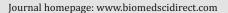


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Original Article

MENTAL MORBIDITIES: PREVALENCE AND HEALTH SEEKING BEHAVIOR

Dadwani Roma S^a, Tintu Thomas^b

^aAssistant professor, ^bLecturer, Department of Community Medicine, C.U. Shah Medical College, Gujarat- 363001, India

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ABSTRACT

Abstract: Mental health and wellbeing constitutes important challenges for mankind. Though mental health is an integral component of total health, for several reasons mental health care has remained a grossly neglected. Objectives: 1)To estimate the prevalence of mental morbidities and its association with various factors 2)To find out the health seeking behavior among study population. Materials and Methods: A cross sectional study was carried out through house to house visits on 1600 randomly selected people of all age group in urban field practice area of C. U .Shah medical college, Surendranagar. Results: Overall prevalence of mental morbidity was 5.7%. The prevalence rate for Anxiety, psychosis and mood disorders were found to be 2.4% ,0.8% and 2.1% respectively. The prevalence of mental morbidities were higher in females as compared to Males (p<0.05). Types of family and overcrowding were significantly associated with mental morbidity(P<0.05). From the total diagnosed cases, only 26.7% were found on treatment and majority were seeking treatment from faith healer.

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1. Introduction

WHO estimated that globally over 450 million people suffer from mental disorders. Currently mental and behavioural disorders account for about 12 percent of the global burden of diseases By 2020, it is likely to increase to 15%. [1]. Depression, alcohol use disorders, schizophrenia and bipolar disorders constitute the top 10 conditions contributing to the global burden of disease among the age group of 15-44 years. Mental and behavioral disorders are present, in about 10% of the adult population, at any given point of time[2]. The Global Burden of Disease which has named unipolar depression among women to be the second most important cause of disease burden by the year 2020[3]. Various Indian studies show that nearly 1 per cent of the Indian population suffers from severe mental disorders and 5-10 per cent from moderate disorders, requiring psychiatric help [4]. The metaanalysis of available Indian studies carried out by Reddy and Chandrasekhar revealed the overall prevalence of mental disorders as 5.8% among the population[5]. A review analysis of 15 epidemiological studies by Ganguli on the prevalence of mental disorders in India estimated the national prevalence of all mental disorders as 70.5 per 1000 in the rural and 73 per 1000 in the urban

population [6]. Several studies have suggested that the prevalence of mental illness in India is lower as compared to the West[6,7]. Although some Indian researchers have refuted this claim, the lower prevalence of mental illnesses has often been attributed to the differences in the biological, social and cultural factors or due to the failure of Indian studies to truly measure the psychiatric morbidity or due to the combination of both these factors[8].

The mental health care in urban areas is at present limited to psychiatric hospitals and departments of psychiatry in medical colleges. Mental health problems at early stage remain unrecognized and untreated. There is tendency to conceal even severe psychiatric problems due to stigma[9].

This study was conducted to find out the prevalence of mental morbidity in urban area and treatment seeking behavior of patients.

^{*} Corresponding Author: **Dr. Roma SohilDadwani**Assistant Professor, Dept. of Community Medicine
C. U. Shah Medical College
Surendranagar -363001
Gujarat
drromasohil@gmail.com

Materials and Methods:

This was a community based cross sectional study carried out over a period from January 2011 to July 2011 in urban field practice area of C.U.Shah Medical college, Surendranagar, Gujarat. Study was approved by institutional ethical committee. The sample size was 1600 based on assumed prevalence 6% with allowable error 20%. [5] . The study was conducted through house to house visit; interviewing and examining individual in the family using a pretested questionnaire. Verbal consent was obtained from study participants. The information were collected from participants by interviewing and examining methods. Non co-operative families and those who had serious physical illness were excluded from the study. The cases were diagnosed as per the diagnostic criteria of diagnostic and statistical manual of mental disorders fouth edition (DSM-IV). Pre tested Performa included questions regarding socio demographic details, Symptoms list of common mental problems, history and mental status examination for mental disorders.

Result

Out of total 1600 samples , 38% were 10- 30 yrs , 16.2% were below 10 yrs and 12.2% were above 60 yrs of age group. The study population showed almost equal sex distribution (Males 50.6%, females 49.4%). Majority were Hindus (96%). Three fourth of the total population were living in overcrowded houses (75.4%).

Out of the total interviewed subjects, 91 had at least one mental disorder making a prevalence rate of 5.7 %. The prevalence counted per 1000 population was 57.

Figure 1: Prevalence of mental morbidity according to different diagnostic groups:

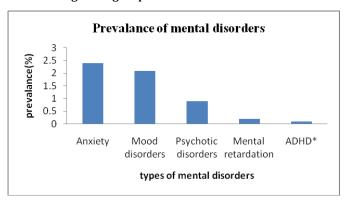


Figure 1 shows prevalence of different types of mental disorders which includes anxiety , mood disorders ,Psychotic disorders , mental retardation and attention deficit hyper active disorders(ADHD). Among that anxiety was 2.4 % followed by mood disorders (2.1%), Psychotic disorders(0.9%) , mental retardation (0.2%) and ADHD(0.1%).

Table 1: Prevalence of mental morbidity according to age

Age (year)	Anxiety disorders	Mood disorders	Psychotic disorders	Mental retardation	ADHD*	Total
<10	00	00	00	00	02	02(2.19%)
10-20	02	03	00	01	00	06(6.59%)
20-30	03	05	03	00	00	11(12.08)
30-40	15	04	04	00	00	23(25.27)
40-50	13	10	02	02	00	27 (29.67)
50-60	04	04	03	00	00	11(12.08)
60 & above	01	08	02	00	00	11(12.08)
Total	38	34	14	03	02	91

^{*}ADHD: Attention Deficit Hyperactive disorder

Table 1 shows the prevalence of mental morbidity according to age group. Nearly half of the cases were in age group 30-50 yrs. (30-40 yrs 25.27% and 40-50 yrs 29.27%). From the total prevalence, this age group includes anxiety 30.76%, mood disorders 15.36%, Psychotic disorders 6.57% and mental retardation 2.19%.

Table 2: Prevalence of mental morbidity according to sex

Mental morbidity	No of cases		Total	
	Male	Female		
Anxiety	05	33	38	
Mood disorders	10	24	34	
Psychotic disorders	07	07	14	
Mental retardation	01	02	03	
ADHD*	00	02	02	
Total	23	68	91	
$\chi^2 = 24.68$, P < 0.001				

Table 2 shows the prevalence of mental morbidity according to sex. From the total cases $74.72\,\%$ were females. And the difference of mental morbidity between males and females were statistically significant (p<0.001).

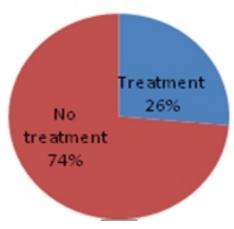
Table 3: Factors affecting mental morbidity (N=1600)

Variable	Mental morbidity		P value
	Yes	No	
Overcrowding			
			0.000*
Present	26	1180	
Absent	65	0329	
Housing score			
Good	10	0243	
Fair	55	0949	0.150**
Poor	26	0317	
Type of family			
Nuclear	40	0447	0.005*
Joint	51	1062	

^{*} Statistically significant at 5% significance level

Table 3 shows various factors affecting mental morbidity. Types of family and overcrowding were significantly associated with mental morbidity (P<0.05). Housing score didn't show any significant association with mental morbidity (P>0.05).

Figure 2 : Health seeking behavior among those having mental disorders $% \left(1\right) =\left(1\right) \left(1\right) \left($



As shown in figure 2, out of the total cases, only one fourth were on treatment .

Figure 3:Sources of information regarding treatment (N=24)

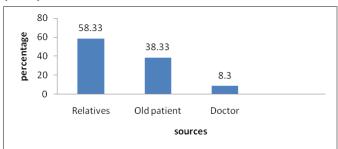


Figure 3 shows sources of information regarding treatment., From the total cases , only 26.37% were on treatment , Half of them got information regarding the treatment from their relatives, remaining got information either from old patients or doctors.

Table 4: Treatment Modalities among Cases(N=24)

Treatment Modalities	No. of patients	
Treatment Modanties	(%)	
Psychiatrist	06(25.0)	
Physician	05(20.83)	
Faith healer	08(33.33)	
Ayurvedic	01(4.1%)	
Physician + Faith healer	04(16.66%)	

Table 4 Shows distribution of various treatment modalities among cases. Those who were on treatment, majority were seeking treatment from faith healer.

Discussion: In present study, the overall prevalence of mental disorders was found to be 5.7%. Reddy and Chandrasekar[5], Ganguli[6], Sharma et al[10] and Silvanus V et al[11] were reported almost similar prevalence in their studies, however Deswal BS[12] reported quite low(3.18%) and Gawde N[14], HarshalSalveet et al[15], Pragya Sharma et al[16] and Barua et al[17] reported quite high prevalence as compared to the present study.

The present study showed anxiety as most prevalent followed by mood disorders while other studies reported depression as most prevalent disorder [12,15].

The present study showed high prevalence in age group 30-50yrs. Almost similar findings have been observed by other study also [12]

The present study showed high prevalence among females. Similar findings have been observed by other study also [17,18], however Deswal BS[12] reported higher prevalence among males as compared to females.

^{**} no significant

The present study showed that nearly 26% of total cases were on treatment and majority were seeking treatment from faith healer followed by physician and psychiatrist. Pragya Sharma et al were reported quite high percentage of treatment seeking behavior among cases and almost similar types of treatment modalities [16].

Conclusion:

Prevalence of Mental disorders are seen to vary across time and also within the same populations at the same time. Stigma related to mental disorders, lack of awareness in common people, delayed treatment seeking behavior, lack of mental health manpower and lack of easily available treatment are the main hurdles in combating the problem of mental health in India. In addition factors pertaining to traditional medicine and beliefs in supernatural powers in community delays diagnosis and treatment.

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