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Introduction: According to the World Health Organization (WHO), mental health is defined as an essential and integral part of health as a whole. Just as health is not merely the absence of a disease, so mental health is not simply the absence of mental disorders or illnesses, but also includes a positive state of mental well being [1].

World Health Organization (WHO [9]) estimated that about 450 million people worldwide currently suffer from some form of mental or behavioral disorder [2].

The 1994 war and Genocide, which took place in Rwanda, left many people physically and psychologically traumatized. This led to an increment in psychiatric disorders within the country. However, few studies have been done to assess the prevalence of psychiatric morbidity in the country.

The study conducted in National referral and Teaching Hospital gives a broad overview of patterns and symptomatology of psychiatric disorders, especially for the severe mental disorder.

Objectives: To determine the socio-demographic variables of mentally ill patients, determine the source of referral of the patients, determine the duration of hospital stay, to determine patterns of psychiatric morbidity and the assigned clinical diagnosis, to determine relationship between socio-demographic variables with psychiatric morbidity and to make recommendations to the Hospital Administration and the Ministry of Health.

Study design: Cross-section descriptive study.

Settings: The study sample came from Ndera Neuropsychiatry Hospital Kigali -Rwanda.

Methods: Systematic random sampling was employed, 384 patients meeting the inclusion criteria were interviewed using Socio-demographic questionnaires and SCID-I for DSM-IV TR diagnosis. Data was analyzed using the Statistical package for Social Sciences (SPSS) version 12

Results: Three hundred and eighty four patients participated in the study. Fifty eight percent were males. Majority of these patients were aged between 21 and 30 years. Fifty one percent of these patients were single. The highest level of education was primary (44%). Majority of the patients were unemployed and many of them were earning less ten US dollars per month. In this study population, majority were Protestants comprising of (45%). As regards to the province of origin, majority of the patients came from Kigalitown totaling to (46%), Forty three percent of our study samples had a family history of mental illness. Night five percent were admitted involuntarily and relatives referred 70.3%. More than 46% of the patients had been admitted more than two times and majority stayed in the hospital for more than two weeks (35%). Schizophrenia, mania, major depression, brief psychosis, cannabis, acute psychosis, Post-traumatic stress disorder and alcoholism in order of priority, were the most commonly assigned clinical diagnosis. Twenty eight percent of patients had no defined clinical diagnosis. Structured clinical interview for DSM-IV Axis I disorders clinical version (SCID-I) showed that Schizophrenia was the most frequent diagnosis (39.3%), followed by current manic episode (38.5 %), Depressive episode (8%), Substance abuse (6.7%) and Post-traumatic stress disorder (5.2%), least being Acute stress disorder and generalized anxiety disorder (1.3%) and (0.7%) respectively.
There was a difference between assigned clinical diagnosis and structured clinical interview for DSM-IV diagnosis where (SCID-I) picked more Psychiatric morbidity compared with assigned clinical diagnosis. There was some variation in the number of patients assigned clinical diagnosed of current manic episode and SCID-I diagnosis accounting for 83 while that of schizophrenia was 51 patients. The SCID-I is therefore more precise in making diagnosis.

**Relationship between severe Psychiatric disorder and Socio-demographic variables**

Schizophrenia and Gender; (males, n=93, 61.5%, p = 0.0178, $x^2=1.456$), Marital status (unmarried, n=99, 65.5%, p = 0.001, $x^2=1.456$), level of education (primary, n=81, 53.6%, p=0.046, $x^2=10.411$) and Occupation (informal, n=135, 89.4%, p = 0.002, $x^2=11.801$

Current manic episode and Gender; (males, n=85, 56.2% p= 0.014, $x^2= 0.128$), Marital status (unmarried, n=98, 66.2%, P= 0.014, $x^2=8.826$), level of education (primary, n=83, 56.0%, p=0.049, $x^2=4.134$)

Occupation; (informal, n=126, 85.1%, p =0.001, $x^2=8.542$). Income per month in USD (below 40 n=107, 72.2%, p= 0.020, $x^2=9.531$

Depressive episode; Gender (female n=24, 77.4%, p = 0.036, $x^2=17.118$), Marital status (females, n=21, 67.7%, p=0.042, $x^2=6.432$), Income per month (P = 0.002), Occupation (informal n=26, 83.8%, P =0.036, $x^2=19568$) and province (Kigali, n=11, 35.4%, p = 0.046, $x^2=4.082$).

PTSD; Gender (female, n=17, 65%, p = 0.025, $x^2=0.528$), Marital status (unmarried, n=17, 85% p = 0.032, $x^2=4.886$) and occupation (informal n=15, 75%, p = 0.04, $x^2=3.533$)

**Conclusions:** The study revealed different patterns of Psychiatric morbidity in Ndera Neuropsychiatry Hospital, Kigali-Rwanda. This confirms the alternative hypothesis, which states that there are variations in patterns of different Psychiatric disorders among patients in Ndera Neuropsychiatry Hospital.

SCID-I diagnosis picked more Psychiatric disorders s compared to assigned clinical diagnosis.

Majority of the patients were admitted involuntary and were referred by relatives.

The following Socio-demographic variables; Gender, Marital status, occupation, Income per month, and Level of education and province were statistically significant and were related to severe psychiatric morbidity with P value ≤ 0.05

**Recommendations:**-There is need to; train hospital physicians, psychologists, and nurses on how to use SCID-I which is a precise diagnostic tool for psychiatric disorders and also to strengthen family support in caring for mentally ill patients in the community.

-A further study to determine psychiatric morbidity in general population is recommended as a future project. Conduct a study on how best the low levels of substance abuse can be maintained.

**Study limitations:**-The first limitation was language; it was challenging to translate some scientific words to fit the local dialect during the interviews.

-The interview were based on information at the time of admission and therefore some patients could not recall all the details, regarding the past events

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