Mental Health and Treatment Outcome in Psychiatric Patients of Gangetic Delta of Sundarban: A comparative Follow-up Study

Dr. Kedar Ranjan Banerjee, Tanmoy Mitra & Pousali Saha
National Institute of Behavioural Sciences, 7 CIT Road, Kolkata -700 014, INDIA

Background: The largest mangrove forest and the biggest species of tiger of Asia are the two legendary features of Sundarban – the Gangetic delta of Bengal. This area has also been inhabited by people who are dependent on the forest for their livelihood, yet in most areas critical medical assistance is not available within hundred kilometers. Stigma and prejudice against mental patients are not uncommon even at this century.

NIBS has been working in this remote area for more than 5 years now. Regular checkup and medical assistance have been delivered to the community who need the support in the area of mental health. The main obstacles faced in this remote area are lack of awareness about mental sickness and stigma related to mental illness. The resulted hindrance plays a role in poorer treatment outcome. Variation in normal perceptual experience can lead to various psychopathology. It is imperative to assess the nature and form of patient's experience to come to conclusion about psychotic symptoms. Thus it becomes obligatory to assess the mental health status of psychiatric patients as they reflect improvement due to treatment.

Mental health awareness is a more recent proposal to actually get an idea about how much conscious the subjects are about mental health. Concept of body and mind relationship along with physical and mental health notions are addressed in the awareness concept. In remote areas of Sundarban, as may be the case in other remote areas, personal belief system builds up a strong leeway for opting unconventional treatment. As mental illness is a taboo in

these areas, adopting unconventional methods is a stronger motive for people.

Mental health status can be indicative of successful community reintegration, which is indispensable for these patients. Diverse cultural background has unique effects on symptoms and outcomes of mental illness and health as well.

Aims: NIBS undertook a rural mental health project in this remote area and present study focuses on the comparative aspects of mental health status and treatment outcome of the psychiatric patients who have been under psychiatric treatment for shorter and longer duration.

Methods: A group of 75 psychiatric patients from the treated patient pool with diagnosis of schizophrenia, delusional disorder and other psychotic type had been assessed for demographics, mental health awareness, personal belief system, mental-health status, depression, anxiety and perceived social support. They were under active treatment for at least 3 months. These patients had been compared with another group of 75 similar types of patients who had been followed up for at least 2 years in the project. The demographic and other features were matched. Except MADRS others are self-reporting type of inventories and Mental Health Awareness and Personal Belief System are meant for subjects with lower socio-educational background. Questions comprised of relationship between body and mind, whether mental health is as important as physical health, understanding of mental health, role of medication in treating mental illness, myths about mental health, believing in god or fortune, curing by supernatural powers, sinfulness reincarnation etc. Duke Mental Health has been used for mental health status, STAI for anxiety status and Perceived Social Support for understanding the social support. The analysis outcomes were adjusted at baseline for socioeconomic and clinical differences.

Results: The patients were followed up for at least 24 months and no significant differences in symptomatic outcome were identified in univariate analysis. Significantly better mental health awareness (p=0.05) was reflected in patients with higher perceived social support in both groups. While in both groups perceived social support was found to have significant relation (p=0.05) with state anxiety, depression was found to be related with (p=0.05) social support only in less treated group. The longer treatment group reflected significantly better (p=0.05) personal belief system as compared to the other group. Anxiety relates to mental health awareness significantly (p=0.01) in both groups. In general, longer treatment group suggested (p=0.05) better mental health status. Prevalent self-harming thought was related (p=0.05) to negative mental health status primarily in longer treatment group.

Conclusions: Continuation of follow-up reflected better mental health status indicating the necessity of maintenance of treatment in these patients. Patients with longer follow-up improved their belief system and were able to reject the role of external controlling factors. The family members need to understand the necessity of continued psychiatric care as knowledge and understanding of mental health awareness can lead to much better outcome in rehabilitation and adaptive functioning for these patients in community. While it may be still a long way to eradicate stigma about mental illness, emphasis on educating the family members to provide better support and to comply with the long term treatment regime may bring a better disposition for the mental patients in the remote areas.

References:

1. Sharan, P, Chowdhury, G, Kavathekar, S.A., & Saxena, S. (1996): Preliminary report of psychiatric disorders in survivors or earthquake. A. J. Psychiat. 152, 556-558.

2. Dixon, L., McFarlane WR et al., (2001): Evidence based practices for services to family members of people with psychiatric disabilities. Psychiatrt. Serv.,53, 749-753.
3. Patel, V, Pereira, J, Coutinho, L, Fernandes, R et. al. (1998): Poverty, psychological disorder & disability in primary care attenders in Goa, India. B. J. Psychiat. 171, 533-536.