

SHORT ARTICLE

Prevalence of psychological disorders among patients attending community health centers, Perak, Malaysia

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Citation

Perveen A, Khan R, Shahadan MA, Hamzah HB, Abas NAH, Khan AM. Prevalence of psychological disorders among patients attending community health centers, Perak, Malaysia. Indian J Comm Health. 2017; 29, 3: 292-296.

Source of Funding: Universiti Pendidikan Sultan Idris (UPSI) **Conflict of Interest:** None declared

Article Cycle

Received: 22/06/2017; **Revision:** 11/08/2017; **Accepted:** 25/08/2017; **Published:** 30/09/2017

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Abstract

Objective: The purpose of this study was to explore the prevalence of psychological disorders among community health centers in Batang Padang district Perak. **Material & Methods:** To conduct this study survey research method was used, seven community health centers in Batang Padang District, Perak were contacted to collect data from (N=216) respondents, who attended health facilities in Batang Padang District. There is no age limit, no education difference and no other requirement needed. **Instrument and Materials:** Depression, Anxiety and Stress Scale (DASS-21) PRIME Screen and PRIME MD Patient Health Questionnaire (PHQ). **Results:** Data collected from seven health community centers revealed that prevalence of Stress 86%, anxiety 124%, depression 67, psychotic symptoms 16%, somatoform symptoms 52%, panic symptoms 28%, and substance abuse 21%. the higher prevalence was stress and depression among people attending health centers. **Conclusion:** Results findings indicated that there is significant prevalence of psychological disorder among community health centers. Analysis of the results help us to determine that there is strong need to provide psychological services, awareness and education plan, management and prevention for psychological disorders

Keywords

Prevalence; Depression; Community; Stress; Disorders

Introduction

In Malaysia, the concept of mental health is somewhat different. Malaysian concept of mentally healthy includes rational thinking, interpersonal skill, controlling emotions, positive thinking, open-mindedness and the ability to solve problems.

Among all Malaysian, the Chinese identified mental health as interpersonal skills while Malays identified Controlling emotions. (1). Prevalence of common psychological disorders in Malaysia was 5.3% with mixed anxiety and depressive disorder been the most frequently diagnosed. Out of them, 23% were found to have secondary comorbid diagnosis. (2)

Factors associated with the presence of common psychological disorders in Malaysian population were difficulties in workplace(3), experiencing life events such as divorce or marital separation, unsolvable financial problems and serious problems with friends or neighbors (4).The prevalence of depression in Malaysia was 10.3%. The presence of anxiety, serious problems at work, (5) unhappy relationship with children, high perceived stress, domestic violence, unhappy relationship with spouse, low self-esteem, unhappy relationship with family, serious financial constraint and presence of chronic disease are the factors contributing to depression (6).

Majority of people in Malaysia did not have good knowledge of mental health; however they displayed a neutral attitude towards mental health issues (7). 72% of Malaysian indicated that they would seek help when necessary. 19.4% expressed that they did not know where to seek help and 20.1% did not want others to know about their condition (8). In addition, there is a need for more caring, understanding and trained caregivers in the recovery process of mentally ill patients in Malaysia.

1.1 Research Statement:

Our research focuses on the investigation of psychological disorder in community health centers of District Perak. The great interest of the study is to find the prevalence of psychological disorders in community health centers and provided facilities for therapeutic management of psychological disorders to promote advanced facilities and recommendation.

1.2 Significance of Research:

Understanding the prevalence of mental illness and their treatment was central for this research study. Researches on mental health epidemiology showed that mental disorders are common throughout the world. This study was helpful in identifying the estimation of psychological disorders among the community mental health centers. In 2014, there were an estimated 9.8 million adults aged 18 or older in the United States with SMI. This number represented 4.2% of all U.S. adults [6].

As there is growing number of mental health issues so it is important to find out the ratio of psychological disorders to reveal the importance of related provided facilities and recovery in mental illness among community mental health centers.

Aims & Objectives

To find the prevalence of psychological disorders among the community health centers.

To investigate the most diagnosed psychological disorder and its associated factors.

Material & Methods

Ethical Permission from Ministry of Health:

To start the research, research was registered in National Medical Research Register (NMRR-15-1098-26681) for approval. After Ethical approval research was conduct to find the data and information from different mental health and general health centers.

Method:

This study used survey research design (Figure 1). Seven community mental health centers in Batang Padang District, Perak were contacted to collect data to find out the prevalence of psychological disorders among community health centers. Following community mental health centers were contacted to obtain data related psychological disorders:

1. Tapah Hospital
2. Tapah Clinic
3. Bidor Clinic
4. Trolak Clinic
5. Slim River Clinic
6. Slim River Hospital
7. Tanjung Malim Clinic

Initially 300 patients were enrolled and only (N=216) patients responded as final sample of population. Sample of population was derived from using statistical formula of sample calculation with 95% confidence level, 5% margin of error from the sample size of 500. From each community health center (N=31) were participated in this survey study. The population sample of (N=216) were approached in different Community Health centers was approached by using the random sampling method, data was collected from patients who attended Community Health centers and were available for face to face interaction.

Respondents were approached, after taking the consent forms were asked to answer a set of questionnaire. Questionnaire include Depression, Anxiety and Stress Scale (DASS-21)

The Depression Anxiety and Stress Scale (DASS-21) is a self-report questionnaire that was designed to measure the severity of depression, anxiety and stress The original DASS consisted of 42 items in total. DASS-21 is a modified and revisited version of the original DASS The PRIME Screen is a self-report instrument that was designed as a rapid identification of those at risk for psychotic disorders. The instrument consists of 12 items covering positive

symptoms. The Screen measure is based on Likert scale of 0 to 6 (0=Definitely disagree, 1=Somewhat disagree, 2=Slightly disagree, 3=Not sure, 4=Slightly agree, 5=Somewhat agree, and 6=Definitely agree). The original version was slightly modified to reduce the language sensitivity. Two items in the original questionnaire was replaced.

PRIME MD Patient Health Questionnaire (PHQ) The PRIME MD Patient Health Questionnaire (PHQ) was designed to facilitate the recognition and diagnosis of the most common mental disorders in primary care patients. It is composed of five modules covering five common types of mental disorders which are depression, anxiety, somatoform, alcohol and eating disorders. The PHQ was developed based on Primary Care Evaluation of Mental Disorders (PRIME-MD) and is a self-administration version.

Approximately 30 respondents were approached from each Community Health centers. Respondents were given informed consent before filling out the questionnaire. Total administration of the questionnaire took approximately 40 minutes.

Study gone through the assessment procedure of National Medical Research Register, and NMRR number: 15-1098-2668, version 1, dated July 2016.

Inclusion criteria: only the population, attending community health facilities participated in the study. There was no age limit, no education difference and no other requirement.

Exclusion criteria: The population already assessed in community health center was not assessed for data collection.

Data was assessed by using descriptive statistics as the objective of the study was to investigate the prevalence of psychological disorders.

Results

Results revealed the significance of findings. There is highly prevalence of psychological disorders.

[Table 1](#): Demographic Information of survey questionnaire among community health centers:

Results revealed that the mean age was reported 24 years, which shows that the majority were young aged population to respond to survey. Most of the people responded were Malaysian (n=197). Most were reported single (n=182).

[Table 2](#): Education and gender reported in survey of psychological disorder among community health centers.

Results revealed that most reported education was diploma or equivalent (n=104) and second high

reported education was bachelor degree (n=67). Results from survey revealed about the gender that shows female (n=147) male (n=69). Females were more responding on survey questionnaire as compared to male.

[Table 3](#) and [Figure 2](#): Psychological Symptoms reported in survey: Distribution of psychological disorders across community health center in Batang Padang District, Perak

Results showed that among 216 samples; stress questionnaire revealed that high stress score was reported (N=68) 31.4%, anxiety was reported (N=124) 57.4%, depression (N=67) 31.0%, psychotic symptoms (N=16) 7.4%, somatoform symptoms (N=52) 24%, panic symptoms (N=28) 12.9%, and substance abuse (N=21) 9.7%. There was no reported score on eating disorder scale

Discussion

Study results have highlighted our hypothesis. Present study discussed the Prevalence of Psychological Disorders and available of facilities in community Mental Health centers: A survey Research Study in District, Perak, Malaysia. Results show that there is significant increased ratio of major psychological disorders among Community mental health care centers and general community health centers in district Perak. While numerous surveys include questions related to mental illness, (9) few provide prevalence estimates of diagnosable mental illness (e.g., major depressive disorder as opposed to feeling depressed, or generalized anxiety disorder as opposed to feeling anxious), and fewer still provide national prevalence estimates of diagnosable mental illness. (10)

In Malaysia, national surveys were conducted in community households by trained medical professionals every decade; and these surveys found that mental health problems had increased from 10.7% in 1996 to 11.2% in 2006. In the National Health Morbidity Survey IV (NHMS IV) 2012 report, the prevalence of lifetime depression was 2.4% and current depression was only 1.8% (11). The figures were surprisingly low and could be related to under-reporting by the informants and the poor validity of assessment tools. This survey also found that depression was high in urban areas, and among females, Indians, widowed, singles, divorced and those with lower education (12)

Depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men. Leading mental health problems of the older adults are

depression, organic brain syndromes and dementias. (13) A majority are women. An estimated 80% of 50 million people affected by violent conflicts, civil wars, disasters, and displacement are women and children. Lifetime prevalence rate of violence against women ranges from 16% to 50%. At least one in five women suffer rape or attempted rape in their lifetime. (14)

According to the 3rd National and Health survey 11.2% of the adult population in Malaysia has some form of psychiatric morbidity, with the Chinese population experiencing the highest prevalence at 31.1%; more females than males have psychiatric problems, with 55% of them females and 45% males; psychiatric morbidity is higher among the urban population than rural, 12.6% for urban population versus 8.5% for rural population; higher among those with no education or primary education, 15-16% versus 10% for those with tertiary education and it is higher among divorcees (13.6%); followed by singles (13.1%) widow/widower (12.2%) versus those who are married (10.5%) (15).

Depression is a common illness. It is more common than hypertension or diabetes. The lifetime occurrence of depression in any country is between 8% to 10% (16). Contrary to common belief it is not an illness of developed countries alone. It occurs in developing countries like ours just as commonly as in other countries (17).

Acknowledgement

We acknowledge Universiti Pendidikan Sultan Idris (UPSI) for funding and providing the opportunity to conduct this study UNIVERSITY RESEARCH GRANT 2015-0034-106-01.

Authors Contribution

All authors have contributed equally in the study.

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Tables

TABLE 1 DEMOGRAPHIC INFORMATION OF RESPONDENTS

Demographic	n (%)	
Age	Mean (24 year)	

Nationality	Malaysian	213 (98.6)
	Others	3 (1.4)
Race	Malay	161 (74.5)
	Chinese	6 (2.8)
	Indian	23 (10.6)
	Other	26 (12.0)
Marital Status	Single	182 (84.3)
	Married	27 (12.5)
	Divorced	6 (2.8)
	Widowed	1 (0.5)

TABLE 2 EDUCATION AND GENDER REPORTED IN SURVEY OF PSYCHOLOGICAL DISORDER AMONG COMMUNITY HEALTH CENTERS

Education		N %
	Primary School	3 (1.4)
	Secondary school	31 (14.4)
	Diploma or equivalent	104 (48.4)
	Bachelor Degree	67 (31.2)
Gender		
	Male	69 (31.9)
	Female	147 (68.1)

TABLE 3 PSYCHOLOGICAL SYMPTOMS REPORTED IN SURVEY: DISTRIBUTION OF PSYCHOLOGICAL DISORDERS ACROSS COMMUNITY HEALTH CENTER IN BATANG PADANG DISTRICT, PERAK

Psychological Symptoms	n	%
Stress	68	31.4
Anxiety	124	57.4
Depression	67	31.0
Psychotic Symptoms	16	7.4
Somatoform	52	24.0
Panic Symptoms	28	12.9
Eating Disorder	0	0
Alcohol Abuse	21	9.7

Figures

FIGURE 1 Diagram of research method:

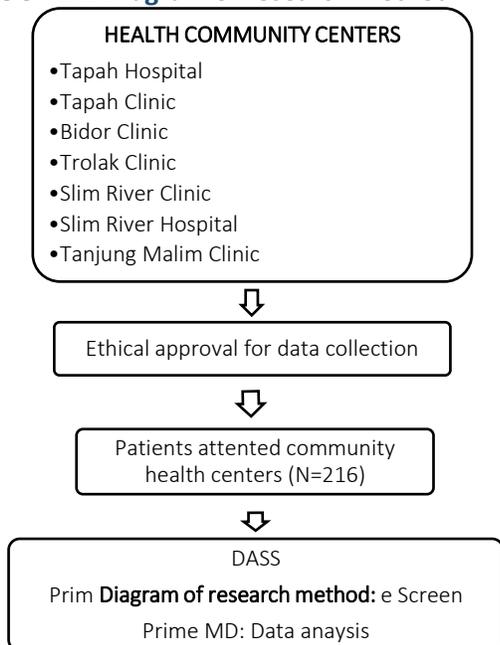


Figure 2 Psychological Symptoms: Distribution of psychological disorders across community health center in Batang Padang District, Perak

