had 81.8% positive disease status and 18.2% negative disease status. So, the difference in proportion between male and female in terms of disease status was not significant. Any difference existing was obviously by chance. Again in domicile, the proportions of rural participants was 71.4% in positive disease status and 28.4% in negative disease status but for urban participants the proportions of positive and negative disease status were 81.1% and 18.9% respectively. The difference in proportion of psychiatric screen status between rural and urban was not significant. Again in patient's diagnosis, the positive and negative screen status for the informants of MR were 76.9% and 23.1%, for schizophrenia were 88.5% and 11.5%, for depression were 71.0% and 29.0%, for anxieties were 62.5% and 37.5%, and finally for dementia were 0.0% and 100.0% respectively. So, the difference in proportion among the various diagnoses of the patients regarding the disease status was not

significant. In case of relatives, the positive and negative disease status for father were 72.4% and 27.6%, for mother were 92.3% and 7.7%, for husband were 56.2% and 43.8%, for wife 88.9% and 11.1%, for brother were 87.5% and 12.5%, for sister were 57.1% and 42.9%, for daughter, 50.0% in both the cases, and finally for son were 0.0% and 100.0% respectively. Here difference in proportion among the relatives of the patients regarding the disease status was significant. Finally in socio economic status, the positive and negative disease status in class-I were 0.0% and 100.0%, in class-II were 81.8% and 18.2%, in class-III were 72.2% and 27.8%, in class-IV were 70.7% and 29.3%, and finally in class-V were 85.7% and 14.3% respectively. The difference in proportion regarding the disease status for the different social classes was not significant.

IV. Discussion

In the district of Paschim Medinipur, the major obstacles for mental health professionals are lack of disease awareness, and poor attitude of the patients regarding various psychological problems. Economic deprivations and other socio pathological problems lead the patient party have some difficulties in seeking health for their family members. Such deprivation and attitudinal problems not only hamper patients but also their family members. But in india or abroad not much studies had been conducted regarding the mental health problems of the informants. Such paucity of earlier studies actually motivated us to undertake this unique study. The major findings of the study may be summarized under the following headings-

1) In the midnapore district the majority of patients are suffering from depression followed by mental retardation and schizophrenia, but with very low rate of dementia, they are majorly from the class-IV social status followed by class-II and much attached to their father and mother, most of the patients stay at the rural area and having positive psychiatry screen status.

The reason behind such findings may be that in the 21st century interpersonal conflict leading to the adjustment problems are actually the pioneering problems behind depression and other stress related disturbances. Again for the disease like mental retardation, and schizophrenia, genetic loading and various derivational issues leading to the many biological disturbances resulting in development of such chronic diseases. These results are further supported by the findings that majority of the patients are from class-IV social strata where poor knowledge, lacking in educational background, and poor disease awareness are actually observed to be a curse which probably resulted in maximizing their psychiatric disturbances. These findings more or less support the earlier research studies. Nandi, Banerjee, Mukherjee, Nandi and Nandi (2000) conducted a study to assess the changes, if any, in the prevalence of mental disorders in a rural community after an interval of 20 years in the context of its changing socio-economic conditions. The survey was repeated after 20 years by the same team and by the same method. Results showed that rates of anxiety, hysteria and phobia had fallen dramatically and those of depression and mania had risen significantly. In another study on psychiatric morbidity of the elderly population of a rural community in West Bengal, Nandi, Banerjee, Mukherjee, Nandi and Nandi (1997) showed that majority of the families (44.2%) belonged to class IV according to Pareek and Trivedi's scale. Sixty one percent of the elderly population was mentally ill. Women had a higher rate of morbidity than men (77.6% and 42.4% repetitively). The overwhelming majority of the affected persons were depressives. Rate of dementia was low.

2) The proportion of most of the study variables in terms of positive psychiatric screen status were pretty high.

The reasons behind such findings may be that in Paschim Medinipur district data collected through interviewing patients and their family members always strengthen the genetic loading and various psychosocial factors in developing and maintenance of the psychiatric symptoms. Apart from this majority of the patient's awareness toward health and mental health is very poor which mislead them to have proper mental health treatment. Due to lack of disease awareness many patients before coming to mental health professionals go to multiple health care providers, some even visit traditional hillers and faith hillers. Even visiting to mental health professionals they discontinue treatment without having experts opinion. Unfortunately many of the patients who attend our department do so for disability certification only. Trying to get a higher percentage of disability for their family members becomes the greatest priority for the patient party. The findings of this study more or less support the earlier study findings. Ganguli (2000) conducted a study on epidemiological findings on prevalence of mental disorders in India. Results showed that the national prevalence rates for 'all mental disorders' arrived at are 70.5 (rural), 73 (urban) and 73 (rural + urban) per 1000 population. Prevalence of schizophrenia is 2.5/1000 and this seems to be the only disorder whose prevalence is consistent across cultures and over time. Rates for depression, anxiety neurosis, hysteria and mental retardation are provided. Urban morbidity in India is 3.5 percent higher than the rural rate, but rural-urban differences are not consistent for different disease categories. In another study Reddy and Chandrashekar (1998) showed that organic psychosis (prevalence rate 0.4), schizophrenia (2.7), affective disorders (12.3) contributed a rate of 15.4 for psychoses.

The prevalence rate for mental retardation (6.9), epilepsy (4.4), neurotic disorders (20.7), alcohol/drug addiction (6.9; and miscellaneous group (3.9) were estimated. Higher prevalence for urban sector, females, age group of 35-44, married/widowers/divorced, lower socioeconomic status, and nuclear family members were confirmed. Epilepsy and hysteria were found significantly high in rural communities. Manic affective psychosis, mental retardation, alcohol/drug addiction and personality disorders were significantly high in males.

However, the present study has some short comings—

- 1) The sample size was not so large which reduces the generalizability of the study.
- 2) Sample was biased because only the candidates who visited to the psychiatry OPD of the Midnapore Medical College and Hospital with their patients were included in the study which restricted the zone wise mapping.
- 3) The tools used for the study were self report inventory which may include self reporting biases.
- 4) No follow up study was attempted to see the effect of treatment on the informants of the psychiatric patients.

This aspect was not looked in the present study.

Conclusions and implications:

From the study the following conclusions can be drawn-

- 1) In the midnapore district the majority of patients are suffering from depression followed by mental retardation and schizophrenia, but with very low rate of dementia.
- 2) The major participants are from the class-IV social status followed class-II and the relatives who are much concern about the patients are their father and mother.
- 3) Most of the patients stay at the rural area and having positive psychiatry screen status.
- 4) The proportion of most of the study variables in terms of positive psychiatric screen status were pretty high.

The study has major implications in revealing scenerio of the psychiatric illness of both the patients and their informants. It has opened up the future research scope regarding what aspects of their personality and behaviour get affected and pragmatic interventions need to be framed accordingly. The parents, school teachers, and community members need to be educated regarding the various psychological problems, so that they can refer the persons suffering from psychological problems directly for pharmacological as well as psychological interventions.

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