A Study to Assess the Risk for Mental Health Problems among the Adults of Selected Rural Community, Mangalore

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Abstract

Mental disorder (also called a mental illness, psychiatric disorder, or psychological disorder) is a diagnosis, most often by a psychiatrist, of a behavioral or mental pattern that may cause suffering or a poor ability to function in life. Such features may be persistent, relapsing and remitting, or occur as a single episode. Many disorders have been described, with signs and symptoms that vary widely between specific disorders. The causes of mental disorders are often unclear. Theories may incorporate findings from a range of fields. Mental disorders are usually defined by a combination of how a person behaves, feels, perceives, or thinks. This may be associated with particular regions or functions of the brain, often in a social context. A mental disorder is one aspect of mental health. Cultural and religious beliefs, as well as social norms, should be taken into account when making a diagnosis.

Keywords: mental illness, relapsing, remitting, social context

1 Introduction

A mental disorder (also called a mental illness, psychiatric disorder, or psychological disorder) is a diagnosis, most often by a psychiatrist, of a behavioral or mental pattern that may cause suffering or a poor ability to function in life [1].

Services are based in psychiatric hospitals or in the community, and assessments are carried out by psychiatrists, clinical psychologists, and clinical social workers, using various methods but often relying on observation and questioning. Treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options. Other treatments include social interventions, peer support, and self-help. In a minority of cases there might be involuntary detention or treatment. Prevention programs have been shown to reduce depression

Common mental disorders include depression, which affects about 400 million, dementia which affects about 35 million, and schizophrenia, which affects about 21 million people globally [2]. Stigma and discrimination can add to the suffering and disability associated with mental disorders, leading to various social movements attempting to increase understanding and challenge social exclusion.

The definition and classification of mental disorders are key issues for researchers as well as service providers and those who may be diagnosed. For a mental state to classify as a disorder, it generally needs to cause dysfunction [5].

It has been noted that using the term "mental" (i.e., of the mind) is not necessarily meant to imply separateness from brain or body.

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According to DSM-IV, a mental disorder is a psychological syndrome or pattern which is associated with distress (e.g. via a painful symptom), disability (impairment in one or more important areas of functioning), increased risk of death, or causes a significant loss of autonomy; however it excludes normal responses such as grief from loss of a loved one, and also excludes deviant behavior for political, religious, or societal reasons not arising from a dysfunction in the individual [6] [7].

DSM-IV precedes the definition with caveats, stating that, as in the case with many medical terms, mental disorder "lacks a consistent operational definition that covers all situations", noting that different levels of abstraction can be used for medical definitions, including pathology, symptom logy, deviance from a normal range, or etiology, and that the same is true for mental disorders, so that sometimes one type of definition is appropriate, and sometimes another, depending on the situation [8].

2 Objective:

1. To assess the demographic variables of the subjects participating in the study,
2. To determine the risk factors of mental illness among the respondents
3. To find out the association between demographic variables and level of risk of mental illness among the respondents.

3 Material and methods:

A quantitative, Non-experimental design with Descriptive Research approach was selected to carry out the study.The sample of the present study consists of 100adults of selected community area in Mangalore. Sampling technique adopted for the study was non-probability, purposive sampling technique.Tool consist of 9 items related to demographic data such as Age, Gender, Religion,

Marital status, Education, Occupation, Type of family, General health status and Socio-economic status.

Section B: Consists of 30 items related to assessing the risk factors for the development of selected mental disorder. The mental disorders selected for the present study were Alzheimer's disease, schizophrenia, alcohol abuse and dependence, depressive disorders, and obsessive compulsive disorder. These conditions were selected because they have the most distinctive risk factors that are unique from each other.

4 Result

This chapter deals with the analysis and interpretation of the data gathered to assess the risk for development of mental disorder. Analysis is a process of organising and synthesising the data in such a way that research question may be answered and hypothesis can be tested. Analysis and interpretation of data in this study is based on the data collected through a structured questionnaire. The results were computed using descriptive and inferential statistics based on the following objectives of the study.

5 Organisation and Presentation of Data:

The obtained data were entered in to the master sheet for tabulation and statistical processing. The analysis of data was organized and presented under the following sections.

Section I: Description of sample characteristics

Section II: Distribution of Respondents according to their level of risk

Section III: Association between level of risk and demographic variables

Section I

Description of sample characteristics: A sample of 100 adults residing at the selected area was drawn, based on the specific criteria. The data on sample characteristics were analysed using descriptive statistics and presented in terms of frequency, percentage and diagrams.

The data obtained from sample are presented in terms of Age, Gender, Religion, Marital status, Education, Occupation, Type of family, General health status and Socio-economic status.

Distribution of respondents according to their demographic characteristics

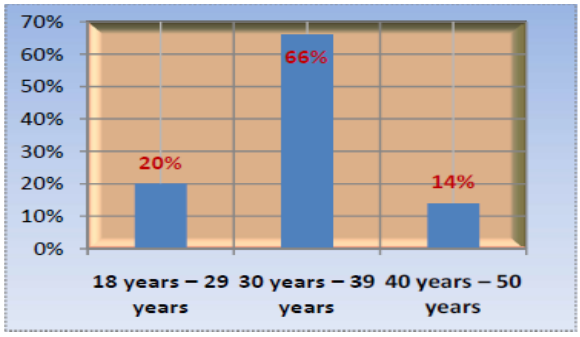


Figure 4: Age of the Respondents

Clustered bar diagram showing the following findings: 66 per cent of the respondents were between the age group of 30 to 39 years followed by 20% aged between 18 to 29 years and 14% aged 40 to 50 years of age

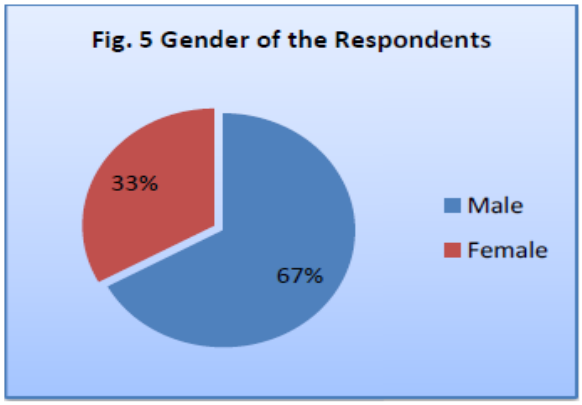


Figure 5: Pie diagram showing that 67 % (n=67) of the respondents was male and 33 % (n=33) were female.

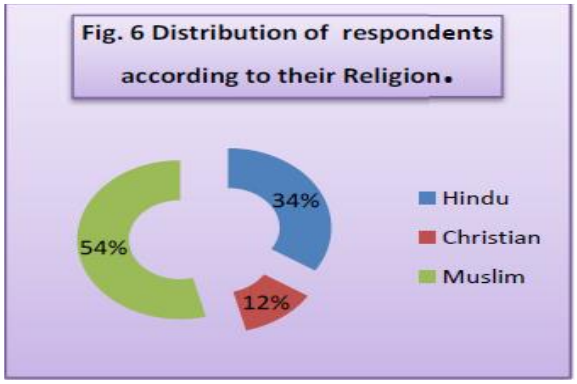


Figure 6: Exploded doughnut showing the percentage reveal that Majority of the respondents were Muslims (54 %) and 34 % of respondents were Hindu and 12 % were Muslim.

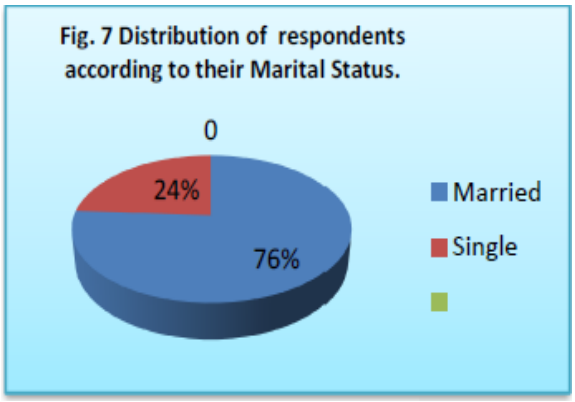


Figure 7: Showing that 76 (76 %) respondents were married and 24 (24 %) was single.

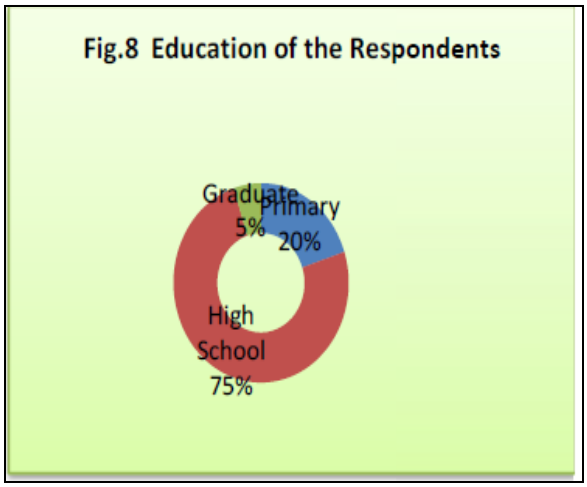


Figure 8: Showing that 75 % (75) of the respondents had High school education while 20 % (20) had primary education and 5 % (5) were graduates.

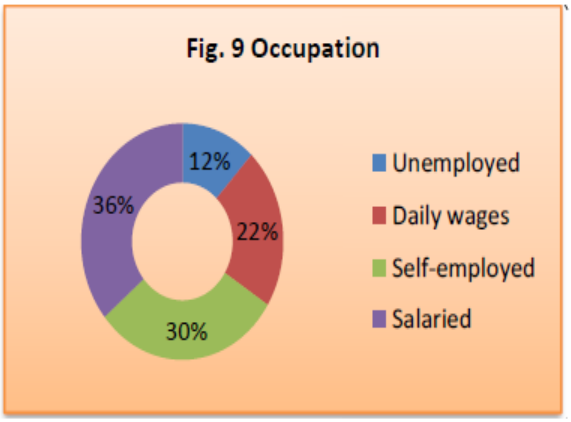


Figure 9: Showing the distribution of respondents according to their occupation. 36 % of the respondents were salaried followed by 30% who are self-employed and 22% getting daily wages while the minority of 12% who are unemployed.

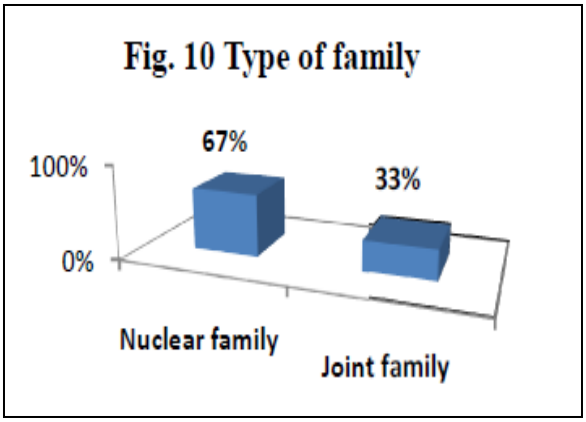


Figure 10: Cluster bar diagram showing the percentage distribution of the type of family of the respondents. 67 respondents (67%) had a nuclear family, while the remaining 33 respondents (33%) had a joint family.

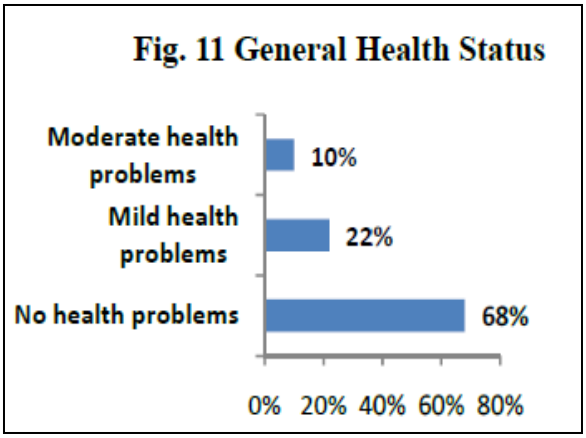


Figure 11: Showing that 68% of the respondents had no health problems followed by 22 % with mild and 10% with moderate health problems.

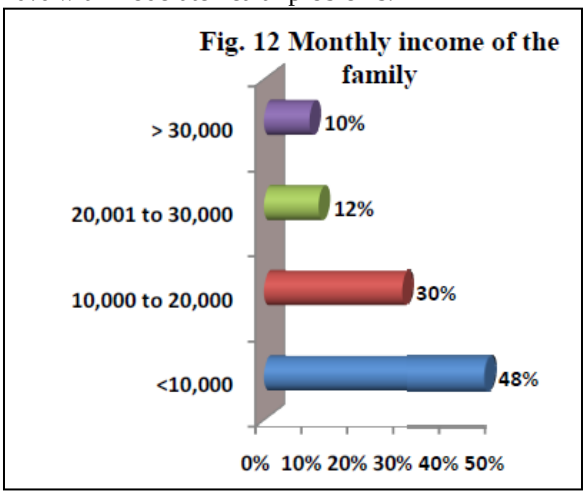


Figure 12: Showing that majority of the respondents 48% had a monthly income of less than 10,000

rupees followed by 30% with 10,000 to 20,000 rupees per month and 12% with 20,001 to 30,000 and the minority of 10% with more than 30,000 rupees per month as their family monthly income.

Section II

Level of Risk of Mental Disorder

This section describes the level of risk of respondents in developing selected mental disorders as a whole and also illustrates the risk for developing specific mental illnesses.

Table 1: Distribution of respondents according to their risk of mental disorder N=100

SL No.	Risk of mental disorder	Number	Percentage
1.	Low risk	61	61%
2.	Moderate risk	32	32%
3.	High risk	07	07%
	Total	100	100%

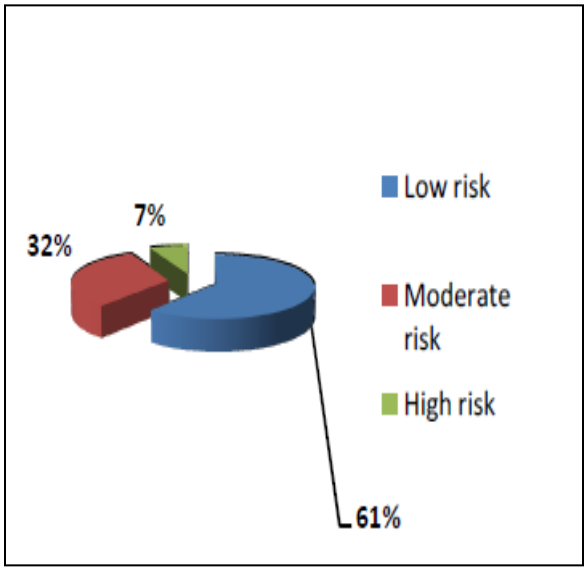
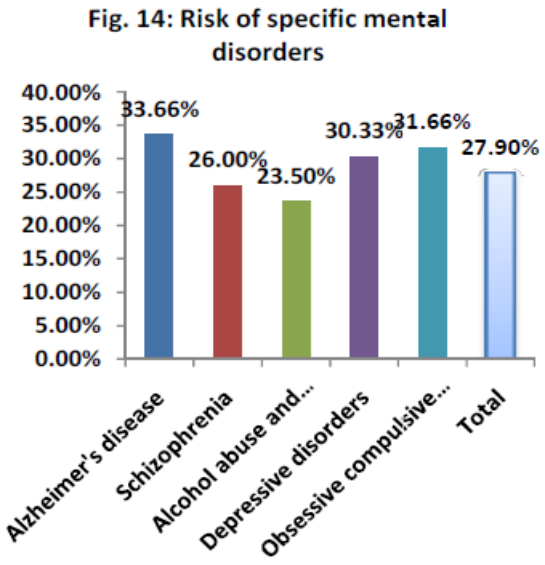


Figure 13: Distribution of respondents according to their risk of mental disorder

From the data, it is evident that majority of the people (61%) had only a low risk of developing mental disorder. 32 % of the respondents had a moderate risk and only 7% had a high risk of developing mental disorder.

Table 2: Risk of specific mental disorders N=100

SL No.	Mental disorder	Mean	Mean %	SD
1	Alzheimer's disease	2.02	33.66%	0.98
2	Schizophrenia	1.56	26.0%	1.12
3	Alcohol abuse and	1.41	23.5%	1.2
4	dependence	1.82	30.33%	1.2
5	Depressive disorders	1.9	31.66%	1.9
	Obsessive compulsive disorder			
	Total	8.39	27.9%	4.9



With regard to risk of specific mental disorders, Major risk was found to be for Alzheimer's disease with mean percentage risk of 33.66% followed by obsessive compulsive disorder with mean percentage risk of 31.66%, depressive disorder (30.33%), schizophrenia (26%) and alcohol abuse and dependence (23.5%).

The overall risk was 27.90% for the development of a mental illness.

Section III

Association between Level of Risk And Demographic Variables

In this section, the association between the level of risk and the demographic variables of the respondents are discussed. Chi square test done to infer the association among the variables and contingency table is prepared for the analysis of data.

It is evidenced from that chi square test could not find any statistically significant association between the level of risk and the demographic characteristics of the respondents. Hence the hypothesis "There is a significant association between the level of risk and the demographic variables of the respondents' is rejected.

Regarding gender, 67 % (n=67) of the respondents were male and 33 % (n=33) were female. Where Muslims (54 %) and 34 % of respondents were Hindu and 12 % were others. Majority of the subjects 76 (76 %) respondents were married and 24 (24 %) were single. Most of the subjects 75 % (75) of the respondents had High school education while 20 % (20) had primary education and 5 % (5) were graduates. Majority of the subjects 36 % of the respondents were salaried followed by 30% who are self-employed and 22% getting daily wages while the minority of 12% who are unemployed, where 67 respondents (67%) had a nuclear family, while the remaining 33 respondents (33%) had a joint family. Majority of the subjects were 68% of the respondents had no health problems followed by 22 % with mild and 10% with moderate health problems. From the data, it is evident that majority of the people (61%) had only a low risk of developing mental disorder. 32 % of the respondents had a moderate risk and only 7% had a high risk of developing mental disorder With regard to risk of specific mental disorders, Major risk was found to be for Alzheimer's disease with mean percentage risk of 33.66% followed by obsessive compulsive disorder with mean percentage risk of 31.66%, depressive disorder (30.33%), schizophrenia (26%) and alcohol abuse and dependence (23.5%).

6 Conclusion

The overall risk was 27.90% for the development of a mental illness. The findings of the present study reveals that majority of the respondents had very low risk of developing mental disorder and that the level of risk has no association with the demographic variables of the respondents.

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