Prevalence of psychiatric illness in rural Maharashtra

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Abstract **Introduction:** Psychiatric epidemiology lags behind other branches of epidemiology due to difficulties encountered in conceptualizing, diagnosing, defining a case, sampling, selecting an instrument, lack of resources and stigma. There is great variation in the reported prevalence of psychiatric morbidity in various part of Maharashtra. **Aims and objectives**: to study the prevalence of psychiatric morbidity in the rural Maharashtra. **Materials and method:** the present study was conducted in nine PHCs selected in the rural area. All the patients were screened for psychiatric morbidity. **Results:** out of total 500 individuals it as seen that 121 individual were suffering from psychiatric morbidity. Thus the prevalence was 42.4%. Maximum patients (28.30%) were of age group 45 to 54 years followed by 15 to 24 and 25 to 34 years age group (19.34% and 19.81% respectively). the sexwise difference psychiatric morbidity present and absent group was statistically significant (X^2= 8.10, df=1, p< 0.01). **Conclusion:** The prevalence of psychiatric morbidity in the rural Maharashtra was 42.4%. With predominance in female and young age group population.
Key Word: psychiatric illness, Maharashtra.

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INTRODUCTION

Psychiatric epidemiology lags behind other branches of epidemiology due to difficulties encountered in conceptualizing, diagnosing, defining a case, sampling, selecting an instrument, lack of resources and stigma. Any epidemiological research depends on accuracy of diagnostic methods. In psychiatry the diagnostic procedures begin with the patients presenting complaints, reliability of informant etc. The health worker first elicits symptoms and classifies the patterns amongst the complaints and symptoms which lead to the identification of syndrome. In the absence of any available support the diagnosis ends in a syndrome stage[1]. Similarly the diagnostic criteria of particular syndrome also can change over the time by regular revisions of International Psychiatric Classification; which is considerably influenced by political, attitudinal and historical factors[2]. Mental disorders may not produce high mortality rates (except for a proportion of suicides) but do give rise to high morbidity which implies debility or disability. The seriousness of the problem in India is indicated by the fact that the estimated overall prevalence rates of mental illness vary from 9.5/1000 to 102.5/1000. It is further estimated that nearly thirty million suffer from mental illnesses every year and that 175,000 new cases are added every year (Prabhu G.G., Raghuram , *et al* 1987). It was commonly believed that the prevalence of mental illness in India was much less than in the western countries, citing the "oriental philosophy life", the strong family ties as factors responsible for the low prevalence of mental illness. Representative surveys of mental morbidity were also not taken up till the 1960s since then however, the accumulated evidence based either on hospital data or community surveys, points out that the prevalence rate of the mental illness in India is not significantly less than that in the west. However much of the work in the area of mental health continues to be directed at treatment of illness, rather than towards preventive or promotion

efforts. Mental disorders are not randomly distributed throughout a population, but rather subgroups differ in the frequency of various disorders. Knowledge of this uneven distribution can be used to investigate causative factors and to lay the groundwork for programs of prevention and control. More women than men, the world over, are said to suffer from mental disorders. Thus the present study was undertaken to find the prevalence of psychiatric morbidity in the rural population of Maharashtra.

AIMS AND OBJECTIVES

To study the prevalence of psychiatric morbidity in the rural Maharashtra.

MATERIALS AND METHOD

Study design

The present cross sectional study was conducted to find the prevalence of psychiatric morbidity in the rural Maharashtra. For this screening camps were organized at primary health centers. Total 9 PHCs were selected to conduct the study. Out of these three places (islapur,bodhadi,umari)were from tribal areas and six places (bhokar, khandala, shahapur, barad, kolad,manor)from other rural area of Maharashtra .Total population of above villages was 20023 and distance was ranging from 125-750 kms from Mumbai.

A total 500 patients were evaluated in all the nine PHCs.

Methodology

On the scheduled day of the camp a team from our department of psychiatry was present to evaluate the screened patients (by PHC medical officer)assembled in the PHC. Each patient was evaluated according to the following procedure.

- Detailed history, from patient and relative according to the format.
- Mental status examination of the patients.
- M.M.S.E.of the patients

Those in whom a psychiatry diagnosis could be established were entered on the multiaxial systems DSM IV. Typical cases were discussed with medical officer and health worker with emphasis on prevention, treatmentmaintenances and rehabilitation in situ.

RESULTS

Table 1: Prevalence of psychiatric morbidity

Psychiatric morbidity	No.	Percentage
Present	212	42.4
Absent	288	57.6
Total	500	100.0
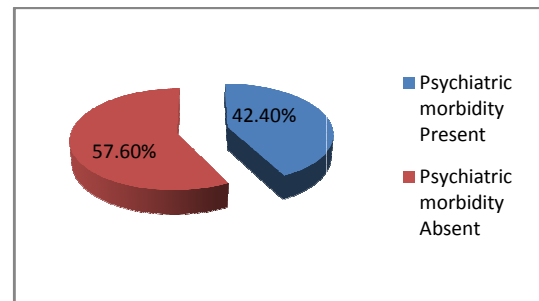
Graph 1: Prevalence of psychiatric morbidity

Total 500 individual screened in the study total 212 individuals were diagnosed to be suffering from psychiatric morbidity. Thus the prevalence of psychiatric morbidity was 42.4% in the study.

Table 2: Age and sex wise prevalence of psychiatric morbidity

Demographic variables		Psychiatric morbidity		Total (n=500)	Significance
		Present (n=212)	Absent (n=288)		
Age	5-14	27 (12.74%)	26 (9.03%)	53 (10.60)	χ^2= 39.19, df=5, p< 0.01
	15-24	41 (19.34%)	48 (16.67)	89 (17.80)	
	25-34	42 (19.81)	31 (10.76)	73 (14.60)	
	35-44	33 (15.57)	64 (22.22)	97 (19.40)	
	45-54	60 (28.30)	59 (20.49)	119 (23.80)	
	55-64	09(4.25)	60 (20.83%)	69 (13.80)	
Sex	Male	107 (50.47)	182 (63.19)	289 (57.8%)	χ^2= 8.10, df=1, p< 0.01
	Female	105 (49.53)	106 (36.81)	211 (42.2%)	

It was observed that psychiatric morbidity was common in younger age group and middle age group patients as compared to old age group individual. Maximum patients (28.30%) were of age group 45 to 54 years followed by 15 to 24 and 25 to 34 years age group (19.34% and 19.81% respectively). The agewise difference observed in the presence and absence of psychiatric morbidity was statistically significant (X^2= 39.19, df=5, p< 0.01). It was seen that 50.47% male were suffering from psychiatric morbidity. Whereas in 63.19% psychiatric morbidity was absent. And the sexwise difference psychiatric morbidity present and absent group was statistically significant (X^2= 8.10, df=1, p< 0.01).

Table 3: Distribution of total psychiatric morbidity in the study

Psychiatric morbidity	No. of patients	Percentage
Neurosis	87	41.04
Psychoses	39	18.40
Epilepsy	23	10.85
Depression	7	3.30
Epilepsy and MR	3	1.42
MR	32	15.09
Alcoholism	4	1.89
Dh atsyn	2	0.94
Organic Brain syndrome	15	7.08
Total	212	100

The distribution of various psychiatric morbidities was also studied. And it was observed that neurosis (41.04%) was the most common morbidity followed by psychosis (18.40%). Mental retardation was observed in 15.09%patients.

DISCUSSION

The present study was undertaken to find the prevalence of psychiatric morbidity in the rural population. Out of the total 500 individuals screened 212individuals were diagnosed to be suffering from some psychiatric morbidity. Thus the prevalence of psychiatric morbidity in the present study was 42.4%. One of the most striking features revealed by the study of psychiatric morbidity is its variability. Not only is variable in the way people are affected but its variability of different individual is also surprisingly different. Sharma *et al* [3] in their study found the prevalence of 60.2per 1000 population whereas Shaji *et al*[4] found14.57per 1000 individual suffering from psychiatric morbidity.

The study subjects were between the ages of 5-64 years of age. Of the sample 211 were females and 289 were males. It was observed that out of total 289 male 107 were suffering from psychiatric morbidity. Whereas out of 211 female; 105 were suffering from psychiatric morbidity. Thus we can conclude that as compare to male more female was suffering from suffering from psychiatric morbidity.And the difference was also statistically significant (p< 0.01).The high prevalence of psychiatric morbidity in females could be due to a combination of various factors. Women are innately more emotional than men and more prone to emotional upset. Biological factors may also be playing a role such as the stress of pregnancy, different premenstrual tension, postpartum depression and menopause etc. Secondlydifferent roles are created by our society for men and for women and also in the power relationships between the two sexes.Moreover, women are often at a disadvantage in many areas such as employment personal relationship etc. In society we live in, men are supposedto be dominant and women are supposed to submissive

though the trend is slowly changing. Just as woman show more often signs of emotional distress such as crying and other for help with emotional problem than men who may be interpreting this as a sign of weakness or inadequacy. Howitz at al[5] got similar finding in his study .also when men are emotionally troubled they may turn to alternative forms of deviance such as drinking which is socially defined as more appropriate and acceptable behavior for men than women. kromm *et al* and russo *et al* ; both in their studies indicated that women were disproportionately affected by mental problem and the their vulnerability is closely associate with their marital status, works and roles in society.Such female preponderance in psychiatric morbidity in primary care setting has been also reported by chaturvedi s.k.*et al* [6], jacobsson *et al*[7] , kessel W.I.N[8] , shrinivasan T.N.*et al*[9]. It was observed that psychiatric morbidity was common in younger age group and middle age group patients as compared to old age group individual.The prevalence of psychiatric morbidity was found to be statistically highly significant. Early adulthood is a period during which a person has to take the responsibilities of his family. He is now independent. Thereare higher chances of this person having problem with employment,finances and family relationships. It is also the beginning of vices or the period,in which he may get married, he is also prone to vices such as alcoholism in this period.Similar observations were made by hesbacher *et al*[10]in their study. While studying the distribution of various psychiatric morbidities it was observed that neurosis (41.04%) was the most common morbidity followed by psychosis (18.40%). Mental retardation was observed in 15.09%patients. The prevalence of neurosis in the present study was more than reported by Banerjee *et al* and Wintrobe and Winttkower [11] postulate that neurosis may be related to the stressful life situation associated with higher level aspiration engendered in urban society. Prevalence of psychosis was similar to the prevalence reported by Kaplan sadock *et al*[12].

CONCLUSION

The prevalence of psychiatric morbidity in the rural Maharashtra was 42.4%. With predominance in female and young age group population.

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