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PREVALENCE OF UNRECOGNIZED MENTAL DISORDERS AMONG PATIENTS ATTENDING NON-PSYCHIATRY OPDS IN A MILITARY HOSPITAL.

Psychology

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ABSTRACT

Background: 8–53% patients attending primary health care units in developing countries including India, is found to have psychiatric co-morbidities. The coexistence of psychiatric and medical problems in a patient usually leads to elaborate diagnostic assessments, increased health care costs, and less patient satisfaction. Early detection of such conditions would benefit both the individual and the health care service.
Objective was to assess the prevalence of unrecognized mental disorders among patients attending Non-Psychiatry Out Patient Departments.
Methods: Descriptive study with 400 samples selected by stratified random technique from 20 different OPDs. The screening tool consisted of 3 items on demographic variables and General Health Questionnaire 12. For Respondents with high GHQ was referred to Psychiatrist for further assessment.
Results: 11.75% of patients attending Non-Psychiatry OPDs had a GHQ Score of 5 or more. It was higher in females and increased with advanced age. Ex-Servicemen also have higher GHQ Score than others. Mental Disorders were prevalent in 68% of the people with high GHQ Score, commonest being Depressive Disorders.
Conclusion: Patients attending Non-Psychiatry OPDs have significant psychological distress and Mental Disorders are also prevalent in them. A holistic approach must be adopted while providing service to ensure better patient satisfaction.

KEYWORDS

Mental Disorder, Mental Health

INTRODUCTION

Mental health is an essential part of health and is not merely absence of mental illnesses. The World Health Organization (WHO) says, mental health is an umbrella covering huge range of activities directly or indirectly related to the mental well-being, prevention of mental disorders, treatment and rehabilitation of people suffering from mental disorders.[1] Diagnostic and Statistical Manual- Fifth Revision(DSM V) described mental disorder as a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.[2]

The latest WHO report says, India, China and the United States harbour the maximum numbers of people with mental disorders like Schizophrenia, Bipolar Disorder and Anxiety Disorders.[3] Another WHO study, conducted for the NCMH (National Care Of Medical Health) in 2018, states that at least 6.5 per cent of the Indian population suffers from some kind of a serious mental disorder. The suicide rate in India is as high as 10.9 for every lakh people and the majority of them are below 44 years of age.[3] WHO estimates an enormous economic loss to the country due to mental health conditions.[1]

The good news is, mental disorders are preventable, at least some of them. Even better, most of them can be successfully treated; and that much of prevention, cure and treatment is very much affordable.[4] But the flipside shows an extreme shortage of mental health professionals. According to 2014 report, Mental health workforce in India includes psychiatrists (0.3), psychiatry nurses (0.12), psychologists (0.07) and psychiatry social workers (0.07) per 100,000 population .[1,2]

As much as 8–53% patients attending primary health care units in developing countries including India, is found to have psychiatric co-morbidity.[5] But because of stigma, discrimination and negligence, nearly two-thirds of people with a mental disorder never seek help from a mental health professional, as stated by WHO.[4] To break this barrier, WHO in 2008 Report, recommended integration of mental health into primary care populations.[6] It was also realized that large mental institutions did not offer the best option for patients and families placing importance on outreach services.[4] Much before that, National Mental Health Programme (1982) was launched with similar intentions of integrating mental health services with mainstream medical practice.[7]

METHODS

This was a descriptive study conducted in a tertiary care hospital. Stratified random sampling method was used, 12 Medical OPDs and 08 Surgical OPDs were considered as 20 different strata and 20 samples from each strata have been randomly picked up through lottery system on the basis of OPD Registration number. The criteria for inclusion was between 18 and 65 years of age, willing to participate, can speak, read and write in any of the three languages - Hindi, English and Bengali. Patients reported in an apparently emergency condition or patients with an existing diagnosis of a mental disorder were excluded.

A structured questionnaire was administered consisting of 3 items on demographic variables followed by General Health Questionnaire 12. GHQ 12 is a measure of current mental health and since its development by Goldberg in the 1970s it has been extensively used in different settings and different cultures. For this study, the bi-modal scoring is adopted, where total score is 12. Any score above 4 is suggestive of psychiatric caseness and above 6 is considered severe psychological disturbance. The respondents who scored 5 or above was referred to Psychiatry OPD, where they were evaluated on the basis of The 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organization (WHO). All the main biomedical ethics principles of Helsinki Declaration adopted by World Medical Assembly to safeguard human subjects were followed throughout.

RESULT

The maximum number of respondents (246, 61.5%) were of male gender. The majority of participants (285, 71.25%) belonged to the age group of below 40 years. The maximum number of respondents 159 (39.75%) were Serving Personnel, closely followed by Dependents and least were Ex Servicemen 21.25%.

The mean GHQ 12 Score was higher in females (3.34) with a standard deviation of 2.086, whereas in male patients the mean was 3.34, Sd 2.213. The patients below 41years of age, had a mean GHQ Score of 3.03 which was higher in elderly patients (Mean 3.93, Sd 2.256). The Ex-Servicemen had a mean GHQ of 3.74, followed by dependents (3.36) and least was in serving soldiers (2.98).

The maximum number of respondents that is (353, 88.25%) had a GHQ 12 score of 4 and below and 47 respondents (11.75%) had GHQ 12 Score of 5 or above.

Out of those 47 respondents, 32 were found to have some kind of mental disorder according to ICD 10 evaluated by Psychiatrist. So, the prevalence of unrecognized mental disorders among patients in Non-Psychiatry OPDs of this tertiary care hospital is found to be 8%.

Majority (17, 53.12%) was suffering from Mild Depressive Episode, followed by Somatization Disorder (7, 21.87%), Alcohol Dependence Syndrome 2(6.25%) and Generalized Anxiety Disorder was found in 3(9.37%). 1 candidate was found in each of these conditions named Moderate Depressive Episode, Sexual Aversion and Failure of Genital response.

DISCUSSION

In the present study, only 8% of the samples were detected to have mental disorders. Whereas, similar studies conducted at walk-in clinics in Trinidad in 2013, Occlusion Clinic of Kanagawa Dental College, Japan in 2007 and in Paediatric OPDs in tertiary level hospitals in Bangladesh in 2013 showed the prevalence of mental disorders were as high as 54.6%,[8] 66.0%[9] and 18.0%[10] respectively. In our own country, study conducted among patients attending Dental OPD in a tertiary care government hospital in West Bengal revealed as much as 73% of the patients were symptomatic of mental disorders.[11] The above comparison brought out general mental health in armed forces population including dependents and retired personnel is quite sound.

Mild Depressive Episode (17, 53.12%), and Somatization Disorder (7, 21.87%) were most prevalent in the present study. Depressive Episode had similar prevalence (30.1%) among OPD attendees of a rural hospital in Delhi .[12] The rate of Depressive Episode was lower (16.4%) in a screening of geriatric population visiting medical and surgical clinics in Taiwan in 2013.[13] Somatization Disorder also showed similar impacts (25%) in a study conducted among patients attending Dental OPD in a tertiary care hospital in West Bengal, followed by Mixed anxiety and Depressive Disorders (14%).[11] The above study in Trinidad highlighted the presence of Somatoform Disorder by 28.5%.[8] So, the conclusion is, the major mental disorders prevalent in non-Psychiatry OPD patients are Depressive Episodes and Somatization Disorders.

On the basis of findings of the study, its mandatory to have a patient-friendly culture that focuses on a humanistic approach to yield better patient satisfaction. Healthcare professionals at grassroot level should be equipped to identify patients with potential mental disorder and refer them to Psychiatry OPD. Psychiatrists, Psychiatry Matrons and Psychologists should be available to provide consultation-liaison services at different Non-Psychiatry OPDs on specified days. A holistic approach is the key to optimum health.

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