



PSYCHIATRIC MORBIDITIES AMONG TRIBAL SCHOOL GOING STUDENTS ATTENDING PSYCHIATRY DEPARTMENT OF A TERTIARY CARE HOSPITAL OF NORTH EAST INDIA

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ABSTRACT

Background: Psychiatric morbidity represents most important problem among all children including school going children and adolescent worldwide. Tribal mental health is almost neglected & never came in mainstream although India is home to the largest tribal populations of the world. So, there is a great need to investigate the problem behaviors among the tribal adolescent students. This study tries to find out the pattern of different psychiatric disorders among tribal school going students attending psychiatry department of a tertiary care Hospital of state of Tripura in North East India. **Methods:** Psychiatric diagnosis was done by ICD-10 Diagnosis Criteria. Sociodemographic information was gathered as per prepared standard questionnaire. ICD 10 Diagnostic criteria for diagnosis of psychiatric illness and MINI Plus was used to assess the psychiatric morbidity among the 200 study subjects. **Result:** Most common psychiatric disorder in male tribal students was substance use disorder (61.3%) followed by mood disorders (28%), anxiety & panic disorder (21.3%), personality disorder (19.3%), dissociative disorder (16%) adjustment disorder (15.3%) & schizophrenia (5.3%). In case of Female tribal students most common psychiatric disorder found mood disorders (30%) followed by panic disorder & anxiety disorder (28%), substance use disorder (22%), dissociative disorder (20%), adjustment disorder (20%), personality disorder (18%) & schizophrenia (4%). **Conclusion:** No studies have been conducted to reflect the scenario and pattern of psychiatric morbidities among tribal adolescent students in the state of Tripura. Our study shows the need of further researches on this topic for a better understanding of the mental health issues among the tribal adolescents which thereafter can help the families, schools and mental health system to take appropriate steps to prevent mental health problems and promote better mental and emotional health.

KEYWORDS : Tribal mental health, Adolescent mental health, North East India. Locality

INTRODUCTION:

Mental health is one of the biggest causes of disability and carries enormous economic burden in India. It is estimated, from the recently reported National Mental Health Survey (2016) that one in every ten Indians is suffering from some form of mental disorder. Especially in productive age of 20 to 40 years, prevalence of mental disorders is very high. ⁽¹⁻³⁾ This burden of psychiatric illnesses is expected to raise further in the current ongoing National Mental Health Survey phase 2 which will also include the data from north eastern state of Tripura.

Adolescence is often described as a period of stress and strain. Peer influence, fulfilling expectations from family, dealing with the stimulations from the external world and creating a niche and identity for oneself in this fast paced, dynamic and demanding society can throw up challenges that an adolescent may not be equipped to handle. The biological changes coupled with pressure to perform, conform and succeed could influence the adolescent's state of mind and being. As the onset of psychiatric illness has their origin in their early childhood and risk for psychiatric disorders in adulthood is increased by childhood difficulty and adversities in their life. ⁽¹⁾ Additionally, psychiatric disorders are the most common causes of burden and disability in young persons aged 10–24 years in whom they account for 45% of these, and are strongly associated with risk behaviour and substantial psychosocial impairment. ⁽²⁻³⁾

Tribal communities in general and primitive tribal groups in particular are highly disease prone. Also, many of them do not have required access to basic health facilities. They are most exploited, neglected, and highly vulnerable to diseases with

high degree of malnutrition, morbidity and mortality. ⁽⁷⁾ As a result their problems are associated with poverty, illiteracy, ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water and supernatural beliefs, prevalence of alcohol and tobacco use, make tribal population vulnerable to various diseases especially in rural areas. ⁽²⁻⁴⁾ They also faces a lot of atrocities which make them more vulnerable to various other psychological, behavioural and interpersonal problems. ⁽¹⁴⁾ There is scarcity of reliable information on mental health status among tribal population of Tripura, especially the school going adolescents. Therefore, an early detection and adequate intervention are crucial to reduce overall burden and disability associated with psychiatric disorder. There is dearth of study on this subject of Prevalence of psychiatric disorders among tribal school going students from North-Eastern part of the country as yet. Hence, the present study is a sincere effort in this direction.

MATERIALS AND METHODS:

The aim of this study was to assess the pattern of different psychiatric disorders among tribal school going students attending the department of Psychiatry, Agartala Government Medical College and GBP Hospital. The study sample consisted of a total of 200 tribal students consisting class VIII to class XII Standards of 12 to 20 years of age of which 150 were males & 50 females who attended in psychiatric OPD for psychiatric consultation as well as from the inpatient ward of Department of Psychiatry, AGMC & GBP Hospital & the sample was taken by simple random sampling method. Informed written consent was obtained from either the patients who were of 18 years or above and from their parents or legal guardians of the minors. The respondents were assured of confidentiality. The participants were clearly

explained the purpose of the study and subjects were selected on voluntary basis. Those who were mentally retarded, had history of any past Psychiatric illness, had chronic debilitating physical illnesses or had no reliable informant with them were excluded from the study. The sociodemographic data was obtained using a pretested proforma for socio demographic data. All the patients were screened and diagnosed for different psychiatric disorders using ICD 10 Diagnostic criteria for diagnosis of psychiatric illness and MINI plus (mini-international neuropsychiatric interview) scale.

RESULT:

Table 1: Demographic characteristics of the sample

Demographic details	No. of cases	Percentage
Age (in years)		
12-14	72	36
15-17	100	50
18-20	28	14
Gender		
Male	150	75
Female	50	25
Educational status		
Class VIII	30	15
Class IX	42	21
Class X	74	37
Class XI	26	13
Class XII	28	14
Religion		
Hindu	94	47
Christian	68	34
Buddhist	38	19
Locality		
Rural	52	26
Urban	46	23
Semi-urban	102	51

In this study 150 male & 50 female tribal students participated in the study. The above table shows that mean age of the tribal students was 15 ± 0.67 years, most of the students were from 15-17 years of age group (50%) followed by 12-14 years age group (36%) & 18-20 years age group (14%). Majority of the students were from class 10 (37%), followed by class 9 (21%), class 8 (15%), Class 12 (14%) and class 11 (13%). Majority of the tribal students were Hindu by religion (47%) followed by Christians (34%) and Buddhist religion (19%). The above table shows most of the students belong from semi urban area (51%) followed by Rural area (26%) & least from Urban area (23%).

Table 2: Psychiatric disorder found in the sample

Psychiatric disorder	ICD 10	Male(n =150)	Perce ntage	Female (n=50)	Perce ntage
Mood disorders	F31 & F32	42	28	15	30
Adjustment disorder	F43.2	23	15.3	10	20
Substance Use disorder	F10.2, F11.2, F12.2 & F19	92	61.3	11	22
Schizophrenia	F20	8	5.3	2	4
Personality disorder	F60	29	19.3	9	18
Panic disorder & anxiety disorder	F41	32	21.3	14	28
Dissociative disorder	F44	24	16	10	20

In this survey it was found that most common psychiatric disorder in male tribal students was substance dependence (61.3%) followed by mood disorders (28%), anxiety & panic disorder (21.3%), personality disorder (19.3%), dissociative disorder (16%) adjustment disorder (15.3%), & schizophrenia (5.3%).

In case of Female tribal students most common psychiatric disorder found mood disorders (30%) followed by panic disorder & anxiety disorder (28%), substance use disorder (22%), dissociative disorder (20%), adjustment disorder (20%), personality disorder (18%) & schizophrenia (4%).

DISCUSSION:

Adolescence, marked by the physiological signs and surging sexual hormones of puberty, has three expected developmental stages such as increased risk-taking, increased sexual behaviour, and a move toward peer affiliation rather than primary family attachments.^[12] There can be many challenges to fulfil the mental health needs of adolescent age group. And many a times these needs get unnoticed. The experience of adolescents during teen years would vary considerably according to the cultural and social values of the network of social identities they grow in.^[13] In relation to tribal community, most of the tribal groups are economically backward and malnutrition is commonly reported in children of tribal community.^[14] International Institute of Population Sciences reported that among the scheduled tribes or Adivasis (tribal) of India, mortality, morbidity and malnutrition rates remain particularly high when compared to the Indian population at large.^[9] In a study from West Bengal, two-thirds (66.8%) of tribal adolescents in the age-group of 11-17 years were at substantial risk of developing of significant mental health problems due to different causes.^[15] In our study, we tried to assess the psychiatric morbidities among the tribal adolescent patients who attended our department.

200 tribal adolescent patients were included in our study among which two third were male and one third female. They were studying in 8th to 12th standard in schools, majority being of 10th standard. They belonged to urban, semi urban and rural areas of the north eastern state of Tripura.

In the present study it was found that most common psychiatric disorder in male tribal students was substance use disorder (61.3%) followed by Mood disorders, Anxiety & panic disorder, personality disorder, dissociative disorder, adjustment disorder & Schizophrenia. In case of Female tribal students most common psychiatric disorder found mood disorders (30%) followed by panic disorder & anxiety disorder, substance use disorder, dissociative disorder, adjustment disorder, personality disorder & schizophrenia. A similar study from another north eastern state of Manipur, Majumder U. et al. found the most common categorical psychiatric diagnosis in male adolescents was psychotropic substance use disorders, while neurotic, stress-related and somatoform disorders were the most common categorical diagnosis in females adolescent participants.^[12] In our study we have found that the tribal adolescent participants were dependent on substances like alcohol, cannabis, opioids and polysubstance.

Venu Gopal and Ashok^[5] investigated the prevalence of emotional and behavioural problems among tribal and non-tribal adolescents and they found high prevalence of anxiety/depressed, somatic, withdrawn/depressed, thought problems and attention problems in the tribal adolescents.

Among other Indian studies, Sarkhel^[6] reported prevalence of conduct disorder was 4.58%, whereas, Deivasigamani^[17] has reported the prevalence of CD to be 11.13%. Sarkar et al.^[7] reported the prevalence rate of antisocial behaviour to be 7.1% In an Indian study the prevalence of ADHD among primary school children was found to be 11.32%^[1] In a study conducted by Vaibhav V. Gharat et al. to find out the psychiatric morbidity among tribal adolescents in 3 different Indian states, neurotic and stress-related disorders was highest followed by mood disorders, psychoactive substance

use disorders and several behavioural and emotional disorders.^[16]

CONCLUSION:

In every country and culture children and adolescents are suffering with mental health problems. There is lack of appropriate mental health services in the rural areas and tribal population is unable to access the appropriate service and treatment. There is in need to develop psychosocial care programmes for adolescent as well as school going tribal students to promote of positive social, physical, psychological and emotional wellbeing.

Limitations:

The current study has several limitations. First, the Sample size is small and sample constitutes of Hospital based, therefore cannot be extrapolated to a large sample and generalized to a general population. Also, this study has shown only descriptive data. There is no comparative study of Tribal and non-tribal students in that case some of finding may not be revealed.

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Consents:

Ethical approval was taken from institutional ethical committee. All written informed consent for medical procedures and the patient's medical information study was obtained from the patient legal guardian/informants to publish this paper.

Competing Interests:

The authors declare that they have no competing interests.

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