



Full Length Review Article

PREVALENCE OF MENTAL DISORDERS IN SELECTED RURAL COMMUNITY AT TRIVANDRUM, KERALA

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ABSTRACT

The purpose of this study was to identify the prevalence of psychiatric morbidity in selected rural community of Trivandrum district. A descriptive design was used to conduct the study. A population of 447 from rural area were surveyed. A mental health screening tool was prepared by the investigators, each of which has certain subsets that describe the nature of the problem under study. The data were analyzed by descriptive statistics. 5.2 % in rural area are having mental health problems and 17.2% are having substance abuse. 33.6% of children are presented with mental health problems. The prevalence of mental disorders reported in epidemiological surveys can be considered as lower estimates rather than accurate reflections of the true prevalence in the population. Researchers have focused on broad non-specific, non-modifiable risk factors, such as age, gender and social class. Future research can be focused on the general population, longitudinal (prospective), multi-centre, co-morbid studies, assessment of disability and its functioning, family burden and quality of life studies involving a clinical service providing approach.

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INTRODUCTION

Psychiatric epidemiology has gone through various stages of growth over the past five decades in India. Many epidemiological studies conducted in India on mental and behavioural disorders report varying prevalence rates, ranging from 9.54 to 370 per 1000 population. These discrepancies are not specific to Indian studies but are also seen in international studies. This discrepancy will impact planning, funding and health care delivery. Providing accurate data about the prevalence of mental disorders in the community would help to justify the allocation of scarce resources and planning of health services. The aim of the study was to identify the prevalence of psychiatric morbidity in rural area.

MATERIAL AND METHODS

The study was conducted in selected rural area of Kallara Panchayath, Trivandrum, Kerala which is under the surveillance of Community Health Nursing Department, Sree Gokulam Nursing College, Venjaramoodu. A population of 447 from rural area were surveyed. A mental health screening tool was prepared by the investigators which had demographic details and 5 mental health components, each of which has

certain subsets that describe the nature of the problem under study. The sample was grouped on various socio demographic correlates. Informed consent was taken and confidentiality was assured. After collecting the socio demographic data, people were screened using the mental health screening tool. The collected data were quantified and analysed using appropriate statistics.

RESULTS

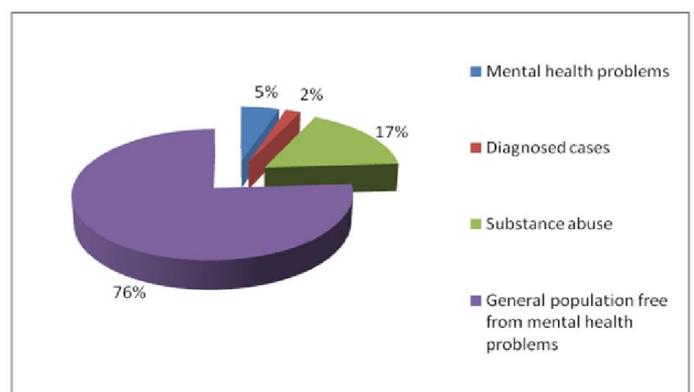


Fig. 1. Prevalence of mental health problems in rural community

Figure 1 shows that 5 % in rural area with mental health problems and 17% with substance use disorder.

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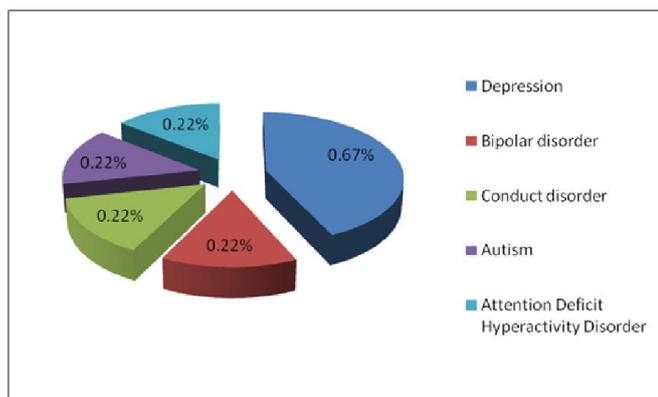
Table 1. Distribution of adults with mental health problems based on symptomatology

Sl.no	Variable	Rural area (n=447)	
		N	%
1	Sleep disturbances	22	4.5
2	Difficulty in self care	7	1.5
3	Appetite disturbances	12	2.7
4	Problems in maintaining relationship	12	2.7
7	Mood disturbances	5	1.1
8	Disoriented and forgetfulness	11	2.4
9	Behavior disturbances	9	2.0
10	Substance use disorder	77	17.2

Table 1 shows that 77.2% of rural subjects reported substance use disorder and 4.5% with disturbances.

Sl.no	Variable	Rural area(n=447)	
		N	%
1	Behavioral problems	18	18.4
2	Delayed mile stone development	2	2
3	Temper tantrum	8	8.1
4	Poor scholastic performance	5	5.1

Table 2 reflects 18.4% of children have reported behavioural problems.

**Fig. 2. Distribution of diagnosed cases (n=447)**

DISCUSSION

The basic approach of the investigators was to conduct a survey of mental health problems prevailing in selected areas of rural community. The tool employed had various components, each of which had certain subsets that describe the nature of the problem under study. The data was quantified and analysed using appropriate statistical methods. The results portrayed a complete picture of mental health problems that are unique to the rural community. In the rural population 5% of the people had mental health problems and 17% had substance use disorder. In contrast, a meta-analysis¹ revealed higher prevalence of mental disorders in rural area (48.9%). Another study² has stated that urban morbidity in India is 3.5% higher than the rural rate, but rural-urban differences are not consistent for disease categories. Among the subsets of each component in the tool, significant disturbance was seen in sleep which was evident in rural area.

Disturbances were seen in the areas of daily functioning, appetite, maintaining interpersonal relationship, temperament, behaviour and substance use. 17 % of rural people accepted that they use substance. Majority of them reported alcohol use. Also study revealed an overall substance use prevalence of 6.9/1000 for India with urban and rural rates of 5.8 and 7.3/1000 population.¹

Nursing Implications

The identified population at risk was educated on stress management, sleep hygiene, ill effects of substance use, early signs of mental illness and available mental health services and necessary liaison was done with the community health nurse to address the mental health needs of the people. Studying the prevalence of mental health problems in the community helps nurses to understand the spectrum of mental illness and appreciate the role of family and environment as precipitating and perpetuating factors.. It would further help in identifying the felt mental health needs of the people and to intervene accordingly.

Limitations

- The tool had description of symptoms but cannot be used as a diagnostic criteria.
- Active denial of symptoms by a few people, though history revealed possibility of mental health problems.
- Interview was undertaken to study the mental health problems but factors contributing to it was not quantified in the study.
- Only selected population from rural area were interviewed, hence generalization of findings is not possible.

Conclusion

Mental health problems constitute a wide spectrum ranging from sub clinical states to very severe forms of disorders. The prevalence of mental health problems as substantiated by this study finding and report by other studies, points towards the growing mental health needs of rural population. The investigators conclude that majority of the research studies have focused on visible mental health problems like suicidal attempts, aggression etc but invisible mental health problems like unexplained medical symptoms continue to remain unexplored and unaddressed. Hence it emphasizes the need to prioritize and plan strategies to provide appropriate mental health services.

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