Original Research Paper

Psychiatry

STUDY OF PSYCHIATRIC MORBIDITY AMONG INHABITANTS OF A DESTITUTE CENTRE IN BHUBANESWAR

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ABSTRACT **Background:** Our nation is home to one of the highest number of homeless people in the world, with physical and psychiatric morbidity being very high as well. But relevant studies are scanty regarding their state of mental health.
Aim: The present study was conducted to explore the prevalence and pattern of psychiatric morbidity among the inhabitants of a destitute centre.
Materials and Methods: The study was an observational, cross-sectional study conducted on 150 residents of a destitute centre in an urban area. Residents were screened using International Classification of Mental and Behavioural Disorders-10 diagnostic criteria. Hundred and thirty four residents suggestive of psychopathology were further evaluated and grouped into different psychiatric disorders. Positive and Negative Symptom Scale was used to assess the severity of psychiatric symptoms. Information regarding socio-demography, past & present medical and psychiatric illness history was collected in a predesigned Performa. Data were collected, tabulated and analysed using SPSS version 20.
Results: All inhabitants (n = 150) of destitute centre were evaluated for psychiatric co-morbidity. Among them 134 (83%) inhabitants were found to be suffering from psychiatric disorders. Most common psychiatric disorders found were psychotic disorders n-96 (%), followed by depression 17(%), anxiety disorder in 2 (%), dementia 14(%) and 2 residents who suffering from parkinsonism. Substance abuse was present in 34 (33.87%) of the inhabitants.
Conclusion: Psychotic disorders and substance abuse are common among the homeless who reside in the destitute centre. Psychiatric disorders are likely to be the cause of significant functional impairment. This warrants the urgent need to address psychological, psychosocial and physical needs of the inhabitants staying at these centres. Early identification and intervention can ameliorate their sufferings and improve the quality of their lives.

KEYWORDS : Psychiatric morbidity, destitute, inhabitants

INTRODUCTION

Urbanisation led to movement of people from villages towards the city. Without adequate support system and skill power these people are unable to meet basic needs of everyday life. A destitute is one who is without the basic necessities of life, one who is poor enough to need help of others. These people are without a house or home[1]. A "house" is defined as a structure with a roof in the Census of India[2]. Houseless population is defined in the Census of India as the persons who are not living in a "census house." Almost every city in India has homeless individuals and they have long been neglected in terms of medical or psychological services tendered to them. Experts report that at least 1% of the population of cities in India is homeless[2]. The destitute population among homeless includes beggars, commercial sex workers, and mentally ill, elderly women with dependent children, street children, and persons with disability. Amongst these, some of them have migrated from other states and some are local residents. Decline in mortality due to better health care has increased the elderly population in India but they are still without much care from the societal system. Parker *et al.*, in a study in a similar population in Australia, found that the prevalence of mental illness in the homeless may range from 2% to 90% [3]. At present, there is limited data available regarding psychiatric morbidity and its prevalence among the Indian destitute population. In view of the limited literature and widespread presence, the study was undertaken to evaluate and provide better care to this segment of the population.

MATERIALS AND METHODS:

Study setting
The study was conducted on all residents in a destitute centre at Bhubaneswar. The recruitment started in September 2015 and was completed in December 2016.

Study population and eligibility
The study included residents residing continuously for at least one year at the destitute centre and who were able to speak either odiya or Hindi. Prior consent was taken from the person in charge of the destitute centre before interviewing the inhabitants and individual consent from the inmates were also taken.

Study design
After recruitment, detailed history was taken and mental status was evaluated. Socio demographic details, past & present medical and psychiatric illness history were collected in a predesigned Performa. The residents of either sex were screened with International Classification of Diseases 10th revision, Diagnostic Criteria for Research [ICD-10 DCR]). 134 residents found positive for psychopathology were assessed further for the specific type of psychiatric illness. Positive and Negative Syndrome Scale was used to assess the severity of psychiatric symptoms since most of the patients were having psychotic illness.

The data was tabulated and analysis was carried out using statistical package for social sciences (SPSS) version20.

RESULT:
Among the 150 inhabitants of destitute centre 134(89.3%) residents were found to have some or the other form of psychopathology.

Table 1: Socio demographic Factors (n=134)

Variables		Frequency	Percentage(%)
Age (years)	<40	21	15.67
	40-50	59	44.02
	50-60	36	26.86
	>60	18	13.4
Gender	Male	46	34.32
	Female	88	65.67
Duration of stay	‹ 1 year	43	32.08
	› 1 year	91	67.9
Socio economic status	LSES	102	76.11
	MSES	32	23.88
Marital status	Unmarried	20	14.9
	Married	69	51.49
	Separated	19	14.1
	Widowed	24	17.9
Family h/o psychiatric illness	Present	38	28.3
	Absent	96	71.6

Our study population comprised of 44.02% of destitute of age 40 to 50 yrs and 26.8% were 50 to 60 yrs. 13%. 65.67% of the above 60 years age group inhabitants were females. 67% of the inhabitants had been staying at the centre above one year, 76% of the destitute were from low socio economic status, 51% of the inhabitants were married and 49 % were single, which included unmarried, separated and widowed. Psychiatric illnesses were detected in 71% of the inhabitants.

Table 2: Patterns of distribution of Diseases (Psychiatric morbidity) among inhabitants of destitute centre(n=134)

Variables	Variables	Frequency	Percentage (%)
Psychotic Disorder	Schizophrenia	76	56.7
	Bipolar disorder	13	9.7
	Schizoaffective Disorder	09	6.7
Dementia		14	10.4
Depression		17	12.6
Insomnia		2	1.4
Anxiety disorder		3	2.2
Parkinsonism		2	1.4
Substance Abuse		34	25.3
No psychiatric diagnosis		16	11.9

Inhabitants were most commonly suffering from psychotic disorders in 98(73.14%), followed by affective disorders, mainly depression in 17(12.68%), dementia in 14(10.4%) and anxiety disorders in 3(2.2%). Substance abuse was found in 34(25.3%) of the inhabitants while insomnia was noted in 2(2%) and parkinsonism in 2 residents. Among the inhabitants having psychotic disorder, schizophrenia was the most frequently present (76 out of 134). Schizoaffective disorder was in 9(134) and bipolar disorder was in 13(134).

Table 3: Severity of psychotic symptoms among the inhabitants with psychotic disorder

PANSS Score	Mean	SD
Positive score	15.96	4.3
Negative score	31.1	3.82
General psychopathology score	24.5	5.39
Bipolar index	-15.14	

Positive and Negative Symptom Scale was used to assess the severity of psychotic symptoms among the inhabitants having psychotic disorder. Result of Table 3 shows mean positive symptom score as 15.96 with SD of 4.3, whereas mean negative symptom score was recorded at 31.1 and SD of 3.82. With P being 0.0001.

DISCUSSION:
The plight of the homeless has never received the attention that they truly deserve. The population of India as per 2011 census was 1,210,193,422[6] out of which 1.77 million were deemed 'homeless', or in other words 0.15% of the country's total population.[7] Now in 2017 the population has increased to 1,342,512,706[8] with about 1% of our population which might be considered homeless[2], may account for more than 13 million people as destitute. Psychiatric illnesses are more common in a homeless population as compared to the general population in the western populations [11]. Our study indicates the prevalence of psychiatric disorders at 89.3% which is a slightly higher number compared to what has been discovered in an Indian study conducted by Raghavendra B. Nayak which quoted the prevalence rates as 84% [1].There is wide variation in the prevalence of mental illness in homeless people that may range from 2% to 90% [3]. As compared to Western research, the prevalence of psychiatric disorders are found to be much higher in our study. The higher prevalence of mental illness in our study could be attributed to the reason that our study was conducted in a destitute centre that does not have adequate facility for those with chronic, severe and medically ill people. Such a similar study in Britain demonstrated a prevalence of 30-50% [12]. Another finding in the United States of America found 20-25% of the homeless population suffering from some form of severe mental illness[13].

In our study, psychotic disorders were most commonly seen amongst (73%) of all the psychiatric illnesses. Next prevalent disorders were the depressive disorders, dementia, bipolar disorder, anxiety disorder, whereas only 2% were suffering from parkinsonism. In a study from Hong-Kong in the same area, prevalence of mental illness was charted at 56% and 71% percent of the subjects reported to have had a lifetime history of mental illness. Out of the 71% with such a history, 25% had an alcohol use disorder and 25% suffered from substance use disorders [9]. In another study 217 street homeless adults were assessed, about 90% of whom had experienced some form of mental or alcohol use disorder: 41.0% had psychosis, 60.0% had hazardous or dependent alcohol use, and 14.8% reported attempting suicide in the previous month [10].

In our study, PANSS scores suggest that inhabitants had significantly higher negative symptoms than positive symptoms. The presence of negative symptoms might be associated with poor functioning and an inferior quality of life. But our study may be limited since we have not been able to assess the quality of life, service satisfaction and caregiver burden associated with the said disorders. The presence of higher positive, negative and general psychopathology scores in our study warrants early and regular treatment in a destitute centre which is usually not available due to limited infrastructure and resources. We have not obtained a random sample of patients for analysis and lacked a control group to validate the findings. As such, the sample may not be a true representative of the entire population of the destitute, since it was limited to a single destitute centre.

A higher negative score might be reflective as a causative factor for homelessness of some mentally ill patients, which deserves further exploration. On the other hand homelessness may increase the chances of mental illness on account of the stress-diathesis hypothesis; many mentally ill may be rendered homeless because of core illness factors [1].

For the minority of patients who display higher levels of psychopathology there is a need to consider alternative psychopharmacological treatment and review the effects of such a change.

CONCLUSIONS:
The strikingly high prevalence rates of psychiatric disorders among the homeless in our study are an unsettling discovery. Such populations at destitute centres continue to experience a very high degree of psychopathology. Such symptoms may be of a positive, i.e. delusions and hallucinations or of a negative nature as seen in personal neglect, social withdrawal and the like. Other symptoms may be covered under the category of general psychopathology symptoms. From both a scientific and humane perspective the overall psychiatric morbidity can be considered as a highly probable causative factor for the homelessness of mentally ill patients. This study, hopefully will attract further attention and sensitivity towards the population in question, to explore the same from other researchers. There is a very high scope to study similar aspects of the homeless victims of mental ailments in similar sociodemographic settings. Findings of the present study truly indicate the homeless as most deserving candidates for urgent care of their various psychological, psychosocial and physical needs.