



RURAL PEOPLE'S PERSPECTIVE OF MENTAL ILLNESS: EXPERIENCE OF A POST GRADUATE TRAINEE DURING NATIONAL MEDICAL COMMISSION DISTRICT POSTING.

Psychiatry

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ABSTRACT

Background: Mental health is a state of emotional, Psychological, mental wellbeing that empower people to cope with various kind of stress, learn and recognize their capabilities, contribute in their respective work and community. Focus on mental health gathered attention in urban areas but awareness has scarcely reached rural areas. **Aims And Objectives:** To assess the perception of rural people regarding their mental illness. To assess the in-depth distress pattern, perceived causes behind the manifestations, help seeking behavior of rural people. **Methodology:** Based on 70 patient's interview who reported at Emergency of District Hospital, with chief complaints, and diagnosis made according to DSM5[ICD 10 **Result:** It was found in the study that distribution of spontaneous distress pattern across gender ($P=0.000$), spontaneous distress pattern ($P=0.000$), spontaneous perceived cause ($P=0.000$), distress pattern on enquiry ($P=0.000$), perceived cause on enquiry ($P=0.002$), treatment desired by family ($P=0.002$), treatment received ($P=0.000$), were statistically significant. There was no significant relationship found between clinical diagnosis and residence, marital status, education, socio – economic status, help-seeking behavior ($P>0.05$). **Conclusion:** People from rural area are ignorant about their mental health issues. Their main concern of wellbeing is mostly restricted to physical health symptoms, hence more focus should be given in proper mental health awareness education, identification of symptoms and prompt treatment, referral.

KEYWORDS

Rural People, Mental Illness, District Posting.

INTRODUCTION:

Mental health is a state of emotional, psychological, mental wellbeing that empower people to cope with various kind of stress, learn and recognize their capabilities, contribute in their respective work and community¹. Mental disorders contribute approximately 14% of the global burden of disease worldwide². World Health Organization (WHO) estimated that in developed and developing countries about 25% of the population are suffering from various mental illness^{3,4}. Approximately 150 million persons are in need of both short and long term mental health intervention from children to elderly, both genders in rural and urban population⁵. Focus on mental health has gathered attention and momentum in urban areas, but unfortunately the awareness has scarcely reached the rural areas. Different studies have discovered increased stigma around mental health issues among athletes⁶, transgender population⁷, military personnels⁸, men⁹, health care providers¹⁰, living in low – income country¹¹, social stigma associated with psychiatric disorders, or being tagged as 'CRAZY', 'MAD'. Poor education and awareness about psychiatric disorders and care, lack of adequate resources trained mental health professionals' difficulty to be responsive to the culture of rural area hinders the execution of community health services¹².

Methodology:

70 patients from various rural areas of South 24 Paraganas, who presented at the district Sub-Divisional Hospital, general emergency, based on their chief complaints on reporting at emergency (Distress Pattern Spontaneous), clinician's detail enquiry from patient/patient's attendant (Distress pattern on enquiry), patient/patient's attendants

view on causal of the illness (Perceived cause of spontaneous), clinician's view on causal of illness after proper history taking from patient and their attendants, initial reporting place (Help seeking behavior), treatment desired by the family, treatment received, clinical diagnosis were made using ICD-10, data was tabulated analyzed using SPSS-13

Statistical Analysis: Statistical analysis was done according to standard statistical methods and by using SPSS version 10.0. Statistical distribution of socio demographic data was calculated using descriptive statistics. Significance ($P<0.05$), and socio-demographic variables, Distress pattern spontaneous, Distress pattern enquiry, perceived cause spontaneous, perceived cause enquiry, help seeking behavior, treatment desired by family, treatment received with clinical diagnosis were calculated using cross table method and person chi-square test.

RESULTS:

It was found in the study that distribution of spontaneous distress pattern across gender ($P=0.000$), Table-1, spontaneous distress pattern ($P=0.000$) Table-2, spontaneous perceived cause ($P=0.000$) Table-3, distress pattern on enquiry ($P=0.000$) Table-4, perceived cause on enquiry ($P=0.002$) Table-5, treatment desired by family ($P=0.002$) Table-6, treatment received ($P=0.000$) Table-7, were statistically significant. There was no significant relationship found between clinical diagnosis and residence, marital status, education, socio-economic status, help-seeking behavior ($P>0.05$)

Table-1 Gender * Clinical Diagnosis⁹

Crosstab			Clinical diagnosis									Total
			MDD	panic	Dissociative	Dementia	Sud+ps	Soma/d	Bpd	Schizo	Hypochond	
Gender	Male	Count	7	4	0	2	2	1	2	3	1	22
		% within Gender	31.8%	18.2%	0.0%	9.1%	9.1%	4.5%	9.1%	13.6%	4.5%	100.0%
		% within Clinical diagnosis	53.8%	20.0%	0.0%	100.0%	100.0%	100.0%	28.6%	75.0%	100.0%	36.7%
		% of Total	11.7%	6.7%	0.0%	3.3%	3.3%	1.7%	3.3%	5.0%	1.7%	36.7%
	Female	Count	6	16	10	0	0	0	5	1	0	38
		% within Gender	15.8%	42.1%	26.3%	0.0%	0.0%	0.0%	13.2%	2.6%	0.0%	100.0%
		% within Clinical diagnosis	46.2%	80.0%	100.0%	0.0%	0.0%	0.0%	71.4%	25.0%	0.0%	63.3%
		% of Total	10.0%	26.7%	16.7%	0.0%	0.0%	0.0%	8.3%	1.7%	0.0%	63.3%
Total		Count	13	20	10	2	2	1	7	4	1	60
		% within Gender	21.7%	33.3%	16.7%	3.3%	3.3%	1.7%	11.7%	6.7%	1.7%	100.0%
		% within Clinical diagnosis	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	21.7%	33.3%	16.7%	3.3%	3.3%	1.7%	11.7%	6.7%	1.7%	100.0%

It was observed that panic attack (80%) dissociative disorder (100%), borderline personality disorder (71.4%) are prevalent among women and Schizophrenia (75%), mental behavior disorder due to psychoactive substance use were (100%) common in men

Table-2 Distress pattern spontaneous * Clinical diagnosis

[illegible]

In distress pattern spontaneous, panic attack patients reported at Emergency with chief complaints shortness of breath, dissociative disorder patients with epileptic fit, borderline personality disorder and major depressive disorder patients with suicidal attempts.

Table-3 Perceived Cause Spontaneous * Clinical Diagnosis

[illegible]

In spontaneous perceived case, matha kharap hoye geche (Brain is not working), was reported by 60% Borderline personality disorder patients, fushfush e oxygen jacchena (Lungs are not receiving oxygen) in 81.8% panic attack patents, saytan dhoreche (Demon capture) in 40% schizophrenia and 40% dissociative disorder patients, karon jania (Reason not known) seen in (37.5%) major depressive disorder patients.

Table-4 Distress Pattern Enquiry * Clinical Diagnosis

		Crestas										Total
		Disorder					Clinical diagnosis					
		total	panic	veg	Dementia	BD	Borderline	Schizophrenia	Hypochond	total		
Disease pattern	Depressive symptoms	Count	14	0	0	0	0	1	0	0	0	15
	% within Disease pattern enquiry	82.3%	0.0%	0.0%	0.0%	0.0%	6.7%	0.0%	0.0%	0.0%	0.0%	
Paranoid	Count	0	22	0	0	0	0	0	0	0	0	22
	% within Disease pattern enquiry	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
psychogenic non reluctant status	Count	0	0	12	0	0	0	0	0	0	0	12
	% within Disease pattern enquiry	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Forgetfulness	Count	0	0	0	2	0	0	0	0	0	0	2
	% within Disease pattern enquiry	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
psychotic symptoms	Count	0	0	0	3	0	0	0	4	0	0	7
	% within Disease pattern enquiry	0.0%	0.0%	0.0%	42.9%	0.0%	0.0%	0.0%	57.1%	0.0%	0.0%	
Affective instability with impulsivity	Count	0	0	0	0	0	0	10	0	0	0	10
	% within Disease pattern enquiry	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	
Resistant persecution of disorder thought complexes axis	Count	0	0	0	0	0	0	0	0	1	0	1
	% within Disease pattern enquiry	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	
Total	Count	14	22	12	2	3	1	10	4	1	1	73
	% within Disease pattern enquiry	20.0%	31.4%	17.1%	2.9%	4.3%	1.4%	14.3%	5.7%	1.4%	1.0%	

Depressive symptoms were 93.3%, psychogenic non epileptic seizure (Dissociative symptoms), Affective instability with impulsivity 100% were found

Table-5 Perceived Cause Enquiry * Clinical Diagnosis

		Onsite										Class diagrams				Total	
		NET		Spend		Expense		Revenue		Spend		Revenue		Spend		Percentage	
		person		person		person		person		person		person		person		person	
Personnel issue category	Financial issue	Count		Count		Count		Count		Count		Count		Count		person	person
		% of Person		% of Person		% of Person		% of Person		% of Person		% of Person		% of Person		% of Person	% of Person
Confidentiality breach concern	Count		3	8	4	0	0	0	0	1	0	0	0	0	0	0	0
	% of Person		18.8%	10.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Dispute with vendor	Count		6	10	7	0	1	0	0	7	0	0	0	0	0	0	0
	% of Person		10.7%	10.3%	23.8%	0.0%	3.3%	0.0%	0.0%	20.3%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
Conflict not resolved	Count		0	0	0	1	0	0	0	0	0	2	1	1	1	1	1
	% of Person		0.0%	0.0%	0.0%	3.3%	0.0%	0.0%	0.0%	0.0%	0.0%	6.7%	3.3%	3.3%	3.3%	3.3%	3.3%
Large	Count		1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of Person		100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
corporate issues	Count		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of Person		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
past customer performance	Count		1	3	1	0	0	0	0	0	0	0	0	0	0	0	0
	% of Person		20.0%	60.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Reasonable issue	Count		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% of Person		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Distribution of (cyber)security responsibilities	Count		0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
	% of Person		0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total	Count		14	22	12	2	0	1	0	10	0	1	1	1	1	1	1
	% of Person		20.0%	21.0%	17.2%	2.3%	0.0%	0.0%	0.0%	14.3%	0.0%	1.7%	1.4%	1.4%	1.4%	1.4%	1.4%

In perceived cause on enquiry patients who had panic attack (33.3%), dissociative symptoms (23.3%) had dispute with the spouse, patients having panic attack (50%), dissociative symptoms (25%) had conflict with family member before onset of symptoms.

Table-6 Treatment Desired By Family * Clinical Diagnosis

		Outcome										Total
		MME	anxi	Diagnosis		delir	suf	Clinical diagnosis		Schizophrenia	bipolar	Total
				vs	Dementia			Somatisation	SPD	a	r	
Treatment desired by family	Never observed	Count	1	0	2	0	0	0	0	0	0	3
	% within Treatment desired by family	33.3%	0.0%	66.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Not a gas	Never observed	Count	0	16	4	0	0	0	0	0	0	20
	% within Treatment desired by family	0.0%	80.0%	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Medications by educational discount	Never observed	Count	1	0	0	0	0	0	0	0	0	1
	% within Treatment desired by family	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Conservative management	Never observed	Count	12	5	6	2	3	0	10	4	0	41
	% within Treatment desired by family	27.9%	11.6%	14.6%	4.7%	7.0%	0.0%	23.3%	9.3%	0.0%	2.3%	100.0%
Diagnosed with comorbid management	Never observed	Count	0	1	0	0	0	1	0	0	1	3
	% within Treatment desired by family	0.0%	33.3%	0.0%	0.0%	0.0%	33.3%	0.0%	0.0%	33.3%	0.0%	100.0%
Total	Never observed	Count	14	22	12	2	3	1	10	4	1	70
	% within Treatment desired by family	20.0%	31.4%	17.1%	2.9%	4.3%	1.4%	14.3%	5.7%	1.4%	1.4%	100.0%

In treatment desired by the family [Nak e gas] (oxygen Nebulization) and symptomatic management were most commonly asked by the patient and patient's family members.

Table-7 Treatment Received * Clinical Diagnosis

			Crestab										
			NPO	SPO	Dissociative n	Dermatol n	Somatoform n	SFD n	Hypochondriac n	OCP n	Total		
Therapist received	Conservative management with psychotropic drugs	Count	0	16	0	0	0	0	0	0	0	0	16
		% within treatment received	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Conservative management with referral to general practice	Count	6	0	11	0	2	1	3	0	0	1	29
		% within treatment received	20.7%	0.0%	37.5%	0.0%	6.9%	3.6%	10.3%	0.0%	0.0%	3.4%	3.4%
	Conservative management with psychological support and referral to general practice	Count	0	7	1	0	0	0	0	0	0	0	8
		% within treatment received	0.0%	87.5%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Conservative management with admission to general ward	Count	0	0	0	1	0	0	0	0	0	0	1
		% within treatment received	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
	Conservative management with immediate admission to general ward after referral to general practice	Count	47.1%	0.0%	0.0%	0.0%	5.9%	5.9%	0%	0.2%	0	0	17
		% within treatment received								0.2%		0.0%	0.0%
Total		Count	14	22	12	2	3	1	10	4	1	1	76
		% within treatment received	20.0%	31.4%	17.1%	2.9%	4.3%	1.4%	14.3%	5.7%	1.4%	1.4%	100.0%

DISCUSSION:

The present study was aimed to assess rural people's perspective of mental health issues, their overall clinical presentation with mental health issues, factors behind the issues, treatment asked and received.

In the study we found women were presenting with panic attacks, dissociative disorder borderline personality, men presenting with symptoms of schizophrenia.

Major depressive disorder symptoms were seen equally among men and women. In a systematic review and meta-analysis Rajkumar, E et al found panic disorder, suicidality, emotional, conduct and peer problems, depression were prevalent among rural adolescents in India¹³. Panic attack, dissociative disorder, borderline personality, major depressive disorder patients presented at emergency with shortness of breath, epileptic fit, suicidal attempts respectively when asked about what was the cause behind the clinical presentation (spontaneous perceived cause). Patients having panic attack, borderline personality, major depressive disorder claimed fush fush e oxvgen iachena (Lunes

are not receiving oxygen), matha kharap hoye geche (brain is not working, karon Janina (reason not known). Patients with dissociative symptom and schizophrenia claimed soytan dhoreche (Demonic capture) reason behind the clinical symptoms.

Some patients claimed nerve er somossa (nerve problem), gas utheche (excessive gas formation), kaljadu (black magic) cause behind the symptoms.

Men were presenting with more depressive symptoms and panic attack psychogenic non-epileptic seizure, affective instability with impulsivity were most evident among women. Patients having panic attacks and dissociative symptoms had prior conflict with spouse and family members. Oxygen nebulization and symptomatic treatment were more asked by the patients and the family members. Diagnostic test with symptomatic management, quick tranquilization with medication were also asked by them.

These patients received mostly symptomatic management with refer to higher center, conservative management with immediate admission in general ward later refer to higher center, management with psychotropic drugs, conservative management and admission in general ward. Levta S. et al stated it is very crucial even to provide support to the rural residents in view of coping with stress, mental health problems, as they are at greater disadvantage due to limited access to health care, scarcity of resources and traditional cultural belief system¹⁴.

CONCLUSION:

People from rural area, are ignorant about their mental health issues. Their main concern of wellbeing is mostly restricted to physical health symptoms. Focus should be given in mental health awareness education, identification of symptoms and prompt treatment, quick referral.

Limitation:

The main limitation of the study was its sample size. Also, this study was a sub-divisional hospital Emergency Department based, for which actual community representation at large may be inadequate. Future community-based study with larger sample size is advised.

Conflict Of Interest: None

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