TRENDS AND POSSIBLE CAUSES OF MENTAL ILLNESS: THE CASE OF PSYCHIATRY WARD IN JIMMA UNIVERSITY SPECIALIZED HOSPITAL, ETHIOPIA

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Abstract

The main objective of this study was to investigate the trends and factors of mental illness of psychiatric patients in the psychiatry Ward of Jimma University Specialized Hospital.Purposive sampling technique was used to select the participants of the study. Accordingly, 636 patients' cards were analyzed. Moreover, 55 psychiatric patients, 56 care givers and 13 psychiatric ward staff were involved in the study. The instruments designed to obtain the data were observation check list, document analysis form, and semi-structured interview guide. The collected data were analyzed using both quantitative and qualitative techniques.The study was also ethically cleared by Institutional Ethical Review Board.The results of the study revealed that schizophrenia, major depression disorder, brief psychosis and anxiety disorder respectively were the frequent mental illnesses in the ward, by looking into the patients' documents of $5^1/_2$ years. These disorders generally attacked the productive age group (20 to 30 years of age), the major reasons of which could be attributed to drug use (mostly 'Khat'),stress caused by academic failure, joblessness, and lack of youth friendly recreation areas. In addition, the findingsshowed that the trends of the mental illnessesin the ward weregenerally increasing. The results also revealed that drug default, substance use, economic problem, family conflicts, loss of family members, poor social support, stigma and discrimination and repeated chronic illnesses were the major aggravating factors of mental illnesses in Jimma areas, in particular.The alarmingly increasing number of psychiatric patients, due to varies factors, needs serious attention. In addition to aggressively working on awareness creation, early identification and intervention of the disorder need

to be targeted. Quality services should also be provided to patients who are visiting the ward.

Keywords: Trend, cause, mental illness, Jimma Psychiatry ward

Introduction

Mental illness represents one of the highest burdens of all disease, and is a major factor in perpetuating poverty. Currently, around 80% of people in low-income countries do not receive treatment that would effectively reduce impairment(Eaton et al, 2013). Furthermore, there is growing international evidence that mental ill health and poverty interact in a negative cycle in low-income and middle-income countries. This cycle increases the risk of mental illness among people who live in poverty, and increases the likelihood that those living with mental illness will drift into or remain in poverty. Obviously, mental health interventions are associated with improved economic outcomes (Lund et al, 2012).

In Ethiopia, for example, there is lack of mental health awareness and basic management skills among primary health workers.There have been several instances where mentally ill people come to mental health services after spending length and painful periods because of being misdiagnosed and mismanaged as somatic cases by primary health care workers.In the country, primary health workers receive little training in mental health issues (WHO-AIMS, 2006). Realizing this serious limitation, WHO recommended training of primary health workers. This way, they could reduce the suffering of patients and increase early recognition and timely treatment of mental disorders.

Mental disorder is a catastrophic stressor, which overwhelms and deteriorates the capacity of family dealing with their day to day activities (Saunders, 2003). Families are primary victims of member's with mental disorder due to nature of familial interaction and due to care-giving role for a member living with mental disorder (Saunders, 2003;Carr, 2006). Mental disorder is contagious in its effect on others and the whole family must adapt to the behaviors of mentally ill family member (Karp, 2001). For most individuals living with mental disorders, families are primary caregivers that put them in demanding situations (Marsh & Johnson, 1997).

Families provide emotional, physical, and economical support for their member with a mental disorder (Biegel, 2007). However, most families are not prepared to assume these crucial roles and many struggle to adapt and manage the situation (Marsh & Johnson, 1997). In Ethiopia, families experienced high social, economic, family and work related burdens at the cost of caring for their mentally ill members (Shibre, et al., 2002; Ababi, 2008).

The problem of lower socioeconomic status is further compounded by the fact that most countries do not provide financial support for the care services that family provide for their mentally ill relative (World Federation of Mental Health, 2010). The poor financial status in the family may further increase the vulnerability for perceiving burden and as the result develop poor adaptation capacity. The World Federation of Mental Health (2010) estimated that globally, about 80% of the caregivers are women. They could be the mother, wife, or daughter of the patients and are usually with low income. The hard fact is that if family caregivers are overwhelmed due to stresses of car-giving and not adequately supported to adapt the situation, they may develop mental health problems themselves and cannot provide enough care to their mentally ill member (Doherty, TedstoneandWalsh, 2006).

Mostly in developing countries, the burden of mental illness is very substantial and there would likely be a disproportionately large increase in the coming decades (WHO, 2003; Ferri, 2005; Lopez, 2006). More specifically, in Ethiopia, mental illness is the leading non-communicable disorder comprising 11% of the total burden of disease. For example, the study by Bizu et al (2012) revealed a high prevalence of mental distress among working adults in Ethiopia, which could be because of stressful life events and poverty induced psychosocial distress, among others.Moreover, regular khat chewing could bring about high level of anxiety, depression and impaired interpersonal skills among young adolescents and adults (Gebiresilus et al, 2014).

It was found out that mental illness like schizophrenia, bipolar disorder, depression, childhood mental illness, epilepsy and dementia are quite serious in the country (Federal Republic of Ethiopia Ministry of Health, 2012). However, people recognize mental illness only with the symptom of overt psychotic situations, and they are ignorant of mental illnesses that have symptoms of depression (Amare, 2005). More often, people attribute severe mental illnesses to supernatural causes such as spirit possession and evil eyes, rather than to biomedical or psychosocial causes. Because of this deep-rooted wrong perception, mentally ill individuals and/or their caregivers habitually seek help from religious and traditional healers, than from mental health professionals.

In Jimma area, mental health problems are very serious and the awareness level of the community about the illnesses is extremely low. Nonetheless, only few researches conducted so far on the issue. Especially, in the areas of trends and factors of mental illnesses very few or none scientific information is available. The severity of the problems and scarcity of evidences, for appropriate interventions, initiated the present researchers to study on the topic.

Objectives

The main objective of this study was to investigate the trends and factors of mental illness of psychiatric patients in the psychiatry Ward of Jimma University Specialized Hospital.

More specifically the study tried,

1. To examine the trends and patterns of mental illnesses in Psychiatry ward ofJimma University Specialized Hospital (JUSH)
2. To identify the most frequent mental illness documented in Psychiatry ward in JUSH.
3. To determine possible factors that could bring about mental illnesses.
4. To identify factors that could aggravate the relapse of mental illness, if any.
5. To describe clinical services rendered for patients with mental illnesses.

Significance of the Study

This study is expected to enhance awareness regarding the trends and factors of mental illness and aid concerned bodies to take the right actions. The results of the study could bridge the existing research gaps in this area. It will also help Jimma University Specialized Hospital to focus on the frequent mental illnesses and provide quality services for the mentally ill people, in addition to working on early identification and intervention.Furthermore, the outcomes will be used as a reference for those who are interested to conduct a research on the same or related topics.

Delimitation of the Study

The study was delimited to the Psychiatric Ward of Jimma University Specialized Hospital. It focused on the investigation of trends and factors of mental illness of psychiatric patients. The study mostly emphasized on the outpatients (who were on follow-up) and on some of the in-patients who were in a better condition,as identified based on their ability to speak or explain their ideas consciously and correctlywhen asked(capacity of self-expression).Regarding the in-patients' cases, provision of medical and counseling services was focused. The study was also delimited to the analysis of five and half years psychiatric patients' cards or files,observation of the whole environment and interviews of the psychiatric patients, care givers and physicians working with them.

Operational definition

The operational definitions of key terms and phrases are given in the context of this study as follows:

Trends: refersto the five and half years patterns of mental illnesses

profiled or documented in the Psychiatry ward of Jimma University Specialized Hospital (JUSH).

Clinical Services: The services like counseling and the therapeutic drug availability which are provided to mentally ill people at JUSH Psychiatry Ward.

Relapse: the fact of becoming ill after getting treatment or sick again after making an improvement (Hornby, 2000).

Methods

Six hundred thirty sixpatients' cards were analyzed. Moreover, 55 psychiatric patients, 56 caregivers and 13 psychiatry ward staff were purposively selected and interviewed. They were made respondents of the study mainly because of their relatively rich experiences and the researchers strong believe in their inputs to serve the purpose of the research. The instruments designed to obtain data were observation check list, document analysis form, and semi-structured interview guide. The collected data were analyzed using counting and percentages and the results were presented using tables. Qualitative in-depth word description technique was also used for data qualitative in nature.

Ethical Considerations

The study's protocol was ethically cleared by Institutional Ethical Review Board.Moreover, written informed consents were obtained from the involved patients and their caregivers. The consent forms and information sheet were prepared in English and translated into local languages (Amharic and Afan Oromo). Explanations on the forms were given to the patients and their care givers; and they were requested to sign the forms to show their agreement in providing the required information. The participants were ensured that the information they gave would be kept confidential and never cause them any harm in anyways. As their participations were on voluntary basis, they were told that they could withdraw from the study at any time. Those who were unwilling to participate in the study were not, in any case, obliged to do so.

Results

The results of the study revealed that schizophrenia, major depression disorder, bipolar disorder, brief psychosis and anxiety disorder, respectively, were the frequent mental illnesses in the ward, by looking into the patients' documents of $5\,{}^{1}/_{2}$ years and interviewing senior staff of the ward. These disorders generally attacked the productive age group (20 to 30 years of age, see Table 1 below), the major reasons of which could be attributed to drug

use (mostly 'Khat'), stress caused by academic failure, joblessness, and lack of youth friendly recreation areas. These factors or possible causes of mental illnesses were obtained from psychiatry ward staff, the patients themselves and their primary caregivers during the interview sessions.

In addition, generally, the trends of mental illnesses in the ward seemed increasing (see Table 2). The slight increment was observed from year 2007 to 2008. It was peaked in 2009, followed by a seemingly decrease in 2010. Only in six months' (half a year) time, the number of patients was one hundred thirty two in 2012.

The interview results, from senior ward staff, patients and their caretakers, revealed that drug default, substance use, economic problem, family conflicts, divorce, loss of family members, poor social support, stigma and discrimination and repeated chronic illness were the major aggravating factors of mental illnesses in Jimma areas, in particular.

Table 1: Age group vs Mental illness

Age Group	**Typeof MI**						**Total**
	Schizophrenia	MDD	Bipolar /D	Brief Psychosis	Anxiety / D	Others	
<20 yr	13(20.00%)	6(9.20%)	13(20.00%)	15(23.10%)	8(12.30%)	10(15.40%)	65
20-30 yr	103(30.50%)	80(23.70%)	63(18.60%)	50(14.80%)	19(5.60%)	23(6.80%)	338
31-41 yr	37(28.50%)	45(34.60%)	20(15.40%)	15(11.50%)	3(2.30%)	10(7.70%)	130
>41 yr	32(31.10%)	28(27.20%)	10(9.70%)	15(14.60%)	12(11.70%)	6(5.80%)	103
Total	185(29.1%)	159(25.0%)	106(16.7%)	95(14.9%)	42(6.6%)	49(7.7%)	636

Table 2: Year of Admission Vs Type of Mental Illness

Year	Admission Type of MI						Total
	Schizophrenia	MDD	Bipolar /D	Brief Psychosis	Anxiety / D	Others	
2007	3(23.1%)	3(23.1%)	4(30.80%)	0	1(7.7%)	2(15.4%)	13
2008	4(25.0%)	6(37.5%)	2(12.5%)	0	2(12.5%)	2(12.5%)	16
2009	61(29.5%)	48(23.2%)	37(17.9%)	35(16.9%)	15(7.2%)	11(5.3%)	207
2010	29(27.4%)	27(25.5%)	17(16.0%)	16 (15.1%)	6(5.7%)	11(10.4%)	106
2011	57(35.2%)	29(17.9%)	28(17.3%)	27(16.7%)	10(6.2%)	11(6.8%)	162
2012*	31(23.5%)	46(34.8%)	18(13.6%)	17(12.9%)	8(6.1%)	12(9.1%)	132
Total	185(29.1%)	159(25.0%)	106(16.7%)	95(14.9%)	42(6.6%)	49(7.7%)	636

***** Only data of half year (6 months) of 2012 were considered

Clinical Services Delivered in the Ward and Hospital

The caregivers explained that the environment at the ward was relatively good. The physicians and counselors were supportive. They served the patients fairly and professionally. However, there were also problems

like language barriers, human resource limitation, cleanliness of the ward, crowdedness of patients' rooms (because of limited beds). These problems were checked and confirmed by the researchers during their observations of the ward. The researchers also found out that there was not even one specialized counselor. All were general psychologists, with no special training in counseling. According to responses from few caregivers, sometimes, important drugs were not availability at the hospital pharmacy. As the result, they were told to buy the drugs from private pharmacies in the town, which they could not afford. In the words of one of the caregivers:

> ""*Drugs are available in the University's hospital. But, sometimes important drugs are scarce. We are told to buy them from outside. And, this is impossible for us to do because the drugs are very expensive outside at the private pharmacies"*

Conclusion

Mental illnesses have been alarmingly increasing in Jimma areas, South West Ethiopia. Extreme poverty, low level of education and awareness, academic failure, marital conflict, high unemployment rate, stressful life styles, culture of "khat' chewing, and low medical help seeking behavior, among others, were considered to be exposing factors to the disorders. In collectivist culture like Ethiopia, the role of caregiving for the mentally ill members is a huge burden for the families in particular and the neighboring community in general. Accordingly, serious attention ought to be given to early identification and intervention of the disorders.

Recommendations

Based on the results, the following suggestions were given:

- Awareness on the possible causes of mental illnesses must be given, by mental health professionals, for the local community using different media of communication,
- Important drugs need to be available in the Hospital's pharmacy, as the patients or their caregivers could not afford to buy them from private pharmacies.
- Specialized counselors or clinical psychologists need to be assigned at the ward by the University and Hospital management bodies, if quality counseling services are to be given for the patients
- Independent, well-furnished and ventilated counseling rooms should be arranged by the ward, in collaboration with the hospital and university administrations.
- The hospital management ought to assign additional physicians to minimize the burdens on the existing staff in the ward.

- Mental health education or orientation better be given for care givers on how to properly handle their psychiatric fellows and reduce the incidence of relapse.
- Obviously, this is an institution-based research which is narrow in its scope. Thus, the researchers strongly suggest for the comprehensive community-based study.

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