Mental Morbidity amongst University Students

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Abstract

The aim of the study was to assess the patterns and prevalence of mental disorders, psychiatric disorders and personality disorders amongst male and female students of university. In the same sample prevalence of psychiatric disorders in both rural and urban population in university was also done. For the study a sample of 500 subjects was taken, with 210 belong to rural background and 290 belong to urban background. Out of 500 students 303 were males and 197 were females. High prevalence of generalized anxiety disorder (7.8), depression (5.6), phobia (3.8) and alcohol related disorder was (3.4) was noticed in university students. Males were found to suffer more from generalized anxiety disorders (8.91), alcohol related disorder (5.61), phobia (4.95), mania (2.97) as compared to females. Females were found to suffer more from depression (6.59), Dysthymia (3.04), Obsessive-Compulsive disorder (3.04) and Schizophrenia (2.54) as compared to males. Alcohol dependence syndrome was predominantly reported among males only. The overall prevalence of mental disorder was higher among males (36.3/100) than females (25.30/100) (p< 0.01). There was a high prevalence of borderline personality disorder (6%), Paranoid personality disorder (4%), Avoidant personality disorder (2.6), and Histrionic personality disorder (2.4%). Males were found to suffer more from border line personality disorder (7.26%), Paranoid personality disorder (4.29%), Anti social personality disorder (2.64%) and Avoidant personality disorder (2.97%) as compared to females. Females were found to suffer more from Histrionic personality disorder (4.06%), Dependent personality disorder (4.06%), Obsessive personality disorder (2.53%) and narcissistic personality disorder (2.03%) as compared to males. The overall prevalence of personality disorder was slightly higher amongst males (27.39/100) than females (24.84/100) (p<0.05). Prevalence of mental disorder was observed similar in rural (22.4/100) and urban area (25.17/100).

KEYWORDS : Mental morbidity, psychiatric morbidity, personality disorders, prevalence

Introduction

Health is defined by World Health Organization (1948) as a state of complete physical, mental and social well being and not merely the absence of disease of infirmity. It is the level of

functional or metabolic efficiency of a living organism. In humans, it is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain. Whereas mental health is a level of psychological well-being, or an absence of a mental disorder (Kramer and Garralda, 1998).It is the "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment" (Lewinsohn et al.,1998). From the perspective of positive psychology or holism, mental health may include an individual's ability to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience (Kramer and Garralda, 1998). According to World Health Organization (WHO) mental health includes "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others (Lewinsohn etal., 1939) WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community (Lewinsohn etal., 1995)

The term "mental Disorder" as defined in the 4th edition of the standard psychiatric diagnostic and statistical manual (DSM- 4) encompasses a broad range of conditions characterized by pattern of abnormal behavior and psychological signs and symptoms that result in dysfunctions.

A mental disorder also called a mental illness or psychiatric disorder. It is a mental or behavioural pattern that causes either suffering or an impaired ability to function in ordinary life and which is not developmentally or socially normative. Mental disorders are generally defined by a combination of how a person feels, acts, thinks or perceives. This may be associated with particular regions or functions of the brain or rest of the nervous system, often in a social context. The scientific study of mental disorder is called psychopathology.

Psychiatric disorder generally refers to the incidence of both physical and psychological condition. The term usually applies to those who are actually aware of their condition, despite the mental deterioration. According to world health organization, morbidity itself is measured according to the number of people affected, the types of illness and how long the illness lasts. Therefore the term also refers to the prevalence of psychiatric conditions within a specific social category. For example medical students may suffer from acute psychiatric conditions due to burnout and understanding the rate of which those conditions impact medical students as a social group would be the psychiatric morbidity of

Current change in health care delivery underscores the need for primary care physicians to assume the responsibility for the initial diagnosis and treatment of the most common mental disorders. Not only prompt recognition in primary stage is essential to avoid significant morbidity (secondary prevention) but promotion and preservation of mental illness are also necessary to provide mental health service in community.

Within the word of mental health, treatment would be markedly simplified and conceivably more potent if each disorder had a set of non overlapping symptoms that could be reliably assessed. The diagnostic situation however remains much more complicated because of the many difficulties to diagnostic decisions when client meet the criteria for more than one disorder. Prototypical descriptions of patients with specific disorders are often extreme oversimplifications of the multifaceted clinical profile of patient who receive hat diagnosis.

Students are suffering from various types of mental problems in today's world. Students who comes in psychiatric OPD suffer from various mental problems and when we go through review of literature, it also provides that above statement is true (Karmer, T. et al, 1998). Some common mental problems in students are adjustment disorder, Bi-polar disorder, conversion disorder etc.

Gender is correlated with the prevalence of certain mental disorders including depression, anxiety and somatic complaints.

High level of psychological distress has been recorded amongst students and much published data confirms the view that students are axcessively prone to mental health problems (Kidd, C.B., 1965; Negelberf, D.B. and Shemberb, K.B. 1980; Wells, YE.,; Kierman, G. L. and Deykin, K.Y. 1987)

The average are of onset for many mental health conditions is the typical college age range of 18 to 24 years, said Courtney Knowles executive director of JED Foundation a charitable organization that aims to reduce suicide and improve mental health for college students. In fact (ADAA report).

Few students are aware of themselves are known about the psychiatric and psychological advantages, attend psychiatric OPD and among those students, only 40 percent students can discuss their mental problems frankly due to the limitations of our society, narrow mindedness, lower mental thinking, very large majority of students they don't dare to come in psychiatric OPD and if they comes they do not respond well to doctors.

Actually the purpose of epidemiological studies are to help in understanding the disease process ranging from mild to severe disabling conditions, which determine the help seeking behavior of the patients. Such studies also seek to probe certain determinants of help seeking behavior such as the personal and social tolerance level of mental disorder. In many different part of the word and in India different techniques and varied methods have been used to collect data. Through results differ but they provide accurate information.

During the last decade's different group of investigators (Lewinsohn et al., 1998; 1993; 1995; Kessler et al. 1998; Wittchen et al., 1998; Chassin et al., 1999; Kramer., 1998; Ambrosini et al., 2000) have attempted to study psychiatric disorder in students all over the world. Mental illness can generally be viewed from three different aspects: patient's own perception about his/her illness depending upon level of threshold for pain and personal dissatisfaction for which he/she help (Lewinsohn etal., 1998) Relatives or informants perception of an illness and (Lewinsohn etal., 1998) perception of the mental illness by a psychiatrist trained in ICD/DSM diagnostic guidelines and his experience in the field on the use of these guidelines. Studies in India have followed concepts of illness perceived by medical profession. Perceived symptoms has its own limitations because screening tools are designed without considering local culture ethics and varied symptoms of patients and their informants that determine their health seeking behavior. Common complaints about health determine the tolerance limit of distress beyond patients and care givers tend to seek health advice. Such complaints reflect patient's own perception about illness. The terms and symptomatology based on modern medical jargon may fail to elicit the desired response from the lay people because of its technical nature and different perception by the responders. Hence, identification of local and commonly used terms is important for better understanding of the disease.

The given reason , a model screening tool based on practical aspect of mental illness as perceived by lay people relevant to the regional culture is used for this study to find out the prevalence of mental disorders. The present study highlights a novel experience with university students and collecting health information with minimal inputs such as spreading awareness in them.

Problem

To study Mental disorders, psychiatric morbidity and personality disorders amongst university students.

Objectives

1. To assess the prevalence of mental disorders in university students.
2. To study the pattern of mental disorders amongst university students.
3. To assess the prevalence of psychiatric disorders amongst male and female students.
4. To assess the prevalence of psychiatric disorders in both rural and urban population in university.

Method

Sample

The study was carried out on 500 (303 Males and 197 females) college students in Kurukshetra university Kurukshetra having the age range of 18 to 30 years with average age of 24 years. A simple random sampling method was adopted to select the study. To cover the whole university, 10 students from different departments of university were taken. Out of total 500 students, 210 were belong to rural background and 290 were of urban background. Students belong to different socio-economic status. Even in random sampling the subjects were equated in terms of level of education.

Tools

1. Screening questionnaire for SCID-1 and SCID 2
2. Screening clinical interview for DSM-4 AXIS-1 disorder, (SCID-1) for psychiatric disorders.
3. Structured clinical interview for DSM-4, AXIS-2 disorders (SCID-2) for personality disorders.

Data was analyzed categorically and prevalence rate.

Table1: Showing gender wise prevalence of mental morbidity amongst university students.

Category of Mental Disorders	PREVELENCE/ 100		
	Male	Female	Total
	(N = 303)	(N =197)	(N = 500)
PSYCHOSIS			
Schizophrenia	1.98	2.54	2.2
Mania	2.97	1.01	2.2

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NEUROTIC DISORDER			
GAD	8.91	6.09	7.8**
Depression	4.95	6.59	5.6**
Dysthymia	1.65	3.04	2.2
Phobia	4.95	2.03	3.8*
OCD	2.64	3.04	2.8
Anxiety disorder	0.66	-	0.4
Alcohol disorder	5.61	-	3.4
Adjustment disorder	0.66	1.01	0.8
Sexual Disorder	1.32		0.8
TOTAL	**36.3**	**25.35**	**32****

**P≤ 0.01 ; *p≤0.05

Table2: Showing gender wise prevalence of Personality Disorders amongst university students.

Categories of Personality Disorders	PREVELENCE/ 100		
	Male	Female	Total
	(N = 303)	(N =197)	(N = 500)
Paranoid personality disorder	4.29	3.55	4**
Schizod personality disorder	1.32	1.01	1.2
Schizotipical personality disorder	0.99	-	0.6
Anti social personality disorder	2.64	-	1.6
Border line personality disorder	7.26*	4.06	6*
Histeric personality disorder	0.99	4.56	2.4
Narcisistic personality disorder	1.98	2.03	2
Avoidant personality disorder	2.97	2.03	2.6**
Dependent personality disorder	2.31	4.06	3
Obsessive-compulsive personality disorder	1.98	2.53	2.2
NOC personality disorder	0.66	1.01	0.8
TOTAL	**27.39**	**24.84**	**26.4****

**P≤ 0.01 ; *p≤0.05

Table 3: Showing prevalence of mental Disorders amongst university students by location.

Location	No. of Patients	Surveyed Population	Prevalence/ 100
Rural	47	210	22.4%
Urban	73	290	25.17%

$$\chi^2 = 5.63; \ df = 2; \ p \leq 0.05$$

Per 100 percent was calculated. Chi square was performed to find out significance of difference in prevalence of mental disorders between male and female groups and rural and urban groups.

Results and discussion

The study population consisted of 500 university students of which 303 (60.6%) were males and 197 (39.4%) were females. Out of this, 210 (42%) belonged to rural area and 290 (58%) belonged to urban area.

Prevalence of mental disorder in different genders is shown in table 1. There was a high prevalence of generalized anxiety disorder (7.8), depression (5.6), phobia (3.8) and alcohol related disorder (3.4). Males were found to suffer more from generalized anxiety disorders (8.91), alcohol related disorder (5.61), phobia (4.95), mania (2.97) as compared to females. Females were found to suffer more from depression (6.59), Dysthymia (3.04), Obsessive-Compulsive disorder (3.04) and Schizophrenia (2.54) as compared to males. Alcohol dependence syndrome was predominantly reported among males only. The overall prevalence of mental disorder was higher among males (36.3/100) than females (25.30/100) ($p < 0.01$).

Prevalence of personality disorders in different genders is shown in table 2. There was a high prevalence of borderline personality disorder (6%), Paranoid personality disorder (4%), Avoidant personality disorder (2.6), and Histrionic personality disorder (2.4%). Males were found to suffer more from border line personality disorder (7.26%), Paranoid personality disorder (4.29%), Antisocial personality disorder (2.64%) and Avoidant personality disorder (2.97%) as compared to females. Females were found to suffer more from Histrionic personality disorder (4.06%), Dependent personality disorder (4.06%), Obsessive personality disorder (2.53%) and narcistic personality disorder (2.03%) as compared to males. The overall prevalence of personality disorder was slightly higher amongst males (27.39/100) than females (24.84/100) ($p < 0.05$).

Area wise prevalence of mental disorders is shown in table 3. It was observed that prevalence of mental disorder was similar in rural (22.4/100) and urban area (25.17/100).

Implications

The present study implies that to have the better treatment outcome in students the pharmaco therapy must be combined with psychotherapy with a view to manage the psychopathological problems. In such students care full assessment of depression and appropriate management of those who are depressed and suffering from other psychiatric disorders is essential. In order to provide more effective and efficient service for such students, improve working relationship between students and community mental health terms are needed. As most of patients are

referred by general physician. In past few decades the focus on psychiatric aspects of health mental distress and personality disorder has increased.

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