



Psychiatry

PSYCHIATRIC MORBIDITY AND ASSOCIATED PSYCHO-SOCIAL FACTORS AMONG INHABITANTS OF INSTITUTIONAL HOME FOR DESTITUATES

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(ABSTRACT) **BACKGROUND-** The destitute population among homeless includes beggars, commercial sex workers, and mentally ill, elderly women with dependent children, street children, and persons with disability. Amongst these, some of them have migrated from other states and some are local residents. Previous researches demonstrate that the homeless population is at a greater risk of acquiring mental and physical ill-health such as depression, drug and alcohol issues, hepatitis B and C, and dental problems. This study aimed at determining the psychiatric morbidity and associated socio-demographic correlates among the residents of a destitute rehabilitation center in Bikaner, Rajasthan. **AIM AND OBJECTIVES-** The aim was to study the prevalence of psychiatric morbidity and psycho-social factors among inhabitants of institutional home for destitute. **METHODOLOGY-** This is a single-center, cross-sectional descriptive study. Inmates (N=109) of APNA GHAR AASHRAM (home for destitute in Bikaner) were recruited. **RESULTS-** In our study, out of 109 inmates, 89 (81.6%) have psychiatric illness and most common psychiatric illness among participants was psychosis (47.7%). Of the 109 Participants, 89 (81.6%) had psychiatric illness. Most common psychiatric illness was psychosis (n = 52, 47.7%), followed by Mental Retardation (n = 11, 10.1%), followed by Bipolar Disorder (n = 9, 8.3%). Most common reason for admission to destitute home was psychiatric illness and found wandering.

KEYWORDS : Destitute home, Psychiatric illness

INTRODUCTION-

Destitution is a global problem. Previous studies indicated that the association between destitution and mental illness is a public health concern^[1]. A destitute can be referred to as someone who experiences extreme poverty, social deprivation, devoid of any asset, and also marginalized socially^[2]. The destitute population among homeless includes beggars, commercial sex workers, and mentally ill, elderly women with dependent children, street children, and persons with disability. Amongst these, some of them have migrated from other states and some are local residents^[3]. Previous researches^[3,4,5,6] demonstrate that the homeless population is at a greater risk of acquiring mental and physical ill-health such as depression, drug and alcohol issues, hepatitis B and C, and dental problems. In recent years, there has been rising concern in India regarding the prevalence of mental illness among the homeless community. According to studies, between 30% and 80% of the homeless suffer from mental illness.^[3,4] In an Indian cross-sectional study, 50 inmates of a destitute center in North Karnataka were examined and it was found that 42 (84%) inmates were suffering from psychiatric illness. The most common psychiatric disorder among them was psychosis in 38%, followed by depressive disorders in 32%, somatoform disorders in 10%, and anxiety disorders in 4%^[3]. This study aimed at determining the psychiatric morbidity and associated socio-demographic correlates among the residents of a destitute rehabilitation center in Bikaner, Rajasthan.

AIM AND OBJECTIVES-

The aim was to study the prevalence of psychiatric morbidity and psycho-social factors among inhabitants of institutional home for destitute.

SETTING AND DESIGN-

This was a single-center, cross-sectional descriptive study. Inmates of APNA GHAR AASHRAM (home for destitute in Bikaner) were recruited.

Apna ghar aashram Bikaner is located in Rani Bazaar, Bikaner. It was established on 26th May 2013. The Aashram has a residential capacity to serve 130 Prabhujis (inmates). This aashram provides care and service to helpless destitute who are found in the area of Bikaner region and nearby. Apna Ghar Aashram's process can be summarized as the 3 R's i.e. Rescue-Rehabilitation-Reintegration.

ETHICAL CLEARANCE-

The permission to carry out the study is taken from relevant authorities.

Written and verbal consent is taken from chairpersons of board, APNA GHAR AASHRAM, RANI BAZAR BIKANER.

METHOD-

This was a cross-sectional study which included all the inmates (n = 109) of a center for destitute. Data were collected from the staff and available records in the institute. All inmates underwent both physical and psychiatric evaluation. The inmates were interviewed individually, using a semi-structured questionnaire to assess the psychosocial information and socio-demographic details. Psychiatric morbidity was screened by using MINI 7.0 screen and diagnosis was confirmed using ICD 10[7] and by two consultant Psychiatrists. Appropriate statistical tools were applied for the analysis.

RESULTS-

Socio-demographic profile of the study participants- The majority of the participants in our study belonged to Hindu religion (90%), mostly participants were from Rajasthan (65%) and low socio-economic status (45.9%). Mostly participants were illiterate (62.4%) and were unemployed (79.8%).

Table 1: Socio-demographic profile and its comparison with psychiatric illness

Socio-demographic variables	Psychiatric		Absent (n=20)		Total	
	Present (n=89)					
Age						
	n	%	n	%	n	%
≤20 years	3	3.4%	0	0.0%	3	2.8%
21-30 years	31	34.8%	4	20.0%	35	32.1%
31-40 years	19	21.3%	7	35.0%	26	23.9%
41-50 years	22	24.7%	5	25.0%	27	24.8%
>50 years	14	15.7%	4	20.0%	18	16.5%
p-value	0.517					
Locality						
Rajasthan	59	66.3%	13	65.0%	72	66.1%
Non-Rajasthan	23	25.8%	5	25.0%	28	25.7%
Not known	7	7.9%	2	10.0%	9	8.3%
n-value	0.952					

Religion						
Hindu	79	88.8%	18	90.0%	97	89.0%
Muslim	6	6.7%	2	10.0%	8	7.3%
Christian	2	2.2%	0	0.0%	2	1.8%
Sikh	2	2.2%	0	0.0%	2	1.8%
p-value	0.768					
Education						
Illiterate	51	57.3%	17	85.0%	68	62.4%
Primary	15	16.9%	0	0.0%	15	13.8%
Secondary	19	21.3%	3	15.0%	22	20.2%
Pre-university and above	4	4.5%	0	0.0%	4	3.7%
p-value	0.086					
Occupation						
Unemployed	71	79.8%	16	80.0%	87	79.8%
Employed	18	20.2%	4	20.0%	22	20.2%
p-value	0.982					
Socioeconomic status						
Upper middle	3	3.4%	1	5.0%	4	3.7%
Lower	44	49.4%	6	30.0%	50	45.9%
Not known	42	47.2%	13	65.0%	55	50.5%
p-value	0.288					

Table 2: Family profile and its comparison with psychiatric illness

	Psychiatric illness				Total	
	Present (n=89)		Absent (n=20)			
Family						
	n	%	n	%	n	%
Nuclear	7	7.9%	0	0.0%	7	6.4%
Joint	23	25.8%	6	30.0%	29	26.6%
Not traced	59	66.3%	14	70.0%	73	67.0%
p-value	0.425					
Marital status						
Unmarried	38	42.7%	6	30.0%	44	40.4%
Married	4	4.5%	1	5.0%	5	4.6%
Separated	8	9.0%	3	15.0%	11	10.1%
Not known	39	43.8%	10	50.0%	49	45.0%
p-value	0.709					
Regular visits by family members						
Yes	17	19.1%	2	10.0%	19	17.4%
No	11	12.4%	4	20.0%	15	13.8%
Family not traced	61	68.5%	14	70.0%	75	68.8%
p-value	0.479					
Reason for refusal						
Financial	8	9.0%	6	30.0%	14	12.8%
Psychiatric illness	20	22.5%	0	0.0%	20	18.3%
Family not traced	61	68.5%	14	70.0%	75	68.8%
p-value	0.006					

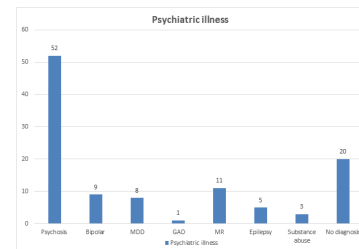
Family profile of participants - Majority of the participant's family were not traced (67%) followed by Joint family (26.6%). 40.4% participants were unmarried and 18.3% of participant's families were not willing to take care of participants because of psychiatric illness. Of the 109 Participants, 89 (81.6%) had psychiatric illness. Most common psychiatric illness was psychosis (n =52 ,47.7%) , followed by Mental Retardation (n = 11 , 10.1%) , followed by Bipolar Disorder (n = 9, 8.3%).Most common reason for admission to destitute home was psychiatric illness and found wandering.

Table: 3 Distribution of participants according to illness:

Psychiatric illness	Frequency	Percent
Psychosis	52	47.7
Bipolar	9	8.3
MDD	8	7.3
GAD	1	.9

MR	11	10.1
Epilepsy	5	4.6
Substance abuse	3	2.8
No psychiatric illness	20	18.3

Physical illness	Frequency	Percent
Physically handicapped	11	10.1
Diabetes mellitus	2	1.8
Ulcer/ gangrene	5	4.6
Paralysed	3	2.8
carcinoma	5	4.6
No physical illness	83	76.1



Association between psycho-social factors and psychiatric morbidity - There was a significant association found between the employment status of Participants and psychiatric morbidity. The significant number of participants with psychiatric morbidity were Unemployed.

A statistically significant number of participants with psychiatric illness were unmarried. There was a significant relationship found between the presence of psychiatric morbidity in the participant and it being the reason for the family's refusal to be a primary caregiver.

DISCUSSION-

- In our study , out of 109 inmates, 89 (81.6%) have psychiatric illness and most common psychiatric illness among participants was psychosis (47.7%).
- Similar finding were reported from study conducted by Saudhamini Bhat et al[8].
- The result of this study also showed that 26 (23.8%) of the participants had physical illnesses. The observed physical illnesses were physically handicapped , Diabetes Melitis , Ulcer , Gangrene and Carcinoma.
- Similar finding were reported from study conducted by Coker et al [1] where about one quarter of the participants had physical illnesses.
- As per census of 2011, the population of India is approximately 1200 million[11]. Mander et al. reported that about 1% of the population may be homeless[12].
- The prevalence of psychiatric illness in this study was 81.6%. A study of prevalence of mental disorders in homeless people in Britain demonstrated a prevalence of 30-50% and functional psychosis was the commonest psychiatric illness in them.
- In the present study, psychotic disorder (47.7%) was the most common psychiatric disorder followed by Mental retardation (10.1%) and Bipolar disorder(8.3%).
- The above findings are comparable to the results of a similar cross-sectional study conducted in a destitute center of North Karnataka, India, which showed an overall prevalence of psychiatric morbidity of 84%. It was reported that psychotic disorder (38%) was most common followed by Affective disorders like bipolar disorder (14%).

CONCLUSION-

- There are 1.77 million homeless people in India, or 0.15% of the country's total population, according to the 2011 census consisting of single men, women, mothers, the elderly, and the disabled [9]. Parker et al., in a study in a similar population in Australia, found that the prevalence of mental illness in homeless people may range from 2% to 90%[10].
- Psychiatric disorders and in particular Psychosis were common among the homeless people who stay in center of destitutes.
- The prevalence of psychiatric disorders in this study was 81.6% and these are likely to be the cause of their significant functional

impairment. This necessitates prompt identification and appropriate intervention for overall improvement.

- The presence of psychiatric illness in participants (22.5%) and financial reasons (9%) were found to be the main reasons for the family's unwillingness to be a primary caregiver. This adds to the evidence of psychiatric illness, poverty, and poor family support being the main reasons for destitution on developing countries. Similar finding were reported in study conducted by Bhat S et al. [8]
- This demonstrated a high prevalence of mental illness among participants of a destitute home.
- Intervention focusing on potentially modifiable factors such as severe mental illness and substance use disorders should be looked into by policy makers.
- Mental healthcare service should also be provided in Destitute homes.

LIMITATION-

- The study sample is selective and is from one Destitute home. This limits the generalization to the population from this study.
- Information from the family was not available and hence, personality traits/ disorders and past psychiatry illness details of the subject could not be assessed.
- Factors like violence and abuse history could not be included as limited information was available.

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CONFLICT OF INTEREST- Nil

REFERENCES-

1. Coker AO. Psychiatric Morbidity among Residents of a Destitute Rehabilitation Centre in Lagos, South-western Nigeria. *The Nigerian Health Journal*. 2018 Mar 1;17(2):28-36.
2. Nielsen SF, Hjorthøj CR, Erlangsen A, Nordentoft M. Psychiatric disorders and mortality among people in homeless shelters in Denmark: a nationwide register-based cohort study. *Lancet* 2011;377:2205–2214.
3. Nayak RB, Patil S, Patil N, Chate SS, Koparde VA. Psychiatric morbidity among inmates of center for destitutes: A cross-sectional study. *Journal of the Scientific Society*. 2015 May 1;42(2):92.
4. Thappa J, Thappa S, Kaur H, Chowhan A, Banal R. Psychiatric morbidity among inmates of the mother Teresa's home: A home for dying and destitute. *J Mental Health Hum Behav* 2008 13 48 50.
5. Watve V, Raju NN. Women mental health: Reflections from India. *Indian J Psychiatry* 2015 57 S197 8
6. O'Neill A, Casey P, Minton R. The homeless mentally ill – An audit from an inner city hospital. *Ir J Psychol Med* 2007 24 62 6
7. World Health Organisation. *International Classification of Diseases*; 1996; version 10.
8. Bhat S, Hiremath SB, Upadhyaya W, Mangalwedhe SB, Desai M. Psychiatric Morbidity and associated Psycho-social Factors among Inmates of State Home for Women in Northern Karnataka. *Journal of Psychiatry Spectrum*. 2022 Jan 1;1(1):30-5.
9. Goel, Geetika; Ghosh, Piyali; Ojha, Mohit Kumar; Shukla, Akanksha (2017). "Urban homeless shelters in India: Miseries untold and promises unmet". *Cities*. 71: 88–96.
10. Parker S, Limbers L, McKeon E. Working for mental health - Homeless and mental illness: Mapping the way home. *Mental Coordinating Council*; 2002. p. 4.
11. Size, growth rate and distribution of population. *Provisional Population Totals Paper 1 of 2011 India Series*. Government of India, ministry of home affairs. Office of registrar general and census commissioner, India. Available from: http://www.censusindia.gov.in/2011-prov-results/data_files/india/Final_PPT_2011_chapter3.pdf. [Last cited on 2013 Jul 01].
12. Mander H, Chachra S, Joseph A, Gandhi K, Chatterjee P, Anuradha K, et al. National programme for urban homeless — NAC WG proposal. Centre for equity studies, Delhi. Available from: http://www.nac.nic.in/pdf/urban_homeless.pdf. [Last cited on 2013 Jun 14].
13. Fazel S, Khosla V, Doll H, Geddes J. The prevalence of mental disorders among the homeless in western countries: Systematic review and meta-regression analysis.