

PROFILE OF PSYCHIATRIC PATIENTS WITH CERTIFIABLE DISABILITY IN A GENERAL HOSPITAL PSYCHIATRIC UNIT OF BANGALORE, SOUTH INDIA

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ABSTRACT

Disability in mental illness is recognized as one of the disabilities under section 2(i) of the Persons with Disabilities Act, 1995 (Equal Opportunities, Protection of Rights and Full Participation). Indian Psychiatry Society framed IDEAS which was accepted by Govt. of India in 2002.

AIM

This retrospective study is aimed to explore the socio-demographic profile and related variables concerning the mentally ill.

METHODOLOGY

Data was collected from retrospective records, from the Department of Psychiatry. Disability assessment was done using IDEAS (Indian Disability Evaluation and Assessment Scale).

RESULTS

A total of 157 patients were issued disability certificates. In terms of gender males (61%) as compared to females. Among patients with disability, those with schizophrenia were 61.8%, followed by those with a diagnosis of bipolar affective disorder (20.4%). Severe depression without psychotic symptoms accounted for 1.9%. Among the level of disability in all groups; moderate disability was the highest (79%). In self-care, mild disability (40.1%) In the area of interpersonal activities, the highest percentage was in the area of moderate disability. Moderate level of disability (49.7%) was seen predominantly seen in the area of Communication & understanding. In the area of work, the highest level of disability was seen in severe disability.

CONCLUSIONS

The most commonly found patients with in disability are with diagnosis of schizophrenia followed by bipolar affective disorder. Among the levels of disability, moderate level of disability is most frequently reported. With regard to the domains, Mild level of disability was seen in self-care, severe disability (35%) was seen in the area of Communication & understanding. In the area of work, the highest level of disability was severe disability (37.6%).

KEYWORDS

Disability, Mental Illness, Schizophrenia.

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INTRODUCTION

It is a well-accepted fact that severe mental disorders are severely disabling. Nearly 31% of the world's disability is accounted by mental disorders.¹ Severe mental disorders (Schizophrenia and bipolar affective disorders) are associated with high rates of morbidity and burden. In low and middle income countries such as India, the global burden of schizophrenia as measured by the disability adjusted life years lost (DALYs) amounts to 15.2 million years and that of bipolar affective disorder amounts to 12.9 million years. Both disorders account for 3% each of years lived with disability.²⁻³

The Persons with Disabilities Act (Equal Opportunities, Protection of Rights and Full Participation; PWD Act 1995) is

an important landmark and is a significant step in the direction of ensuring equal opportunities for people with disabilities and their full participation in nation-building.⁴ This act is in the process of getting amended in the background of the United Nations Convention on Rights of Persons with Disabilities (UNCRPD, 2008).⁵ An important aspect of this amendment is the inclusion of special programs for home bound persons under the cover.

Among all psychiatric disabilities in India, schizophrenia has got the maximum research attention. We now have a scale for measuring and certifying psychiatric disabilities (Indian Disability Assessment and Evaluation Scale; IDEAS; Rehabilitation Committee of the Indian Psychiatric Society, 2002).⁶

Provision of disability pension is one of the prominent social welfare benefits from the government. Though, as a policy every one of the deserved should receive these benefits, our experience in hospitals have been different. In fact, we were not able to access any official data on the profile of patients getting these benefits across the country. It is important to get an idea of the existing situation and also to rectify/transform the policies and program implementations

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in order to ensure the optimum delivery of these benefits. In this context, we describe the profile of persons with psychiatric disabilities who have received disability certificates from a state run psychiatric unit. We also discuss various positives and negatives of this particular program.

METHODOLOGY

Victoria Hospital, Bangalore is a state run tertiary referral hospital. Psychiatry is one of the specialty for which both in patient and out-patient services are available. This study was a retrospective study of mentally ill patients who were given disability certificate in a general hospital setting.

We studied records of all patients who received disability certificates from the department. The time period of case review was between 2005 and 2009. A total of 157 patients were issued disability certificates out of which 2589 patients were schizophrenics and 1369 BPAD patients. Socio-demographic, clinical details were extracted along with the IDEAS scores.

As per the instructions from the Government of India, psychiatric disability is being assessed using the Indian Disability Evaluation and Assessment Scale (IDEAS), a scale for measuring and quantifying disability in mental disorders, developed by the Rehabilitation Committee of Indian Psychiatric Society (Ministry of Social Justice and Empowerment, 2002). IDEAS measures the following domains 1) Self-Care 2) Interpersonal Activities 3) Communication & Understanding and 4) Work. ⁶ IDEAS is extensively used in research as well. IDEAS administration is by clinical psychologists. The data collected was tabulated and analysed using Statistical package for Social Sciences Version 15.0 for windows.

RESULTS

Mean (SD) in years		38.87(12.46)
Gender [n (%)]	Males	97(61%)
	Females	60(39%)
Marital status	Single	65(41.4%)
	Married	67(42.7%)
	Separated	5(3.2%)
	Widow	3(1.9%)
	Divorced	4(2.5%)
	Not Known	13(8.3%)
Duration of illness	Mean	2.66
	Schizophrenia	97(2.6)
	BPAD	32(2.8)

Table 1: Socio-Demographic Characteristics

Diagnosis	Number of Patients (n=157)	%
Schizophrenia	97	61.8%
Severe depression with psychotic symptoms	4	2.5%
BPAD	32	20.4%
Depressive Disorder	3	1.9%
Dementia	2	1.3%
psychosis with MR	3	1.9%
Others	15	9.6%
OCD	1	0.6%

Table 2: Diagnosis

Among patients with disability, those with schizophrenia were 61.8%, followed by those with a diagnosis of bipolar affective disorder (20.4%). Among depressive disorders, severe depression with psychotic symptoms and Severe

depression without psychotic symptoms accounted for 1.9% and 2.5% each. Diagnosis of psychosis with mental retardation was present in 1.9% of the disability sample. Obsessive compulsive disorder was present in 0.6% of the disability sample. Other diagnosis included Psychosis NOS and Schizoaffective disorders which accounted for 9.6% of the sample.

Level	Number of Patients	%
Mild	2	1.3%
Moderate	124	79.0%
Severe	29	18.5%
Profound	2	1.3%
Total	157	100.0

Table 3: Disability Related Variables

Among the level of disability in all groups, moderate disability was the highest (79%) followed by severe (18.5%) and mild and profound disability accounted 1.3% each. A total of 2589 schizophrenic patients, 97 patients were given disability certificates. The highest level of disability was moderate (78.4%) followed by severe level (20.6%). Out of total 1369 patients, 32 patients received disability certificates and the highest level of disability was at the moderate level (81.25%) followed by severe disability (15.63%).

Level	Number of Patients	%
Mild	1	1.0%
Moderate	76	78.4%
Severe	20	20.6%
Profound	0	0
Total	97	100%

3A. Level of Disability- Schizophrenia

Level	Number of Patients	%
Mild	1	3.13%
Moderate	26	81.25%
Severe	5	15.63%
Profound	0	0
Total	32	100.0

3B. Level of Disability- BPAD

Level	Number of Patients	%
Mild	0	0
Moderate	2	66.7%
Severe	1	33.3%
Profound	0	0
Total	3	100.0

3C. Level of Disability- Depressive Disorder

Level	Number of Patients	%
Mild	0	0
Moderate	3	75%
Severe	1	25%
Profound	0	0
Total	4	100.0

3D. Level of disability-Severe Depressive Episode with Psychotic Symptoms

Level	Number of Patients	%
Mild	0	0
Moderate	1	50%
Severe	0	0
Profound	1	50%
Total	2	100.0

3E. Level of Disability-Dementia

Level	Number of Patients	%
Mild	0	0
Moderate	3	100%
Severe	0	0
Profound	0	0
Total	3	100.0
Level	Number of Patients	%
Mild	0	0
Moderate	12	80%
Severe	2	6.7%
Profound	1	13.3%
Total	15	100.0

3F. Level of Disability-Psychosis with MR

Level	Number of Patients	%
Mild	0	0
Moderate	1	100%
Severe	0	0
Profound	0	0
Total	1	100.0

3F. Level of Disability-OCD

	No Disability	Mild Disability	Moderate Disability	Severe Disability	Profound Disability
Self-care	14(8.9%)	63(40.1%)	55(35%)	21(13.4%)	4(2.5%)
Interpersonal activities	0 (0%)	36(22.9%)	79(50.3%)	40(25.5%)	2(1.3%)
Communication & Understanding	1(1%)	20(12.7%)	78(49.7%)	55(35%)	3(1.9%)
Work	4(2.55%)	15(9.6%)	51(32.5%)	59(37.6%)	28(17.8%)

Table 4: Frequency Distribution of Self-Care, Interpersonal Activities, Communications and Work

The different domains of disability were in the area of self-care, interpersonal activities, communication & understanding and work. In self-care, majority of patients were in the level of mild disability (40.1%) followed by moderate disability (35%).

In the area of interpersonal activities, the highest percentage was in the area of moderate disability (50.3%) followed by severe disability.

Moderate level of disability (49.7%) followed by severe disability (35%) was seen predominantly in the area of Communication & understanding.

In the area of work, the highest level of disability was severe disability (37.6%) followed moderate disability (32.5%).

This study was a retrospective study of mentally ill patients who were given disability certificate in a general hospital setting.

DISCUSSION

Socio-Demographic Characteristics

The highest percentage of disability among the mentally ill were in the age group of 31 to 40 years followed by those in the age group of 21 to 30 years. These results are different from a prevalence study of disability being higher in the geriatric age group.⁷ However the difference could be because this was conducted in a general hospital setting as compared to a community sample.

In terms of gender, the present study showed a preponderance of disability among males as compared to females. Contradictory findings showed that disability is higher among women. The reasons for this could be a due to findings which have emerged from a community sample and variation in the assessment tool as compared to the present study.⁷⁻⁸

In marital status, majority of them were married and single.

Diagnosis

In the present study, schizophrenia was the most common followed by bipolar affective disorder. When the level of disability was compared between schizophrenia and OCD,

those with Schizophrenia had significantly higher scores across all domains.¹

In keeping with the results of the present study, other studies have reported schizophrenia to be ‘maximally disabling’ compared to seven other psychiatric disorders.⁹⁻¹⁰

In comparison of disability between bipolar affective disorder and recurrent depressive disorder it was found that, those with bipolar affective disorder were ‘more disabled’ in the overall behaviour domain when compared to recurrent depressive disorder patients.¹¹

Disability Related Variables

Among the four levels of disability, moderate level of disability was the most frequently found followed by severe, mild and profound level of disability. In a community based cross sectional study majority had mild disability, followed by severe, moderate and profound severity.⁷ These contradictory results point to the differences in level of disability in a community sample as compared to a general hospital setting.

Those with 2 to 5 years of disability were found to be the majority in the sample followed by 6 to 10, >10 years and <2 years of disability. This finding needs to be interpreted with caution as many of the patients may have many more years of disability but may not have adequate proof in terms of records and hence got a lower weight age score.

Among the domains of disability, those in the area of self-care majority of patients were in the level of mild disability followed by moderate disability.

In the area of interpersonal activities and communication & understanding, moderate level of disability was predominantly noted.

In the area of work, the frequently seen level of disability was severe disability followed moderate disability.

Previous studies on mental illness have seen higher disability in ‘overall behaviour’, ‘social roles’ and ‘home atmosphere’ among bipolar affective disorder patients.¹¹ In another study it was found that schizophrenia and bipolar affective disorder affects all the four areas of functioning.⁹

The present has demonstrated that disability among mental illness is frequently seen in age group of 21 to 40 years,

males and among married and single individuals. Diagnoses commonly seen were schizophrenia and bipolar affective disorder. Overall moderate level of disability with 2 to 5 years of duration of illness was predominantly seen in the current study.

Thus, the need to increase awareness about disability among mentally ill and improve the fate of the mentally disabled especially in developing countries like India face who many obstacles.

Limitation of the Study

However, this study has some limitations. Lack of a comparison group to a community sample, assessment of disability specifically for different psychiatric illnesses and domains of disability.

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