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PATTERN OF PSYCHIATRIC DISORDERS AMONG PATIENTS AT A PRIVATE CONSULTATION CHAMBER IN BANGLADESH

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Abstract

An increasing prevalence of various mental illnesses is a global public health concern today. In the past few decades, Bangladesh also experienced a gradual rise in the number of people living with the illnesses. However, very few people seek treatment from psychiatrists due to high prevalence of stigma about the illnesses. This study aimed at investigating the pattern of psychiatric disorders diagnosed among patients at a private consultation chamber in Bangladesh. Data were collected using a semi-structured questionnaire. Meanwhile, the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) was used to gather relevant information. The results indicate that Major Depressive Disorder, Schizophrenia and Bipolar Mood Disorder are on the top of the psychiatric disorders for which most patients sought treatment. Females, young adults, and middle-aged people were on the top for seeking consultation for the diseases, and most of them were from urban areas. This article concludes that psychiatric illnesses such as Depressive Disorders and Schizophrenia are rising public mental health concern of the country.

Keywords: *Mental Health; Mental Illness; Psychiatric Disorders; Depression; Public Health; Bangladesh*

1. INTRODUCTION

Human life is much easier today than any time in the past (Veenhoven, 2005), thanks to the proliferation and availability of numerous advanced communication devices (Conner et al., 2001), lifesaving medicines, rapid urbanization, and

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economic development (Moore & Simon, 2000; Poushter, 2017). Yet, today more people suffer from multiple psychological distresses than ever around the world (Twenge et al., 2019). Several studies indicate that rapid urbanization and technological advancement are bringing changes to the vary structures and functions of the society by transforming social, economic and environmental dimensions of human life (Ventriglio et al., 2021) and social value system (Bolton & Bhugra, 2021), which put a adverse impact on the mental health of people (Chandra et al., 2018; Hong, 2006; Prasad et al., 2016). Urban life often lack in shared social history and social capital, which lead to negative mental health outcomes of an individual (Chandra et al., 2018; Mckenzie, 2008; Srivastava, 2009; Szabo, 2018). Scholars argue that people are increasingly suffering from some common psychological disorders (Naveed et al., 2020; National Collaborating Centre for Mental Health (UK), 2011; WHO, 2019) as a result of an inappropriate relationship with social environment they live in (Pappachan, 2011; Sharma & Majumdar, 2009).

Although there are debates about whether the prevalence of psychological illnesses is increasing over the time (Häfner, 1985; Richter et al., 2019), several studies indicate that the number of people living with the illness have been increasing in the past few decades around the world (Dai et al., 2016; Furukawa, 2019; Kessler et al., 2009; Steel et al., 2014). A change in the structure of the demography has mainly led to increase of mental illness among adult people in recent decades (Richter et al., 2019; Steel et al., 2014). Another study argued that mental health issues increased significantly in young adults over the last decade (Twenge et al., 2019). Analyzing data from the Global Burden of Disease study, Hannah Ritchie and Max Roser (2020) showed that more than one in ten people (10.7%) suffered from any form of psychological disorder in 2017.

Like in any other part of the world, the prevalence of various psychiatric disorders is increasing in Bangladesh, a developing nation with about 164.7 million populations in South Asia. Several studies indicate that the prevalence of mental disorders range between 6.5% and 31.0% among adults, and between 13.4% and 22.9% among children in the country (A. Hossain, 2018; M. D. Hossain et al., 2014). According to a report by the National Institute of Mental Health (NIMH), about 17% of adults in the country were living with various forms mental illness, and among them, 92.3% did not seek any medical care (Dhaka Tribune, 2019). The actual prevalence of mental disorders might be higher than the reported rate as many people often do not want to disclose their sufferings due to a fear of being excluded from society (Hinshaw & Cicchetti, 2000; Robinson, 2012; Schauman, MacLeod, Thornicroft & Clement, 2019). Even they do not seek mental health care services due to stigma (Golberstein, Eisenberg & Gollust, 2008; Sharp et al., 2015; Semrau, Evans-Lacko, Koschorke, Ashenafi & Thornicroft, 2015; Bathje & Pryor, 2011), lack of health literacy (Das, Mia, Hanifi, Hoque & Bhuiya, 2017), financial

issues and poor service quality at public hospitals (Nuri et al., 2019; Islam & Biswas, 2015; Andaleeb, 2000; Ahmed, Tarique, & Arif, 2017). Moreover, people with mental health problems often seek care from either alternative healers or non-psychiatric medical care providers before consulting psychiatrists or mental healthcare professionals in Bangladesh (Nuri et al., 2018) due to a lack of an appropriate referral system (Gater et al., 2005; National Collaborating Centre for Mental Health (UK), 2011a; Volpe et al., 2015; Giasuddin, et al., 2012) .

Despite high prevalence, psychiatric disorders are relatively unrecognized and under-researched issue in Bangladesh. There are some studies that looked at the pattern of psychiatric disorders among patients attended at psychiatry outpatient departments of both public and private medical college hospitals in the country (Jahan et al., 2020; Islam, Rahman & Paul, 2020; and Monzur, Maruf, Roy, Royle & Rahman, 2018). In most cases, individuals with psychological disorders seek treatment at private psychiatric consultation chambers to get quality and improved services. But very few studies investigated the issue at the private psychiatric consultation chamber settings in the country. One study found that most of the patients, who sought treatment at private consultation chambers in Dhaka city, suffered from depressive disorder, somatoform disorder, schizophrenia, and substance abuse; and most of the patients belonged to 21-30 years of age group, hailed from an urban area and were married (Ahmed et al., 2016).

2. OBJECTIVE AND HYPOTHESES

The study aimed at exploring the pattern of psychiatric disorders among individuals seeking treatment at a private psychiatric consultation chamber in Bangladesh, from a holistic approach which includes age, gender, residence, and family history of the patients.

3. METHOD

Data were collected from 204 individuals seeking treatment at the chamber of a psychiatrist, the first author of the study between March 2019 and March 2020. Participants were selected by using purposive consecutive sampling techniques. A semi-structured questionnaire was used to collect data. The questionnaire contained socio-demographic variables which include age, gender, residence, education, occupation, marital status and family history of the illness. The 10th Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) (WHO 1992) was used to collect data on psychiatric diagnosis of the

patients. Data were analysed using the Statistical Package for Social Science (SPSS) version 20 for Windows and Microsoft Excel version 2019.

During the consultation sessions, verbal consent was obtained from the participants by explaining to them the aims, objectives, risks, and benefits of the study. The data were recorded only after the participants gave their verbal consent to use it in this research. A trained psychiatrist recorded the data during the consultation sessions. The ethical approval was not required for this study as no identifiable data were collected. There was no possibility of causing harm of the participants either directly or indirectly as the data were properly anonymised.

4. RESULTS

Demographic information

Data in Table 1 show that more than half (53.4%) of total participants were female and 46.6% were male. Among the total participants, 47.1% were middle-aged (31-55 years) and 36.3% were young adults (18-30 years). About two-thirds (72.1%) of the total participants were married. The majority (41.7%) participants were housewives and 15.2% were students; 61.3% had secondary education, 72.1% were married and 98.0% lived in an urban area.

Table 1 – Socio-demographic distribution of the respondents

		N	%
Sex	Male	95	46.6
	Female	109	53.4
Age	Adolescent (0-17 years)	25	12.3
	Young Adult (18-30 years)	74	36.3
	Middle aged (31-55 years)	96	47.1
	Old adults (56+ years)	9	4.4
Occupation	Student	31	15.2
	House wife	85	41.7
	Private job	21	10.3
	Business	30	14.7
	Self employed	26	12.7
	Teacher	1	.5
	Driver	1	.5
	Farmer	9	4.4
Education	Primary	54	26.5
	Secondary	125	61.3
	Graduate	12	5.9
	Master & Above	13	6.4
Marital status	Married	147	72.1
	Unmarried	57	27.9

Residence	Urban	200	98.0
	Rural	4	2.0

Diagnosis of psychiatric disorders

Major Depressive Disorder (27.5%) was the most prevalent mental illness among the participants, followed by Schizophrenia (22.1%), Bipolar Mood Disorder (14.2%), Obsessive-Compulsive Disorder (9.3%) and Phobia (6.9%), Panic disorder (3.4%), Conversion disorder (4.9%), Generalized Anxiety Disorder (3.4%) and Adjustment Disorder (2.9%). Details are shown in the Table 2.

Table 2 – Diagnosis of psychiatric disorders among the patients

		Frequency	Per cent
Diagnosis	Bipolar Mood Disorder	29	14.2
	Major Depressive Disorder	56	27.5
	Schizophrenia	45	22.1
	Obsessive-compulsive disorder	19	9.3
	Attention Deficit Hyperactivity Disorder	3	1.5
	Phobia	14	6.9
	Conduct disorder	1	.5
	Substance use disorder	1	.5
	Conversion disorder	10	4.9
	Panic disorder	7	3.4
	Behavioural problem	1	.5
	Mental retardation (MR)	3	1.5
	Drug dependency	1	.5
	Generalized Anxiety Disorder	7	3.4
	Adjustment disorder	6	2.9
	Bereavement	1	.5
	Total	204	100.0

Diagnosis of psychiatric diseases by age group

The patients who suffered from bipolar mood disorder among them a majority (6.4%) were young adults. Meanwhile, middle aged people are more likely to suffer from major depressive disorder 27 (13.2%) and schizophrenia 23 (11.3%). Details are shown in the Table 3.

Table 3 – Diagnosis of psychiatric disorders by age group

	Age				Total
	Adolescent	Young Adult	Middle aged	Old adults	

Bipolar Mood Disorder	5 (2.5%)	13 (6.4%)	11 (5.4%)	0 (0.0%)	29 (14.2%)
Major Depressive Disorder	6 (2.9%)	20 (9.8%)	27 (13.2%)	3 (1.5%)	56 (27.5%)
Schizophrenia	4 (2.0%)	16 (7.8%)	23 (11.3%)	2 (1.0%)	45 (22.1%)
Obsessive Compulsive Disorder (OCD)	2 (1.0%)	8 (3.9%)	9 (4.4%)	0 (0.0%)	19 (9.3%)
Attention Deficit Hyperactivity Disorder	1 (0.5%)	0 (0.0%)	2 (1.0%)	0 (0.0%)	3 (1.5%)
Phobia	0 (0.0%)	6 (2.9%)	8 (3.9%)	0 (0.0%)	14 (6.9%)
Conduct disorder	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
Substance use disorder	0 (0.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
Conversion disorder	2 (1.0%)	1 (0.5%)	4 (2.0%)	3 (1.5%)	10 (4.9%)
Panic disorder	0 (0.0%)	2 (1.0%)	5 (2.5%)	0 (0.0%)	7 (3.4%)
Behavioural problem	1 (0.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
Mental Retardation (MR)	2 (1.0%)	1 (0.5%)	0 (0.0%)	0 (0.0%)	3 (1.5%)
Drug dependency	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	1 (0.5%)
Generalized Anxiety Disorder	0 (0.0%)	5 (2.5%)	2 (1.0%)	0 (0.0%)	7 (3.4%)
Adjustment disorder	1 (0.5%)	1 (0.5%)	3 (1.5%)	1 (0.5%)	6 (2.9%)
Bereavement	0 (0.0%)	0 (0.0%)	1 (0.5%)	0 (0.0%)	1 (0.5%)
Total	25 (12.3%)	74 (36.3%)	96 (47.1%)	9 (4.4%)	204 (100.0%)

Diagnosis of psychiatric diseases by gender

Of total respondents more than half 109 (53.4%) were female and 95 (46.6%) were male. Of the individuals who were diagnosed with Bipolar Mood Disorder, 19 (9.3%) were male and 10 (4.9%) were from the female gender group. Meanwhile, those who suffered from Major Depressive Disorder, 22 (10.8%) were male and 34 (16.7%) were female. On the other hand, among the people patients who suffered

from Schizophrenia, 23 (11.3%) were male and 22 (10.8%) were female. Details are shown in the Table 4.

Table 4 – Diagnosis of psychiatric disorders by gender

	Gender		Total
	Male	Female	
Bipolar Mood Disorder	19 (9.3%)	10 (4.9%)	29 (14.2%)
Major Depressive Disorder	22 (10.8%)	34 (16.7%)	56 (27.5%)
Schizophrenia	23 (11.3%)	22 (10.8%)	45 (22.1%)
Obsessive Compulsive Disorder	9 (4.4%)	10 (4.9%)	19 (9.3%)
Attention Deficit Hyperactivity Disorder	1 (0.5%)	2 (1.0%)	3 (1.5%)
Phobia	4 (2.0%)	10 (4.9%)	14 (6.9%)
Conduct disorder	1 (0.5%)	0 (0.0%)	1 (0.5%)
Substance use disorder	1 (0.5%)	0 (0.0%)	1 (0.5%)
Conversion disorder	5 (2.5%)	5 (2.5%)	10 (4.9%)
Panic disorder	3 (1.5%)	4 (2.0%)	7 (3.4%)
Behavioural problem	0 (0.0%)	1 (0.5%)	1 (0.5%)
Mental Retardation	1 (0.5%)	2 (1.0%)	3 (1.5%)
Drug dependency	1 (0.5%)	0 (0.0%)	1 (0.5%)
Generalized Anxiety Disorder	4 (2.0%)	3 (1.5%)	7 (3.4%)
Adjustment disorder	1 (0.5%)	5 (2.5%)	6 (2.9%)
Bereavement	0 (0.0%)	1 (0.5%)	1 (0.5%)
Total	95 (46.6%)	109 (53.4%)	204 (100%)

Diagnosis of psychiatric diseases by residence

Most of the participants 200 (98.0%) were from urban areas. Among them, 56 (27.5%) suffered from major depressive disorder, 43 (21.1%) suffered from schizophrenia and 27 (13.2%) suffered from bipolar mood disorder. Details are shown in the Table 5.

Table 5 – Diagnosis of psychiatric diseases by residence

	Residence		Total
	Urban	Rural	
Bipolar Mood Disorder	27 (13.2%)	2 (1.0%)	29 (14.2%)
Major Depressive Disorder	56 (27.5%)	0 (0.0%)	56 (27.5%)
Schizophrenia	43 (21.1%)	2 (1.0%)	45 (22.1%)
Obsessive Compulsive Disorder	19 (9.3%)	0 (0.0%)	19 (9.3%)
Attention Deficit Hyperactivity Disorder	3 (1.5%)	0 (0.0%)	3 (1.5%)
Phobia	14 (6.9%)	0 (0.0%)	14 (6.9%)
Conduct disorder	1 (0.5%)	0 (0.0%)	1 (0.5%)
Substance use disorder	1 (0.5%)	0 (0.0%)	1 (0.5%)
Conversion disorder	10 (4.9%)	0 (0.0%)	10 (4.9%)

Panic disorder	7 (3.4%)	0 (0.0%)	7 (3.4%)
Behavioural problem	1 (0.5%)	0 (0.0%)	1 (0.5%)
Mental Retardation	3 (1.5%)	0 (0.0%)	3 (1.5%)
Drug dependency	1 (0.5%)	0 (0.0%)	1 (0.5%)
Generalized Anxiety Disorder	7 (3.4%)	0 (0.0%)	7 (3.4%)
Adjustment disorder	6 (2.9%)	0 (0.0%)	6 (2.9%)
Bereavement	1 (0.5%)	0 (0.0%)	1 (0.5%)
Total	200 (98.0%)	4 (2.0%)	204 (100%)

Family history of mental illness

A large number of participants (69.6%) reported that they did not have any family history of mental illness, which means about 30.4% of participants had a family member(s) who suffered from any form of mental illness. Those who suffered from Major Depressive Disorder and Schizophrenia 16 (7.8%) of them respectively had family history of the diseases. Meanwhile, the patients who suffered from bipolar mood disorder 12 (5.9%) had family history of the illness. Details are shown in the Table 6.

Table 6 – Diagnosis and family history of psychiatric disorders

		Family History	
		Yes	No
Diagnosis	Bipolar Mood Disorder	12 (5.9%)	17 (8.3%)
	Major Depressive Disorder	16 (7.8%)	40 (19.6%)
	Schizophrenia	16 (7.8%)	29 (14.2%)
	Obsessive Compulsive Disorder	3 (1.5%)	16 (7.8%)
	Attention Deficit Hyperactivity Disorder	0 (0.0%)	3 (1.5%)
	Phobia	5 (2.5%)	9 (4.4%)
	Conduct disorder	0 (0.0%)	1 (0.5%)
	Substance use disorder	0 (0.0%)	1 (0.5%)
	Conversion disorder	3 (1.5%)	7 (3.4%)
	Panic disorder	0 (0.0%)	7 (3.4%)
	Behavioral problem	0 (0.0%)	1 (0.5%)
	Mental Retardation	2 (1.0%)	1 (0.5%)
	Drug dependency	1 (0.5%)	0 (0.0%)
	Generalized Anxiety Disorder	2 (1.0%)	5 (2.5%)
	Adjustment disorder	1 (0.5%)	5 (2.5%)
	Bereavement	1 (0.5%)	0 (0.0%)

Discussion

The results reveal that Major Depressive Disorder was the most prevalent psychiatric disorder among the participants, followed by Schizophrenia and Bipolar Mood Disorder. The results support the findings of the national mental health

survey by the National Institute of Mental Health (2019) and Ahmed et al., (2016). According to the NIMH survey, the most prevalent mental illness in the country is depressive disorder, followed by anxiety, somatic symptoms, and related disorders, sleep-wake disorder, obsessive-compulsive and related disorders, neurodevelopment disorder, neurocognitive disorders, substance-related and addictive disorders, personality disorder, sexual dysfunction and disruptive, impulse control and conduct disorders. Meanwhile, Ahmed et al., (2016) found that depressive disorder was the most common mental illness, followed by somatoform disorder and schizophrenia.

The results show that the rate of seeking treatment for psychiatric diseases is higher among female than male gender group, which indicates that there might have a higher prevalence of mental illness among females. However, according to the National Mental Health Survey of Bangladesh, the prevalence rates of psychiatric disorders among both the male and female gender groups are almost similar.

The majority of the participants were from the middle (31-55 years) and young adult (18-30 years) age groups, which indicate that there is a high risk of mental illness at the ages between 18-55 years. In most cases, middle-aged people suffered from massive depressive disorder and schizophrenia. There was a high prevalence of bipolar mode disorder among young adults. Multiple factors may contribute to the mental health risks. At the ages, an individual becomes active participants in familial, social, academic, and professional lives. The stresses they encounter in their real-life may lead to a higher risk of mental illness. Moreover, various psychosocial stressors which can contribute to the psychiatric illness include domestic violence, marital breakdown, and co-morbid physical illness (Ahmed et al., 2016).

Most of the participants who sought treatment during the research at the private consultation chamber were from urban areas. The findings indicate three important insight— first, there might have a high prevalence of various mental illnesses among people who live in an urban area than the people who live in a rural area (NIMH, 2019); second, urban dwellers are more aware of mental illness which lead them seeking treatment; and people living in rural areas are not aware of mental illness due to lack of mental health literacy leading them not to seek treatment for their psychiatric illnesses (Das, Mia, Hanifi, Hoque & Bhuiya, 2017) and there is lack of appropriate mental healthcare referral system (Nuri et al., 2018; Volpe, Mihai, Jordanova & Sartorius, 2015) in the country.

A large number of the participants reported that they had family history of the psychiatric disorder. There might have a strong association the psychiatric disorders and family history (Islam et al., 2006).

5. CONCLUSIONS

Three psychological disorders—Major Depressive Disorders, Schizophrenia and Bipolar Mood Disorder—are rising public mental health concerns of Bangladesh. The diseases were on the top of some common psychiatric disorders for which most patients sought treatment at a private consultation chamber for a one-year period. The prevalence of the diseases was relatively higher among females, young adults, and middle-aged people. Most of the participants were from urban areas.

The results would be of interest to policymakers, public health research, and anyone interested in mental health issues.

The study has some limitations. The results may not reflect the whole picture of the prevalence of psychiatric disorders in the country as this was small-scale research among a very small sample of the population at a private psychiatric consultation chamber in a city of the country. More researches on the topic at least in divisional cities would generate a bigger and clearer picture of the problem. This study did not investigate the factors that influence treatment-seeking for psychiatric disorders among the participants. Moreover, it did not explore the causal relationship among various variables.

It is recommended that further researches are conducted among a larger population with a special focus on people dwelling in rural areas in the context of Bangladesh. It is also recommended that future studies investigate the factors that influence seeking treatment among both rural and urban dwellers in the countries. Immediate policy intervention is required targeting young adults and middle-aged, who are the driving force of the society, as the prevalence rates of psychiatric disorders are higher among them than the people from other age groups.

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Declaration of interest

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