



**RESEARCH PAPER**

**Profile of Psychiatric Patients Visiting Outdoor Mental Health Services In Gujar Khan**

<sup>1</sup> Sameera Shafiq\* <sup>2</sup>Dr. Noreena Kausar

1. Lecturer, Department of Psychology, University of Gujrat, Gujrat, Punjab, Pakistan
2. Assistant Professor, Department of Psychology, University of Gujrat, Punjab, Pakistan

\*Corresponding Author sameerashafiq@yahoo.com

**ABSTRACT**

The objective of the present study was to explore the profile of psychiatric patients visiting private mental health service providers in hospitals and clinics of Gujar Khan, Pakistan. This cross-sectional research was conducted from 24 December, 2021 to 15 March, 2022. In total 369 psychiatric patients were approached in outdoor setting visiting Omer Clinic and Jinnah Hospital, Gujar Khan by purposive sampling technique. However, seven patients refused to participate. The final data were obtained from 362 patients (139 males & 161 females), with age range from 4 years to 85 years ( $M=33.37$ ,  $SD=11.8$ ). A profile questionnaire was constructed to collect the data, consisting of two parts: socio-demographic information and clinical information of the patients. In order to diagnose the patients, different diagnostic criteria based on Diagnostic and Statistical Manual-5 (DSM-5) was applied. Findings of the study indicated that majority of patients were suffering from Depressive Disorder (29%), Generalized Anxiety Disorder (18.8%) and Substance Abuse Disorder (10.8%). Follow-up neural network analysis showed that family system, number of siblings, and presenting complaints were the strongest predictors of psychiatric disorders in females as compared to males. Follow-up neural network analysis showed that family system, number of siblings, and presenting complaints were the strongest predictors of psychiatric disorders in females as compared to males. Conclusively, females have higher proportions of psychiatric disorders as compared to males. Major Depressive Disorder was most prevailing psychiatric disorder in clinical population with family dynamics playing crucial role in mental health of females. Implications for provision of mental health services at governmental level to cater rising depressive disorders and anxiety disorders in potohar region of Gujar Khan are discussed in the light of the findings of the study.

**Keywords:** Depressive Disorder, Generalized Anxiety Disorder, Psychiatric Patients

**Introduction**

It is estimated that mental health issues such as depression, anxiety, alcoholism, and delirium are found to be the singled out top causes of disabilities among individuals of any society (PAHO, 2019). Though, profile of psychiatric patients developed for disorders with relevance to cultural aspects, served to be a backbone in treatment planning and monitoring of the patients. The demographic features of clinical population also give insight for development and implementation of therapeutic techniques relevant to the socio-cultural context of the patients (APA Work Group on Psychiatric Evaluation, 2020). Yet, in developing countries focused research on profile examination of psychiatric disorders along with investigation of the co-morbid factors are scares (Karim, Saeed, Rana, Mubbashar, & Jenkins, 2004; Prakash, Gupta, Singh, Singhal, & Verma, 2007).

In Pakistan, Shahid, Khan, Ejaz, Nakeer and Iftikhar (2015) studied the profile of the psychiatric patients coming to the Psychiatric Unit of Agha Khan University Hospital, Karachi within five years of period between 2006 to 2010. They found sleep-related problems to be of prime concern followed by aggressive behavioural issues in the profile of the clinical population

but cases with major depression were highest in this time period (29.3%). Similarly, major depression, anxiety and schizophrenia are highly prevalent among clinical population visiting psychiatric services (Sarwat, Nawab, & Nisar, 2015; Kausar, Maqsood & Ikram, 2020). Rehman, Khan and Shahbaz (2016) in psychiatric department of Jinnah Postgraduate Medical Center, Karachi showed mood disorders (42.42%) schizophrenia, delusional disorders (26.50%) and substance use disorder (9.6%) at high prevalence in clinical population. Hanif, Afridi, Dars, and Iqbal (2020) reported mood disorders crowning among all psychiatric disorders with anxiety at subsequent level in Karachi. Habib, Rizwan, Khan, Malik, Minhas, and Faiz (2018) identified somatoform disorders followed by mood disorders and schizophrenia and related disorders to be prevalent in psychiatric unit of Shalamar Hospital, Lahore. The present study has focused on exploration of the clinical patients visiting psychiatric facilities available in Gujar Khan to treat mental disorders.

Diagnostic and Statistical Manual-5 (2013) has well-defined categorization of various psychiatric disorders. The most prevalent disorders such as major depressive disorder and anxiety disorders in Pakistan as indicated by review of literature are considered here. In Major Depressive Disorder, an individual writhes from continual symptoms of sadness, hopelessness, unworthiness and unhappiness in daily life functioning tasks. Physical symptoms included fatigue, weight gain/loss, decreased or increased sleep and appetite, and suicidal ideation or suicidal attempts for at least two weeks. Anxiety Disorders included terror and anxious behavioural manifestations for future perceived threats and subsequent unsuitable reactions for six months. These psychiatric disorders are worth studying because of their unceasing interference with conspicuous spheres of life such as home, educational and occupational setups. Abbas, Qureshi, Safdar, and Zakar (2020) found that in Pakistan people considered pirs (faith healers) as intermediary between them and God who led to the path of Almighty and one succeeds in his or her goals. That is why people visit shrines or goes to faith healers for treatment of their mental disorders.

The objectives of the research are 1) to develop socio-demographic profile of psychiatric patients and 2) to explore clinical characteristics of psychiatric patients visiting outdoor services for mental health at Gujar Khan. The findings of present study would provide implications for better understanding of psychiatric disorders and clinical patients suffering from them particularly in the surrounding of Gujar Khan, a heart of Potohar Region in Pakistan as a pioneer exploration of socio-cultural context of the mental disorders. The implications highlight the need of psychiatric services in Gujar Khan.

## **Material and Methods**

Sample of the study comprised of 139 males and 161 females, with age range between 4 years to 85 years ( $M=33.37$ ,  $SD=11.8$ ). The majority of the patients fell between 25-39 years old (56.1%), educated (51.9%), having no job (38.7%), unmarried (59.7%), belonged to rural areas (53.3%), lived in joint family system (41.7%) with no children (62.7%) and have 4 to 6 siblings (83.1%). The current cross-sectional research has been conducted at Department of Psychology, University of Gujrat from 24 December, 2021 to 15 March, 2022 after taking permission. Permission has also been sought from private settings such as Omer Clinic and Jinnah Hospital in Gujar Khan where outdoor mental health services are provided on weekly and monthly basis respectively by professional psychiatrists.

Total 369 patients were approached by purposive sampling technique. However, seven participants refused to participate in the study. The inclusion criteria of the study were males, females, and children visiting the hospital and clinic for taking treatment to cure mental disorders at any age and were willing to participate in the research study. Those patients were excluded who refused to participate ( $n= 7$ ) in the study and who were not given any diagnosis from DSM V for problems of psychiatric nature. Further, those coming for follow ups who have already participated in the study, or who have come for the first time without prior history

(cases of incidences) were excluded because they were unable to provide complete demographic information and incomplete filled performa were not included in the study. Total 132 (36.5%) cases were taken from Omer Arshad Clinic and 230 (63.5%) cases were taken from Jinnah Hospital.

The data were collected by the use of a Profile Questionnaire, with two parts developed on the basis of review of literature and socio-cultural context of Pakistan. First part of the Profile Questionnaire was related to the demographic variables such as age, gender, education, occupation, marital status, residential area, family system, no of siblings, and no of children. Second part of the questionnaire consisted of information related to the source of referral, reason of referral, presenting complaints of psychiatric problems, diagnostic categories, treatment related information, severity of symptoms and duration of problem, and presenting complaints etc. The visit to faith healer (pir) or shrine for prayer (dua) to get better mental health was included as a cultural practice as was considered a part of clinical profile. Verbal informed consent was taken from each participant and their guardians in case of intellectually disabled or being a child. The verbal informed consent ensured that provided information remained confidential and would only be used for research purpose and they had a right to withdraw from the study at any time. Descriptive (frequencies & percentages) statistics were used to analyse the data in SPSS-24.

Permission was taken from head of Omer Clinic and Admin Officer of Jinnah Hospital as there were no MS Superintendents. The patients visiting Omer Clinic and Jinnah Hospital, Gujar Khan were approached individually. Informed consent containing purpose of the research, maintenance of confidentiality, and right to withdraw from the study was verbally communicated to the patients and their caregivers who accompanied them. The statements in Profile Questionnaire were verbally spoken and their responses were recorded in the form. The item requiring response on exact diagnosis of mental disorder was unknown to the majority of the participants. This ambiguity was cleared by further probes based on DSM-5 diagnostic categories for reaching principle diagnosis only and ignoring mental comorbid disorders. The psychiatrists revealed the diagnosis only when asked but refrained from writing on the patients' case profile or prescription as a general practice in Pakistan. They were thanked for their cooperation and provision of valuable information which would be a contribution to make mental health system better in Pakistan.

## Results and Discussion

The data of total 362 psychiatric patients were analysed through Statistical Package for Social Sciences (SPSS-24). Frequencies and percentages were calculated to determine the socio-demographic profile of the psychiatric patients visiting outdoor mental health services in Gujar Khan. The demographic characteristics of the participants such as age, gender, education, occupation, marital status, residential area, and family system, with the help of frequencies and percentages. Sample of the study comprised of 139 males and 161 females, with age range between 4 years to 85 years ( $M=33.37$ ,  $SD=11.8$ ). The majority of the patients were 25-39 years old (56.1%), educated (51.9%), having no job (38.7%), unmarried (59.7%), belonged to rural areas (53.3%), lived in joint family system (41.7%) with no children (62.7%) and have 4 to 6 siblings (83.1%).

Table 2 showed clinical profile of the psychiatric patients. The majority of the patients have belief in faith healer or shrine to pray for betterment of their mental health (69.1%). Majority were referred by parents (47%), exhibited presenting complaints physical in nature (69.9%), with no physical disorder (52.5%), with moderate level of severity (83.6%), and 1 to 5 years for duration of the disorder (48.1%) and treatment (47%). Table 3 showed depressive disorder (29%) to be at peak followed by generalized anxiety disorder (18.8%) and substance

use disorder (10.8%). The majority of the psychiatric patients and their caregivers did not know the reason for their disorders (45%) (Table 4).

The model for neural network analysis has a good fit because relative error difference is 6.8% between the testing and training sample that is below 10% (Table 5). Neural network analysis revealed family system as the most important predictor of psychiatric disorders in females 0.14(100%) (Figure 1). However, number of siblings .10 (70.8%) was the second important predictor in females followed by presenting complaints .09 (66.3%), marital status .08 (64.5%), reasons of disorder .08 (62.6%), age .07 (51.8%), duration of disorder .066 (49%), severity of symptoms .066 (48.9%), number of children .064 (47.2%), being housewives .061 (45%), duration of treatment .06 (44.7%), education attainment .058 (43%), and residential area .038 (27.9%). The visit to shrine and faith healers for prayer (dua) of better mental health is the least predictor for females .023 (16.9%).

**Table 1**  
**Socio-demographic Characteristics of Psychiatric Patients in Gujar Khan (n=362)**

Variables	f	%
<b>Gender</b>		
Males	135	37.3
Females	227	62.7
<b>Age</b>		
18 years and below	23	6.4
19-24 years	64	17.7
25 -39 years	203	56.1
40-59 years	60	16.6
60 years and above	12	3.3
<b>Education</b>		
Uneducated	174	48.1
Primary	41	11.3
Middle-Matric	110	30.4
Graduate-Masters	37	10.2
<b>Occupation</b>		
No job	140	38.7
Government Job	95	26.2
Private Job	122	33.7
Retired	5	1.4
<b>Marital Status</b>		
Unmarried	216	59.7
Married	117	32.3
Divorced or Separated	18	5
Widow or Widower	11	3
<b>Residential Area</b>		
Urban	169	46.7
Rural	193	53.3
<b>Family System</b>		
Nuclear	140	38.7
Joint	151	41.7
Extended	71	19.6
<b>No. of Children</b>		
No Children	227	62.7
1-4	95	26.2
5-8	40	11.1
<b>No. of Siblings</b>		
1-3	27	7.5
4-6	301	83.1

7-9

34

9.4

**Table 2**  
**Clinical Profile of Psychiatric Patients in Gujar Khan (n=362)**

Variables	f	%
<b>Visit to Faith Healer/Shrine</b>		
Yes	250	69.10
No	112	30.90
<b>Source of Referral</b>		
Self	17	4.7
Parents	170	47
Spouse	79	21.8
Siblings	12	3.3
Children	4	1.1
Relatives	27	7.5
Friends	7	1.9
Doctors	31	8.6
Others	15	4.1
<b>Presenting Complaints</b>		
Psychological	78	21.5
Physical	253	69.9
Both	31	8.6
<b>Severity of Disorder</b>		
Mild	43	11.9
Moderate	303	83.6
Severe	14	3.9
Profound	2	0.6
<b>Duration of Disorder</b>		
11 months and less	65	18.0
1-5 years	174	48.1
6-10 years	84	23.1
11-15 years	24	6.6
16 years and above	15	4.2
<b>Duration of Treatment</b>		
1-11 months	82	22.7
1-5 years	170	47.0
6-10 years	80	22.1
11-15 years	27	7.4
16-20 years	3	0.8
<b>Physical Disorders</b>		
Not Any	190	52.5
Blood Pressure	91	25.1
Diabetes	46	12.7
Other	35	9.7

**Table 3**  
**Diagnostic Categories of Psychiatric Patients in Gujar Khan (n=362)**

Diagnostic Categories	f	%
ADHD	3	0.8
Adjustment Disorder	7	1.9
Autism	5	1.4
Bipolar Disorder	20	5.5
Conversion Disorder	25	6.9

Delirium	3	0.8
Depressive Disorder	105	29.0
Dissociative Disorder	1	0.3
Eating Disorder	9	2.5
Epilepsy	10	2.8
Generalized Anxiety Disorder	68	18.8
Intellectual Disability	3	0.8
Learning Disability	3	0.8
Obsessive Compulsive Disorder	14	3.9
Panic Disorder	2	0.6
Phobia	4	1.1
Posttraumatic Disorder	7	1.9
Postpartum Depressive Disorder	2	0.6
Schizophrenia	29	8.0
Somatic Symptom Disorder	3	0.8
Substance Use Disorder	39	10.8

**Table 4**  
**Reasons Explained by the Caregivers and by the Psychiatric Patients for Mental Illnesses (n=362)**

Reasons	f	%
Unknown	163	45.0
Family Conflicts	82	22.7
Religious Explanations	71	19.6
Traumatic Stressors	8	2.2
Financial Crisis	26	7.2
Brain Malfunctioning	12	3.3

**Table 5**  
**Model Summary for Neural Network Analysis (N=362)**

Training Sample			Testing Sample		
n	%	Relative Error %	n	%	Relative Error %
245	67.7	28.2	117	32.3	35.0

## Discussion

The objective of the study was to explore the demographic and clinical profile of the psychiatric patients visiting the mental health service providing private hospitals in Gujar Khan. The results (Table 1) of socio-demographic variables for patients suffering with mental disorders showed that various psychiatric disorders were more common in females as compared to males. The alarming finding is suffering of 203 (56.1%) adults within age range from 25 to 39 years with majority of 216 (59.7%) having unmarried status. Almost 140 (38.7%) have no job and 193 (53.3%) lived in rural areas. These findings are consistent with previous researches (Husain, 2018; Kausar, Khan, & Akram, 2015; Veisani, Delpisheh, & Mohamadian, 2018). The situation is treacherous because women are considered to be the institute of a child who serve as a nation building in future (Kausar, Maqsood, & Ikram, 2020). The unmarried people below 40 years with no job were having more psychiatric disorders as compared to their counterparts (Abumadini, 2003; Husain, 2018). In present study, there is less difference with respect to urban-rural division of residential areas for the psychiatric patients with different disorders which are in line with findings of Solmi, Dykxhoorn, and Kirkbride (2017) who described no significant differences among prevalence of mental disorders in people residing in rural or urban areas of the country.

The majority of the patients suffered from mental disorders within 1 to 5 years. However, a difference in time duration for occurrence of disorder and treatment of disorder is observed. People tend to suffer with mental disorder for long period and seek treatment at advance stages of the disorder. These trends are similar to other researches (Kausar, Maqsood, & Ikram, 2020; Sood, Ranjan, Chadda & Khandelwal, 2017). Moderate levels of symptoms were more common in the patients as found in a previous study conducted in Pakistan (Kausar, Khan, & Akram, 2015). Depression is at peak in non-emergency units of hospitals in Pakistan (Syed, Mehmud, & Atiq, 2002; Kausar, Maqsood, & Ikram, 2020; Yousafzai, Jehangiri, Kazim, & Shah, 2015). This trend is consistent with the results of the current research.

Neural networking analysis showed that family system and number of siblings have contributed significantly to high level in existence of psychiatric disorders in females as compared to males. This finding shed light in investigation of gender role expectations and subsequent social support available to the females that might be at risk and might serve as a prime factor in aetiology of their disturbed mental health. Otten, Tibubos, Schomerus, Brähler, Binder, Kruse, ... and Beutel (2021) explained that family-related factors reflecting gender roles are important factors effecting mental health of females. Social support is poor for females than males and contributes to high ratio of mental disorders in former as compared to counteract (Van Droogenbroeck, Spruyt, & Keppens, 2018). Moreover, as a part of the belief system, females with psychiatric disorders are taken to shrines or pirs (faith healers) for betterment of health that served as a least predictor. The caregivers do not attribute the aetiology to be biological in nature referring to imbalance of neurotransmitters in the brain. Rather they are prone to assign supernatural religious explanations for symptoms of their disorders (19.6%) such as presence of *nazar* (evil eye), punishment of God or occupation of *jin* (Ghost).

## Conclusions

The study concluded that psychiatric Depressive Disorder is identified as most prevalent in Gujar Khan with high ratio of females as compared to males as in other cities of Pakistan.

## Recommendations

It is a protocol study conducted for the first time in Gujar Khan to observe the common mental health disorders as suffered by people residing there and in nearby localities of villages and towns. However, sample size is small due to time limitation. Therefore, further studies must include large sample of Pothohar region to investigate mental disorders in depth. Only private hospitals and clinics are providing psychiatric services to the people in Gujar Khan. With inclusion of large area, public sector should also be explored.

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