Pattern of Psychiatric Symptoms and their Socio Demographic Correlates in IDPs of North Waziristan

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ABSTRACT

Background: Mental health is recognized as a key public health issue for conflict affected population. Internally displaced persons usually experience psychological distress as a result of physical and social trauma. Their psychosocial health has been less addressed in Pakistan.

Objective: To study the pattern of psychological symptoms and the socio demographic status of- Internally displaced persons.

Material and Methods: This cross-sectional descriptive study has been conducted in psychiatry Department of Khalifa Gul Nawaz Teaching Hospital Bannu during the period of August 2014 to December 2014. One Hundred and Ninety-Three consecutive out door patients were assessed in detail under supervision of a qualified psychiatrist. Diagnosis was made according to diagnostic criteria of ICD-10. Socio demographic information's were collected by a semi-structured proforma designed for that purpose.

Results: Among 193 consecutive patients, about 55% were males and over 52% belonged to the age group between 21-40 years, 80% of them were married, while more than 82% were uneducated and jobless. Regarding symptoms presentation, more than half of the patients presented with low mood, irritability, and severe insomnia.

About One third of them reported loss of interest in their surroundings environment, while about one forth complained of continuous headache, tremors, palpitations and unexplained physical symptoms. Depressive illness was diagnosed in 36%, followed by Conversion Disorder (18%) and Generalized Anxiety Disorder (12%).

Conclusion: The study provides evidence about the impact of displacement on mental health of IDPs. Magnitude of the problem demands for effective intervention strategies.

***Key Words**: IDP, Psychiatric morbidity, Depression*

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INTRODUCTION:

Internally displaced persons (IDPs) are people or groups of people who have been forced to leave their homes or places of habitual residence as a result of armed conflicts, situations of generalized violence, human rights violations or natural or man made disasters. However, they do not cross international borders of their countries[1].

Majority population in these groups comes across extra ordinary trauma, leading to social, economic, psychological and physical health difficulties[2]. It usually results in loss of resources, economic uncertainty, absence of health services and education and disintegration of public structure[3,4].

As we know that psychology of place is closely linked to the process of displacement any where in the world. It is based on the assumption that an individual always struggles for a sense of belonging to the place where he habitually resides

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This sense of belonging arises from three psychological processes: familiarity, attachment and identity. Displacement adversely affects all these three emotional connections resulting in psychological breakdown[5]. As a result, a displaced person finds it difficult to resettle in unfamiliar environment.

Mental health is recognized as a key public health issue for conflict affected populations[6,7]. Displaced persons usually experience poor mental health conditions and are vulnerable to violence, suicidality and harmful health practices such as substance abuse. Studies have also proved that exposure to traumatic events and high level of mental distress affects individual's attitudes towards reconciliation in post conflict societies[8,9]. High level of mental distress have been recorded in communities that experienced extra ordinary trauma in the farm of wars or armed conflict[10,11].

An estimated 13.9 million individuals were newly displaced due to conflict or persecution in 2014. This includes 11 million persons displaced within the borders of their country, the highest figure on record. So at the end of the year total figure of displaced persons worldwide reached to 59.5 million roughly equaling to the population of Italy or United Kingdom. Among them 38.2 million were internally displaced[12].

On June 15, 2014 Pak army started its joint military action against various militant groups of Waziristan[13]. As a result about 8 million people had to flee from their homes within few days to nearby districts such as Bannu, D.I.Khan and Peshawar facing an emergency situation regarding security, physical needs and psychological health[14].

In this background assessment of psychological and physical health problems in early stages of displacement becomes Important to plan intervention strategies and to prevent long tern complications of psychiatric disorders.

To our knowledge few studies have been conducted in national literature about the psychiatric aspects of displacement Present study is aimed to investigate the mental health effects of crises of North Waziristan in terms of traumatic events resulting from ZARB-E-AZAB operation by Pak army against militants of that area.

MATERIALAND METHODS

The study was conducted in psychiatry department of Khalifa Gull Nawaz Teaching Hospital Bannu during the period of August 2015 to December 2015. 193 consecutive out door patients were assessed in detail for psychiatric symptoms by the psychologist under supervision of qualified psychiatrist. Diagnosis was made according to the criteria of ICD 10[15]. A semi structured proforma was administered to collect sociodemographic details. Statistical analysis was done by SPSS 15.

Patients with learning disability or any other comorbid physical and neurological condition were excluded. Patients above the age of 50 were not included in the study.

RESULTS:

Among 193 patients, 106 were males (54.92%) and 87 were females (45.07%).

About 80% were married, more than 82% were uneducated and only 5% were educated up to graduate level. Significant majority of this population i.e 88.8% were jobless.

About 52% of the target population belonged to the age group of 21-40 years and about 18% were above 40 years. 88% of total population was without any job.

Regarding symptoms presentation, more than half the patients presented with low mood (52.33%), 50% reported insomnia, while aggression and irritability was found in about 40% of the patient population.

About 9% of the patients, reported loss of interest in routine activities, with poor social interaction.

One forth of total population was complaining of continuous headache, tremors, palpitation and unexplained epigastric discomfort in the form of burden or GAS in the stomach. Paranoid ideas and perceptual disturbances in the form of auditory hallucinations were found in about 6% and 4% respectively.

Regarding diagnosis, depression illness has been diagnosed in about 36%of the patients, followed by Conversion Disorder i.e 17.61%. Generalized Anxiety Disorder was found in about 12%, learning disability in 6.8%, Bipolar Disorder in 2.07% and Schizophrenia in 2.5% of the total patient population. Post-traumatic stress disorder could be diagnosed in 2% of the cases only.

Table 1-Frequency of Psychiatric Symptoms (N=193)

S#	Symptoms	Frequency	Percentage (%)
01	Low Mood	101	52.33
02	Aggression/Irritability	96	49.74
03	Disturbed Sleep	88	45.60
04	Epigastric Problems	72	37.30
05	Lack of interest	61	31.60
06	Burden on Head	58	30.05
07	Palpitation	50	25.90
08	Isolation	45	23.31
09	Tremors	41	21.24
10	Loss of appetite	39	20.20

Table-2 Socio-demographic Characteristics (N=193)

S#	Variables		Frequency(N)	Percentage (%)
01	Age	10-20 yrs	42	21.76
		21-40 yrs	102	52.84
02	Gender		Males: 106	54.92
			Females: 87	45.08
03	Marital Status		Married: 137	70.98
04	Education		Uneducated: 159	82.38
05	Profession		Jobless: 170	88.08

Table 3: Most common psychiatric diagnoses

S.#	Diagnosis	Frequency	Percentage (%)
01	Depressive illness	69	36
02	Conversion disorder	34	17.6
03	Generalized anxiety disorder	23	12
03	Learning Disability	13	06.8
04	Schizophrenia	05	2.60
05	Bipolar affective disorder	04	2.07
06	Post Traumatic Stress Disorder	03	1.55

DISCUSSION:

In our study more than half of the patients (54.92%) were males, which is contrary to few other studies such as Wajid et.al and Suraj Bahaddur Thapa[2, 16] where female gender is more associated with psychiatric morbidity in internally displaced persons. However, the lower participant of women in this study may reflect the cultural traits of the tribal society, where more restrictions are placed on movements of women and physical symptoms are more honored rather than psychological ones.

More than 80% of the sample population were uneducated which is in line on the national studies and represents the lower literacy rate in tribal areas (22%)[18].

88% of the target population was without any job at the time of displacement, which depicts unemployment as risk factors for vulnerability to psychiatric morbidity[8,17].

More than half of the patients belonged to the age group of 21-40 years. It is alarming for the reason that it is a productive age and predicts poor outcome for the future social stability of victim population. The same has been mentioned in other international studies[19].

Majority of the patients in this study were married, which support the idea that married persons are more prone to higher level of distress and social dysfunction. They find themselves under more pressure to shoulder the social responsibilities[20]. Moreover this finding may also reflect our cultural settings where early age marriages are more frequent.

Regarding symptoms presentation, more than half of the patients reported low mood, insomnia, and related depressive symptoms. Anxiety symptoms were more marked in 1/4th of the total patient population. All it is understandable in the background of recent psychological trauma and insecure environment where they have to settle in emergency situation. The same has been reported by FARAH Husain et.al in their study of "displacement status" in Postwar Jafna Sri Lanka (6)and Bayar Robert etal in the cross-sectional survey of trauma in Juba town of Southern Sudan[4,22].

The prevalence of Depressive illness and anxiety disorder in IDPs of Waziristan is consistent with study carried out in Nepal[16]. However PTSD was less prevalent as compared to other studies, which may reflect the high resilience and learning of survival skills as a result of repeated exposure to extra ordinary trauma of this population for the last few decades[21, 23]. More over generalized anxiety symptoms maybe atypical presentation of PTSD. It is also possible PTSD may be under reported in this sample, which is highly unlikely in the background of significant disability associated with this disorder.

CONCLUSION:

The study provides evidence about the impact of displacement on mental health of IDPs. Magnitude of the problem demands for effective intervention strategies. Enhancement of security measures and provision of physical needs is highly recommended.

Limitation of the study:

It is a descriptive study where pre displacement data is not available to measure the impact of extra ordinary trauma in target population.

The study was unable to consistently match the gender of interviewer and responder. As a result some of the symptoms with cultural limitations may remain under reported.

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