Original Article

Socio-demographic and clinical profile of patients attending a mental health camp: A study from Kanchanpur district of western Nepal.

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Abstract

Background: *Mental health is an ignored area of general health care system despite the magnitude of problem and financial burden on families and whole country. In our country, psychiatric services are out of reach to majority of population because of inadequate mental health professionals, lack of awareness and lack of proper mental health policy. This study is conducted with the objective to know socio-demographic and diagnostic profile of patients from a mental health check up camp conducted at Belauri, Kanchanpur district from far western region of Nepal.*

Material and Methods: *This is a descriptive study, comprised of all consecutive participants i.e. 128 patients attending Maryknoll mental health check up camp at Belauri town of Kanchanpur district, Nepal. The Study was performed in March 2013. Socio-demographic data and clinical diagnosis based on International Classification of Disease- 10 diagnostic research criteria were collected and analyzed.*

Results: *Out of 128 subjects studied, highest number of participants (35.94%) belonged to age group 21- 30 yrs followed by age group 11-20 yrs (18.75%) and age group 31-40 yrs (16.40%). The most common psychiatric morbidity was found to be Neurotic, stress related & somatoform disorders (23.45%) followed by mood disorder in 24 (18.75%) patients and Headache (Migraine & Tension type) in 18 (14.07%) patients.*

Conclusion: *The commonest age group affected with mental illness is younger age groups and Neurotic, stress related & somatoform disorders are the most common psychiatric morbidity followed by mood disorders.*

Keywords: profile, mental health, far western region, Nepal

INTRODUCTION

Mental health has been hidden behind a curtain of stigma and discrimination for a long time. The magnitude, suffering and burden in terms of disability and costs for individuals, families and societies are staggering. The World Health Organization (WHO) reported in 2001 that about 450 million people worldwide suffer from some form of mental disorder or brain condition, and nearly 1 million people commit suicide every year[1]. Mental illness is so common that one in four people meet criteria for psychiatric disorders at some point in their life. Studies have revealed that four of the six leading causes of years lived with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder).[1]

Despite the magnitude of the problem and it's financial burden on the families and country, till date adequate attention has not been given to make effective policy and it's implementation to deal with this area of health. The situation is worse in most of the developing countries like Nepal. Though some NGO's (non government organizations) and government sectors are providing psychiatric care in Nepal which are hospital based and most are centralized in the capital. After all, far western region of Nepal is most neglected part in terms of psychiatric services.

In order to formulate any plan regarding mental illness, data regarding psychiatric morbidity is important in any country. Besides biological factors, local contexts like social, economic and political turmoil are important contributing factors to make person susceptible to various psychiatric morbidities.[2] Hence pattern of psychiatric disorders may vary from one place to another. Unfortunately we do not have adequate data to address such important aspects and almost no study from far western region of Nepal. With this aim, present study is conducted to find out demographic and diagnostic profile of patients attending a mental health check up camp which was organized by Maryknoll Nepal, an NGO in Belauri town of Kanchanpur district from far western region of Nepal.

MATERIAL AND METHOD

This is a descriptive study of all patients attending Maryknoll mental health check up camp at Belauri town of Kanchanpur district, Nepal. This study was performed on 22nd and 23rd March 2013. A brief introduction about the study was explained to the subjects and verbal consent was obtained both from subjects and their attendants. Socio-demographic information which included name, age, sex, caste, occupation, marital status and other information were noted down. Detailed clinical history of each participant was taken from participants and their attendants and diagnosis was made based on International Classification of Disease- 10 diagnostic research criteria.[3] Whole information was kept confidential. Data were analyzed using Statistical Package for the Social Sciences (SPSS) software.

RESULTS

A total of 128 participants were included in the study, Out of which 63 (49.22%) were males and almost same numbers i.e. 65 (50.78%) were females. Data shows highest number of participants i.e. 46 (35.94%) were from age group 21- 30 yrs followed by age group 11-20 yrs i.e. 24 (18.75%) and age group 31-40 yrs i.e. 21 (16.40%). All of the respondents were Hindu by religion and more than half i.e. 66 (51.56%) were Tharu by caste followed by Brahmin i.e. 32 (25%). Data revealed that 83 (64.84%) participants were married and majority of participants (42.19%) were unemployed followed by students (21.09%) and farmers (16.40%). Distribution on the basis of ICD 10 diagnosis, highest number of cases (23.45%) were Neurotic, stress related & somatoform disorders followed by mood disorder i.e. 24 (18.75%) and Headache (Migraine & Tension type) i.e. 18 (14.07%). Equal number of cases i.e. 15 (11.72%) were found meeting diagnostic criteria of both Schizophrenia & other psychotic disorder and seizure disorder. Psychoactive substance use disorder was found in 9 (7.03%) cases and 5 (3.9%) participants were diagnosed with mental retardation with seizure disorder.

Table 1: Distribution of respondents on the basis of sex

Sex	Frequency (n=128)	Percentage (%)
Male	63	49.22
Female	65	50.78
Total	**128**	**100**

Table 2: Distribution of cases on the basis of age

Age (yrs)	Frequency (n=128)	Percentage (%)
0-10	7	5.47
11-20	24	18.75
21-30	46	35.94
31-40	21	16.40
41-50	17	13.28
51-60	6	4.69
61-70	6	4.69
>70	1	0.78
Total	**128**	**100**

Table 3: Distribution of respondents on the basis of marital status

Marital status	Frequency (n=128)	Percentage (%)
Married	83	64.84
Unmarried	44	34.38
Separated	1	0.78
Total	128	100

Table 4: Distribution of sample on the basis of occupation

Occupation	Frequency (n=128)	Percentage (%)
Service holder	14	10.94
Business	12	9.38
Farmer	21	16.40
Student	27	21.09
Unemployed	54	42.19

Table 5: Distribution on the basis of Caste

Caste	Frequency(n=128)	Percentage(%)
Brahmin	32	25
Chetri	17	13.28
Tharu	66	51.56
Others	13	10.16

Table 6: Diagnostic profile of respondents as per ICD-10 diagnosis

Diagnosis	Frequency (n=128)	Percentage (%)
Organic mental disorder (F00-F09)	1	0.78
Psychoactive substance use disorder (F10-F19)	9	7.03
Schizophrenia & other psychotic disorder (F20-F29)	15	11.72
Mood disorder (F30-F39)	24	18.75
Neurotic, stress related & somatoform disorders (F40-F48)	30	23.45
Sleep disorder & sexual dysfunction (F51-F52)	2	1.56
Mental retardation (F70-F79)	2	1.56
Nonorganic enuresis (F98.0)	2	1.56
Headache (Migraine & Tension type)	18	14.07
Seizure disorder	15	11.72
Mood disorder with seizure disorder	1	0.78
Anxiety disorder with seizure disorder	2	1.56
Substance use disorder with personality disorder	1	0.78
Substance use disorder with anxiety disorder	1	0.78
Mental retardation with seizure disorder	5	3.90

DISCUSSION

Psychiatric morbidity is a major public health problem in the world across developed and developing countries. Nepal is not exception to this. Because of inadequate mental health professionals outside capital and lack of affordability many of mentally ill patients either do not receive treatment or being treated by traditional faith healers.

Studies regarding psychiatric morbidity in general population are scarce in Nepal. Present study showed a slight female preponderance (50.78%). Psychiatric morbidity in general is reportedly higher among females. This finding is consistent with the study done by Upadhyaya et al. in which a total of 894 people were interviewed, of which 52% of the interviewees were women.[4] In this study, it was found that more than half i.e. 66 (51.56%) were Tharu by caste followed by Brahmin i.e. 32 (25%) and Chetri i.e. 17 (13.28%), this finding could be result of Tharu majority population in study conducted VDC.[5] It was found that majority of participants i.e. 54 (42.19%) were unemployed which is in accordance with general unemployment rate of Nepal.[5] A high prevalence of morbidity is seen in the younger age group in the current sample. This is in concordance with the study done in other setting in Nepal[6,7,8,9] and in India.[10,11] Soren et.al. commented that this may be due to inclusion of epilepsy, headache (migraine and tension type headache) and mental retardation, all being disorders having early age of onset.[10] The awareness or concern of this age group for mental and behavioral disorders might also have contributed to this observation.[10] This finding that sufferers are more of younger age group is a bit worrisome in context that mental illness is adversely affecting people's education and productivity. This study showed that most of the participants were those who were suffering from neurotic, stress-related and somatoform disorders (23.45%), followed by the patients suffering from mood disorders (18.75%), headache (14.07%), schizophrenia, schizotypal and delusional disorders (11.72%) and mental and behavioral

disorders due to use of psychoactive substance (11.72%). Our findings are similar to the findings reported by Nepal et al (1986)[12] and Regmi et al (1999)[7]. The largest diagnostic group in study by Nepal et al in the first 150 patients attending the Psychiatry OPD of Tribhuvan University Teaching Hospital (TUTH), Kathmandu was neurotic and stress related disorders followed by depression and schizophrenia.[12] Similar observation was seen in the study by Regmi et.al. at TUTH which found neurotic, stress-related and somatoform disorders (42.4%) as the main Psychiatric disorders followed by mood disorders (37.2%) and schizophrenia, schizotypal & delusional disorders (8.7%).[7]

CONCLUSION

Mental illness was equally prevalent in male and female. The commonest age group affected with mental illness was younger age groups and It was more prevalent in unemployed group. Neurotic, stress related & somatoform disorders were the most common psychiatric morbidity followed by mood disorders, Schizophrenia, Schizotypal and Delusional disorders.

CONFLICT OF INTEREST: No

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