

Incidence of psychotic symptoms in outdoor patients at a block of Sundarban

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Background: Many symptoms are either ignored or not noticed in community which can be labeled as minor psychotic symptoms in standard classification of mental disorders. Concern with rage attacks, distorted grief reactions, paraphilias, attachment problems, trouble with habit or impulse may go unnoticed in population. Milder psychotic symptoms are prevalent in the population ranging from 1-17% in England (King et. al., 2005). No such study has been done in this part of India involving longitudinal assessment. NIBS has been working in the interiors of Sundarban, the biggest mangrove forest adjoining area, for continuous five years. It could be immense interest to investigate above psychotic symptoms in a population which has less access to medical assistance and has a lower socio-economic standing.

Aim: To establish the incidence of self-reported psychiatric symptoms in a block of sundarban. This can be an index of prevailing mental health status in this population.

Method:

Follow-up assessments of 1 year study from the local block primary hospital outdoor have been used. Data has been taken on every month by the health professionals. Psychosis screening checklist has been used for the purpose. Association between the incidents at baseline and follow-ups has been compared. A total of 850 adults aged between 16-60 years who came to the OPD for treatment have been entered in the study. Participants were either having a mental disarray (Score >46), sub-threshold neurotic

symptoms (Score 17-45), psychosomatic symptoms (Score A \geq 12) on a Medico-Psychological Questionnaire (MPQ). The participants were screened first by psychiatrist. The majority were able to complete the follow up till 1 year (79%, n=673).

Results:

The factors found associated with psychotic symptoms reported were adverse life events, neurotic symptoms, lower perceived support and family conflicts. About 11.5 % (n=98) of the patients reported psychotic symptoms.

Discussion:

Some risk factors can be associated with psychiatric manifestation as documented in this study. To work in a community one has to be careful to avoid the stigma as well as labeling as people avoid to volunteer information about these type psychological disarray. It can be crucial to assess those above symptoms to have a better grip on the prevailing mental health status of the population. Some preventive control measure can surely be planned in the community when risks are manifested and mental health workers can be trained to explore above areas to assess vulnerability. Also making primary care and local psychiatry services accessible and acceptable to community may ameliorate a part of the problem.

References:

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