

Psychiatric Morbidity Pattern and Functional Status of People Seeking help from a Specialist Camp in a City of Eastern Nepal

Dhana Ratna Shakya ^{1*}, Rajesh Kumar ²

¹ Professor, Clinical psychology, Department of Psychiatry, BP Koirala Institute of Health Sciences (BPKIHS), Dharan, Sunsari, Nepal.

² Associate professor- Clinical psychology, Department of Psychiatry, BP Koirala Institute of Health Sciences (BPKIHS), Dharan, Sunsari, Nepal.

***Corresponding Author:** Dhana Ratna Shakya, Professor, Clinical psychology, Department of Psychiatry, BP Koirala Institute of Health Sciences (BPKIHS), Dharan, Sunsari, Nepal.

Received date: January 27, 2023; **Accepted date:** February 08, 2023; **Published date:** February 17, 2023

Citation: Dhana Ratna Shakya, Rajesh Kumar, (2023), Psychiatric Morbidity Pattern and Functional Status of People Seeking help from a Specialist Camp in a City of Eastern Nepal, *J Clinical Research Notes*, 4(2); DOI:10.31579/2690-8816/101

Copyright: © 2023, Dhana Ratna Shakya. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Abstract

Background: The data on the psychiatric problems and functional status of people will help devise all levels of management strategies for these health problems.

Objective: To sort out psychiatric problems and study functional status among people attending a specialist health-camp

Methodology: All people attending a specialist camp in 'Dhankuta', a city in eastern Nepal were enrolled in this study. After informed written consent and authority approval, 'General assessment of function' (GAF) was applied by the psychiatrist to level functional status and the ICD-10 to make psychiatric diagnosis.

Results: A total of 100 people attended a mental-health-camp. Majority (69%) were female. People from around the camp site predominated though those from far also sought the help (average distance of their home from camp site about 14 kilometers). The most common presenting complaints were physical, somatic, mood and anxiety symptoms. About 70% had some ICD 10 psychiatric diagnosis, others having mainly different kinds of headache, mainly migraine. Common mental disorders were: depression, anxiety and somatoform. Average GAF score was 70 (min- 30, max- 90).

Conclusion: Common mental disorders were depression, anxiety and somatoform in a mental health camp. The help seekers had mildly affected functional status in the range of 70 out of 100.

Keywords: functional status; mental health-camp; nepal; psychiatric disorders

Introduction

Psychiatric disorders are common but many of them are under-recognized and undertreated because of various reasons [1-4]. Psychiatric service and mental health are behind the scene in national health policy and priority in Nepal [5-6]. Regular health camp may be one of the useful strategies to reach community with basic minimum mental health services in resource constrained settings like Nepal [6-8].

There is a paucity of information about psychiatric morbidity pattern and functional status of those people in Nepalese camp setting [9]. This survey was conducted to find out psychiatric morbidity pattern and study functional status in a mental health camp in eastern Nepal held in June, 2011.

Materials And Methods

Type of study: This was a descriptive cross sectional clinico-epidemiologic study which was conducted in a health-camp.

Sample: All consecutive people seeking help from the psychiatric service from the health camp (coming into the contact of the investigating team) were enrolled in this study. Patients, refusing to participate in the study, whose primary diagnosis was not neuropsychiatric and not consulting the psychiatrist team or whose information was incomplete because of lack of time or unavoidable occasional crowds, were excluded from the analysis.

Enrolment: A semi structured proforma was used to record relevant demographic information of the subjects. Basic demographic information (age, gender, caste) and psychiatric diagnoses were recorded. The psychiatric work up, necessary investigative procedures and referrals possible in the camp setting were done.

The standard scale 'Global assessment of functioning' (GAF) [10]. was administered by the consultant psychiatrist providing the specialist psychiatry service after written informed consent.

The (GAF) scale is clinician administered scale for the assessment of the functioning status of the person. The application is less time consuming and the scale is valid tool for such a use. The score range is (1-100), 1 being extremely dysfunctional and 100 being fully functional whereas 0 indicating inadequate information.

The psychiatric diagnoses were made according to the International Classification of Diseases-10 (ICD-10) criteria [11].

Statistical processing: Data were entered in Microsoft excel and analyzed with the help of 'Statistical Package for Social Studies' (SPSS) software using simple means of averages, rates and ratios where applicable.

Ethical Consideration:

- * Ethical clearance was obtained from the Institute Research Committee of BPKIHS (Ref. No.- Acd. 617/069/070, Research Code- 20/19).
- * Informed written consent was taken from the subjects.
- * Strict confidentiality was maintained and the data generated were for research purpose.

- * Approval from local camp organizing committee authority was taken.

Results

Total 100 cases seen by the psychiatrist were analyzed in this study. Out of them, 69 were female, with M: F ratio of 0.45: 1.

Average age of the subjects was 32.74 years, with age range of 7- 80. Patients of age groups (20- 29) and (30-39) years constituted the largest proportion 30% and 27% respectively.

The caste ethnicities were classified as per the system of 'Government of Nepal, 2007 for Free Health services, District Health Service Report 2064'. The most common caste/ ethnicities of the subjects in the Dhankuta health camp were: disadvantaged Hill Janajatis (e.g., Magar, Rai, Tamang, Limbu, Sherpa, etc), upper Hill caste (e.g., Brahmin, Chhetri, Thakuri, etc.) and relatively advantaged Janajati (e.g., Newar, Gurung, Thakali). Among the help seekers, 81% were Hindus/ Kirat and rest 19% Buddhist. Most (69%) were married, 24% single, 3% separated and 4 widow/er. More (75%) of the camp attendees were at least literate. Most of them were house wives, students and teachers.

Age (in years)	Number/ %
< 20	14
20- 29	30
30- 39	27
40- 49	18
50- 59	8
≥ 60	3
Ethnic groups	
Upper Hill	28
Upper Terai	3
Relatively advantaged Janajati	22
Disadvantaged nondalit Terai	1
Disadvantaged Hill Janajati	41
Hill dalit	4
Terai dalit	1
Education	Number/ %
Illiterate	25
1- 3	15
4- 6	8
7- 9	15
10- SLC	15
Intermediate	15
Graduate	5
Higher	2
Occupation	Number/ %
Business	9
Farmer	9
Labor	7
Service	7
Student	15
Home making	32
Teaching	15
Unemployed	6

Table 1: Age, Caste, Education and Occupation of mental health-camp attendees

The average distance from the camp site to their residences was 13.86 (min-nearby, max- > 300) KMs. Among them, 41% were from villages, 26% semi-urban and 33% from the city areas.

Majority of subjects (76%) came themselves, 22% by family and 1 each by relative and friend.

Most of them (90%) were either satisfied or happy about the psychiatric consultation, 1 dissatisfied and no response from 9 subjects.

Most common presenting complaints were: physical symptoms (e.g., pain), somatic (sleep, appetite), mood and anxiety symptoms.

Complaints/ abnormality related to	Number/ %
Abnormal behavior	7
Mood symptoms- sad/ elevated	26
Anxiety symptoms	24
Thought, language or speech	5
Perceptual abnormalities	6
Altered consciousness	2
Substance use	5
Suicidal tendency	3
Somatic (sleep, appetite, libido)	30
Physical symptoms (e.g., pain)	77
Others	1

Table 2: Presenting Complaints*-

Among 70% of the subjects, some psychiatric disorder was present. The most common psychiatric diagnoses were: mood (22%) mainly depressive (19%), somatoform (12%) and anxiety disorders (11%). Primary headaches were

present in a remarkable proportion (37%). It included migraine (23%) and tension/ other headaches (14%).

ICD code	Psychiatric diagnosis	Number/ %
	Absent	30
	Present	70
F 0- 09	Organic, including symptomatic	1
F10-19	Psychoactive substance use	5
F20-29	Schizophrenia, schizotypal & delusional	4
F30-39	Mood (affective)	22
F30-34,38,39	Manic episode, Bipolar affective	3
	Depressive illness	18
	Dysthymia/ Others	1
F40-45	Phobic, anxiety & Obsessive compulsive	11
	Stress related/ adjustment	2
	Dissociative (conversion)	1
	Somatoform	12
F50-59	Associated physiological/ physical factors	1
F70-79	Mental Retardation	2
	Primary headaches	37
	Migraine headache	23
	Tension/ Other headaches	14
	Seizure disorders	4
	Others/ dhat syndrome	2

Table 3: Psychiatric diagnoses*-

Some neurological conditions and Primary headaches (37%) were present in a remarkable proportion. It included migraine (23%) and tension/ other headaches (14%).

ICD code	Physical diseases	Number/ %
A00- B99	Infection/ infestation	2
C00-D48	Neoplasm/ Cancers	0
E00-E90	Endocrine & Metabolic- DM	4
G00-G99	Neurological/ primary headache	40
H00-H59	Eye	7
H60-95	ENT	8
I00-I99	Circulatory/ Cardio-vascular	6
J00-J99	Respiratory	2
K00-K93	Digestive/ Gastro-intestinal	5
L00-L99	Skin diseases	1
M00-M99	Musculoskeletal & connective	9
N00-N99, O00-O99	Obstetric/ Gynecological	2
	Surgical	1
	Dental	2
	Absent	38

Table 4: Physical comorbid diseases*-

Antidepressants, benzodiazepines and other medicines are commonly used medications in the mental health camp.

Treatment modality	Number/ %
Antipsychotic	5
Benzodiazepines	27
Antidepressant	62
Lithium	2
Antiepileptics	5
Supplementation	5
Other/ IV fluids	30
<i>Counseling/ psych ed./ psychological mainly</i>	16
<i>Refer</i>	18

Table 5: Management strategies*-

Multiple response category – One respondent may have one or more responses. Average General Assessment of Functioning (GAF) score was 70 (min- 30, max- 90).

Discussion

This study was conducted in Dhankuta which is a hill town and the headquarter of Koshi Zone located in Dhankuta District of Eastern Nepal. Dhankuta is a small city of eastern Nepal, surrounded by villages. Along with the other 3 specialties (Psychiatry, ENT and Dental) of B. P. Koirala Institute of Health Sciences, Dharan, Nepal, a psychiatrist team (lead by the investigator i.e., consultant) delivered its specialist psychiatric service at Dhankuta in June, 2011, upon the request of the Health Ministry of Nepal. A record of all consecutive cases seen by the psychiatrist at the 4-day specialist camp was made after consent from the organizing committee authority.

Among the 100 subjects analyzed, more were females and of ages 20-40 years as in previous similar camps [9,12]. Seventy of them (70%) had one or other psychiatric disorder as per the ICD-10 criteria. The most common psychiatric diagnoses were: mood (22%) mainly depressive (19%), somatoform (12%) and anxiety disorders (11%). Primary headaches were present in a remarkable proportion (37%). It included migraine (23%) and tension/ other headaches (14%). This picture is similar to the previous report of similar camps conducted in another village of eastern Nepal in 2007 [9]. This is also closely similar to the pattern seen in out-patient settings [13-14]. A multi-disciplinary mega camp in a remote village of eastern Nepal reported anxiety as the most common psychiatric diagnosis, followed by depression [12].

The help seekers had the Global Assessment of Functioning Scale (GAF) score of 70 which indicates some mild symptoms (e.g., depressed mood and mild insomnia) or some difficulty in social, occupational, or school functioning. There were, however, some cases with significant symptoms as in psychiatric emergencies even in camp setting requiring urgent attention and admission [15]. This indicates a need for regular mental health camp programs in our set up.

Needy community people may visit health camp service provided in their access and vicinity. Regular mental health camps may prove a useful strategy for providing doorstep service to community [9].

Conclusions

Most common psychiatric diagnoses were mood, somatoform and anxiety disorders in Nepalese psychiatric camp setting. The help seekers have GAF score of mild symptomatology though some have significant symptoms even in camp setting requiring urgent attention. This indicates a need for regular mental health camp programs in our setting.

Acknowledgement: Authors express thanks to the Institute Research Committee (research grant committee), BPKIHS, and Dr. AK Pandey and Dr. N Sapkota.

References

- Murray, C. L, Lopez, A. D. (1996). The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability from Diseases, Injuries, and Risk Factors in 1990 & Projected. Cambridge, Mass: Harvard University Press.
- Satcher, D. (1999). Mental Health: A Report of the Surgeon General. Washington, DC: Government Printing Office, 1999.
- Upadhyaya, K. D., Pol, K. (2003). A mental health prevalence survey in two developing towns of western region. J Nepal Med Assoc, 42:328 -330.
- Wang, P. S, Aguilar-Gaxiola, S, Alonso, J, Angermeyer, M. C, Borges, G. et al. (2007). Use of mental health services for anxiety, mood, and substance disorders in 17 countries in the WHO world mental health surveys. Lancet, 370:841-850.
- Shakya, D. R. (2009). Mental health in New Nepal. In: Souvenir of the 24th All Nepal Medical Conference (ANEMECON), 62-64.
- Jha, A., Adhikari, S. R. (2009). Mental Health Services in New Nepal – Observations, Objections and Outlooks for the Future. J Nepal Med Assoc, 48(174):185-190.
- Shangwa, P. M., Jha, A. (2008). Nepal: trying to reach out to the community. International Psychiatry, 5(2):36-8.
- Karki, D. B., Dixit, H., Neopane, A. (2005). Medical camps and their usefulness. Kathmandu University Medical Journal, 3(4):449-450.
- Shakya, D. R. (2010). Psychiatric morbidity pattern in a Health camp in Eastern Nepal. Health Renaissance, 8(3):186-191.
- Jones, S. H, Thornicroft, G, Coffey, M, Dunn, G. (1995). A brief mental health outcome scale- Reliability and validity of the General Assessment of functioning (GAF). Br J Psychiatry, 166(5):654-659.
- World Health Organization. The ICD-10 Classification of Mental and Behavioral Disorders Diagnostic Criteria for Research. Geneva: WHO, 1993.
- Neupane, D, Jaiswal, L. S, Upadhaya, S. R, Pokhrel, N, Acharya, A, Tiwari, A, et al. (2021). A mega health camp at a rural municipality of Eastern Nepal: a cross-sectional study revealing the state of health among the population served. Int J Community Med Public Health, 8:5740-5750.
- Shakya, D. R, Pandey, A. K, Shyangwa, P. M, Shakya, R. (2009). Psychiatric morbidity profiles of referred Psychiatry OPD patients in a general hospital. Indian Medical Journal, 103(12):407- 411.
- Shakya, D. R, Kafle, S., Dawadi, S, Khatri, A, Sah, M. (2021). Presentations and Psychiatric Diagnosis in A Psychiatric Out-

Patient Clinic of Tertiary Care Hospital in Eastern Nepal. J Psychiatr Assoc Nepal, 10(2):36-42.

15. Shakya, D. R., Shyangwa, P. M., Shakya, R. (2008). Psychiatric emergencies in a tertiary care hospital. J Nepal Med Assoc, 47(169), 28-33.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here: **Submit Manuscript**

DOI: [10.31579/2690-8816/101](https://doi.org/10.31579/2690-8816/101)

Ready to submit your research? Choose Auctores and benefit from:

- fast, convenient online submission
- rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more: <https://auctoresonline.org/journals/clinical-research-notes>