

# CHAPTER 46

## PSYCHIATRY

### Doctoral Theses

01. KATARIA (Dinesh Kumar)  
**Study of Clinical and Social Profile and Treatment Seeking Behavior of Psychiatric Patients at a Tertiary Care Hospital in Delhi.**  
Supervisors: Dr. R.C. Jiloha and Dr. M.S. Bhatia  
Th 23030

*Abstract*  
*(Not Verified)*

Introduction. Despite huge burden of mental disorders, treatment gap remains high (28 to 86 %). Besides availability & accessibility of services, social factors like social profile, stigma, attitude of society towards mental illness & mental health services play important role in determining treatment seeking behavior. Aim and objectives. To explore pattern of clinical, social profile & treatment seeking behavior of patients from a tertiary care general hospital psychiatry OPD and to assess relationship of socio-demographic factors with clinical parameters. Methodology. 500 new patients were recruited following systematic random sampling from the psychiatry OPD after taking consent. Diagnosis was made by psychiatrist using ICD-10 and modified Kuppaswamy socio-economic scale, treatment seeking behavior schedule and short explanatory model interview schedule were used. Data was analyzed using SPSS version 20 ( $p < 0.05$  was considered significant). Results: Most of the patients were young adults (79%) of middle socioeconomic status (92%) following Hinduism (77.8%), from urban (69%) background & nuclear family (60%). Depression & anxiety disorders were the most common psychiatric disorders followed by substance use disorders. Most psychiatric disorders were significantly more common in nuclear families ( $p=0.03$ ) & urban families. For majority, first contact were general physicians followed by psychiatrists. Easy access, faith and good reputation were the main reasons for seeking consultation. Majority (44%) did not know cause for the mental illness and of those who did most considered it a physical ailment. Most (77%) patients denied supernatural causation as explanation for mental illness. Differences based on religion, caste & marital status regarding psychiatric disorders or help seeking were not found to be significant. Perceived seriousness of illness & illness attribution vary significantly with presence of different psychiatric disorders & different socioeconomic status ( $p=0.001$ ). Conclusion: There is a need to increase awareness about psychiatric disorders & services should be made socioculturally acceptable.

*Contents*

1. Introduction 2. Review of Literature 3. Aims and Objectives 4. Materials and Methods 5. Results 6. Discussion 7. Summary 8. Future Suggestions 9. References.