



(RESEARCH ARTICLE)



Pattern of psychiatric presentation among a population of mentally ill patients at the University of Port Harcourt Teaching Hospital

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Abstract

Background: Mental illness is a serious condition of public health concern. It affects people of all ages with different clinical presentations, and usually affects the overall functioning of the individuals

Aim: This study determined the pattern of psychiatric presentation among a population of mentally ill patients at the University of Port Harcourt Teaching Hospital, Port Harcourt.

Materials and Methods: This was a descriptive cross-sectional study conducted among attendees of Neuropsychiatric Outpatient Clinic of the University of Port Harcourt Teaching Hospital (UPTH). A structured questionnaire covering socio-demographic characteristics and other factors were self-administered to 75 patients diagnosed with various psychiatric disorders via a systematic random sampling technique. Ethical approval was obtained from the ethical committee of the University of Port Harcourt Teaching Hospital. Descriptive statistics was used to analyze the data and expressed in frequency tables.

Results: Majority of the mentally ill patients were male (81%), single (76.0%), and between the ages of 21 and 30 (44%). The most common psychiatric presentation include depression 19(25.3%), followed by anxiety disorder 16(21.3%), BAD 12(16.0%), substance misuse 9(12.0%), schizophrenia 11(14.7%), sleep 1(1.3%), and personality disorder 1(1.3%). The duration of treatment of mental illness was majorly within the last 5 years with the highest percentage representation (34.7%).

Conclusion: Psychiatric presentations among the mentally ill exits in different forms. Depression is the most prevalent mental disorder among those studied. More medical, social and financial support should be given to the mentally ill as most of them have very high chances of developing depression.

Keywords: Pattern; Psychiatric Presentation; Mentally ill; UPTH

1. Introduction

Gureje *et al.* (2015) aimed at understanding mental health issues as it continues to be a key contributor to the work of medical professionals and religious institutions. The authors lay emphasis on the fact that the role of traditional and alternative medical systems around the world is pertinent in treating mental health disorders. Therefore, according to the World Health Organization's global morbidities and disability-adjusted life years (DALYs), more than 25% of people (DALYs) are estimated to have one or more mental diseases (Vigo *et al.*, 2016). Knapen *et al.* (2014) in a study titled "Exercise therapy improves both mental and physical health in patients with major depression" confirmed that

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individuals with mental problems frequently seek assistance from conventional alternative therapies in their disability-adjusted life years.

The World Health Organization believes that one in every four families globally has at least one person who is suffering from a mental disorder, according to the results of the World Mental Health Survey (WMHS), which included participants from every continent (Hamadani *et al.*, 2020). It has been reported that the objective and subjective burden associated with caring for people with severe mental disorders is substantial and significantly higher than caring for people with long-term physical diseases like diabetes, including disruption of family relationships, limitations in social, leisure, and work activities, financial difficulties, negative effects on physical health, embarrassment in social situations, and the stress of coping with disturbing behaviours.

GBD 2019 Mental Disorders Collaborators (2022) claim that, several psychiatric conditions, including unipolar depression, bipolar affective disorders, and schizophrenia, were among the top ten conditions accounting for the largest proportions of the total DALYs in the age range of 15 to 44 years for both sexes, according to a study on the burden of disease (GBD) conducted a few years ago. This study included 135 diseases or health conditions. Intriguingly, Amedu *et al.* (2019) found that countries like South Africa, Egypt, and Kenya had more psychiatrists per 100,000 people, higher proportions of psychiatric beds, and better official attention given to mental health issues than Nigeria, which is indicative of the low priority given to mental health. Their study was titled Pattern of Presentation and Diagnostic Profile of Patients Attending a Mental Health Facility in North-Central Nigeria.

An extremely conservative estimate in Nigeria is that 1 in 8 people may experience a mental illness at some point in their lives (Benjet *et al.*, 2016). Less than 1% of those with severe illnesses obtained specialist care, and just 1 in 11 received any therapy at all ((Benjet *et al.*, 2016) with the majority of the country's professionals situated in urban areas and in the south of the country. Based on these premises, this study seeks to identify the Pattern of Psychiatric Presentation among a Population of Patients with Mental Illness at the University of Port Harcourt Teaching Hospital. To analyze patterns of psychiatric presentation among a population of mentally ill patients at the University of Port Harcourt Teaching Hospital, this study used descriptive analysis to draw conclusions from primary sources.

2. Material and methods

This was a descriptive cross-sectional study conducted among attendees of Neuropsychiatric Outpatient Clinic of the University of Port Harcourt Teaching Hospital. The University of Port Harcourt Teaching Hospital (UPTH) is a major tertiary-care teaching and research facility and attends to the medical need of about 200,000 patients annually in both outpatient and inpatient settings. A structured questionnaire covering socio-demographic characteristics and other factors were self-administered to patients diagnosed with various psychiatric disorders by the researchers via a systematic random sampling technique. Ethical approval was obtained from the ethical committee of the University of Port Harcourt Teaching Hospital. Descriptive statistics was used to analyze the data and expressed in frequency tables.

3. Results

Descriptive Statistics Analysis of the sample of people with mental illness

Table 1 presents socio-demographic and prevalence data for a sample of people with mental illness. The table includes variables such as age, gender, tribe (ethnicity), highest level of education, marital status, religion, employment status, occupation, and average monthly income level.

In terms of age, the majority of the respondents (44%) are between the ages of 21 and 30, followed by those between the ages of 31 and 40 (32%). There are relatively fewer respondents in the other age categories. With regard to gender, the majority of the respondents are male (81%), while a smaller percentage is female (19%).

The table also includes information on the respondents' tribes or ethnicities. The largest percentage of respondents is Igbo (37.3%), followed by those who belong to other tribes or ethnicities (37.3%). There are smaller percentages of respondents from other tribes, such as Hausa (9.3%), Yoruba (2.7%), Ikwerre (10.7%), Ogoni (1.3%), and Kalabari (1.3%). There are also other relatively fewer respondents in the other tribe categories.

The highest level of education for the majority of respondents is tertiary (58.7%), followed by secondary education (33.3%). A small percentage of respondents have primary education (4.0%), and an even smaller percentage have no education (4.0%).

Table 1 Socio-Demographic and Prevalence analysis of people with mental illness

S/N	Variables	Sub-variables	Frequency (Percentage)
	Age (Years) of the respondent	10-20yrs	7(9.3%)
		21-30yrs	33(44%)
		31-40yrs	24(32%)
		41-50yrs	7(9.3%)
		51-60yrs	2(2.7%)
		>60yrs	2(2.7)
	Gender	Male	61 (81%)
		Female	14(19%)
	Tribe (Ethnicity)	Igbo	28(37.3%)
		Hausa	7(9.3%)
		Yoruba	2(2.7%)
		Ikwerre	8(10.7%)
		Ogoni	1(1.3)
		Kalabari	1(1.3%)
		Others	28(37.3%)
	Highest Level of Educational	Primary	3 (4.0%)
		Secondary	25 (33.3%)
		Tertiary	44(58.7%)
		None	3 (4.0%)
	Marital status	Single	57 (76.0%)
		Married	14 (18.7%)
		Divorced	1 (1.32%)
		Separated	2 (2.7%)
		Widowed	01(1.3%)
	Religion	Christianity	70 (93.3%)
		Islam	4(5.3%)
		Traditional	1 (1.3%)
		None	0 (0%)
	Employment Status	Unemployed	27 (36.0%)
		Student	14(18.7%)
		Apprentice	3 (4.0%)
		Self-employed	25 (33.3%)
		Employed by govt	3 (4.0%)
		Employed by Private	2 (2.7%)
	Occupation	Unskilled Occupation	21 (22.6%)

		Skilled Occupation	23(24.7%)
		Professional Occupation	23 (24.7%)
		No Response	*26 (28.0%)
	Average Monthly Income level	0-50,000 Naira	55 (73.4%)
		51-100,000Naira	17(24.7%)
		101-200,000Naira	2 (2.7%)
		201-500,000 Naira above	0 (0%)

In terms of marital status, the majority of respondents are single (76.0%), followed by those who are married (18.7%). There are smaller percentages of respondents who are divorced (1.3%), separated (2.7%), or widowed (1.3%). The majority of respondents identify as Christian (93.3%), with a smaller percentage identifying as Muslim (5.3%) or traditional (1.3%). There are no respondents who identify as having no religion.

With regard to employment status, the largest percentage of respondents are unemployed (36.0%), followed by those who are self-employed (33.3%), students (18.7%), or employed by the government (4.0%). A small percentage of respondents are employed by the private sector (2.7%), or are apprentices (4.0%).

The table also includes information on occupation, with the largest percentage of respondents in unskilled occupations (22.6%), followed by those in skilled occupations (24.7%) or professional occupations (24.7%). There is also a large percentage of respondents with no response in this category (28.0%).

Finally, the table includes data on average monthly income level, with the majority of respondents earning between 0 and 50,000 Naira (73.4%), followed by those earning between 51,000 and 100,000 Naira (24.7%). There is a small percentage of respondents earning between 101,000 and 200,000 Naira (2.7%), and no respondents earning above 500,000 Naira.

Table 2 Current illness and Medication History analysis of people with mental illness

Variables	Sub-variables	Frequency (Percentage)
Age at onset of current mental illness	<20yrs	47(9.3)
	21-40yrs	23(44%)
	40-60yrs	2(2.7%)
	No response	3(4.0%)
Duration of diagnosis of mental illness	<5 years	24 (32%)
	5-10yrs	15(20%)
	11-20yrs	7(9.3%)
	21-30yrs	1(1.3%)
	>30yrs	2(2.7%)
	No response	23(30.7%)
Duration of treatment of illness	<5 years	26(34.7)
	5-10yrs	14(18.7%)
	11-20yrs	6(8.0%)
	21-30yrs	1(1.3%)
	>30yrs	1(1.3)
	No response	27(36%)

Which medication are you on?	Olanzapine	10(13.7%)	
	Risperidone	9(11.3%)	
	B-complex	5(6.7%)	
	Chlorpromazine	5(6.7%)	
	Artane	4(9.3%)	
	Amitriptyline	1(1.3%)	
	Flutex	1(1.3%)	
	Seroxat	1(1.3%)	
	Aripiprazole	3(3.9%)	
	Tegretol	2(2.7%)	
	Propranolol	2(2.7%)	
	Haloperidol	2(2.7%)	
	Escalalopran	2(2.7%)	
	Epilium	2(2.7%)	
	Others	3(3.9%)	
	No response	3(3.9%)	
	How long have you been on this medication?		16(21.3%)
1-6 months		28(37%)	
7-12 months		19(25%)	
Above 1yrs		10(13.7%)	
No response		18(24%)	
Do you have any medical conditions?	Yes	18 (24.0%)	
	No	45(60.0%)	
	No response	5 (6.7%)	
If Yes state the illness	Hypertension	7 (9.3%)	
	Diabetics	1 (1.3%)	
	Asthma	1 (1.3%)	
	No response	56 (75.3%)	
	What Mental illness were you diagnosed with?	Anxiety disorder	16 (21.3%)
		Depression	19 (25.3%)
		BAD	12 (16.0%)
		Substance abuse	9 (12.0%)
		Sleep disorder	1 (1.3%)
		Schizophrenia	11 (14.7%)
		Personality disorder	1(1.3%)
		No response	6 (8.0%)
When was it diagnosed?	0-12months	16(21.3%)	

	Above 1yr	18(24.0%)
	No Response	41 (2.7%)
Mode of getting medication:	Self –Purchase	46 (61.3%)
	Government	16(21.3%)
	None response	13 (17.3%)

From Table 2, it can be observed that the age of onset of mental illness was the highest for respondents from 21 to 40 years which had the highest percentage of 44% representing the age level with the highest onset of mental illness; while above 60 years old had the lowest respondent representation with just 2%. The duration of diagnosis of mental illness was majorly within the last 5 years which had the highest percentage representation of 32%. The duration of treatment of mental illness was majorly within the last 5 years which had the highest percentage representation of 34.7%. and followed by others. Also, the respondents for the study were majorly on Olanzapine and Risperidone which had the highest percentage representations of 13% and 11.3% followed by other medications. Respondents who had been on medication for 1-6 months had the highest percentage representations of 37%.

The table further reveals that respondents with mental illness on medication who do not have any side effects or observed any discomfort had the highest percentage representations of 56% and those that do feel like stopping the drugs because of the side effects or discomfort had the percentage representations of 34%. Respondents with no medical condition constituted the majority of the sample with 60.0% forming this group. Mode of getting medication for the respondents was majorly those gotten by self as they had the highest percentage representations of 61.3%. The other sources of financial support for the respondents with mental illness are majorly relatives. This formed 56% of the sample. While the Domestic situation for the respondents with mental illness is those majorly living with family this formed 50.7%.

Table 3 Mental illness and Employment History

Variables	Sub-variables	Frequency (Percentage)
Duration of Employment	1yr	3(4%)
	1-5yrs	14(18.7%)
	5-10yrs	4(5.3%)
	20-30yrs	2(2.7%)
	No response	52(69.3%)
Lost Job Due To Illness	Yes	14(18.7%)
	No	28(37.3%)
	No response	33(44%)
Queried By Employer	Yes	13(17.3%)
	No	27(36%)
	No response	35(46.7%)

Table 3 presents data on the employment history of a group of individuals with mental illness. The table includes information on the length of time these individuals have been employed, whether they have lost a job due to their illness, and whether they have been queried by their employer about their illness. According to the table, the majority (69.3%) of the individuals in the group did not provide a response for the question about their length of employment. Of those who did provide a response, a small percentage (4%) have been employed for one year or less, a slightly larger percentage (18.7%) have been employed for between one and five years, a small percentage (5.3%) have been employed for between five and ten years, and a small percentage (2.7%) have been employed for between twenty and thirty years. The table also shows that a significant number of individuals in the group (18.7%) have lost a job due to their illness.

Additionally, a large percentage (17.3%) of the individuals in the group has been queried by their employer about their illness.

Overall, the results in this table suggest that individuals with mental illness may face challenges in maintaining employment and may be at risk of losing their job due to their illness. It also suggests that mental illness may be a topic of concern for some employers.

Table 4 Mental illness and Premorbid History

Variables	Sub-variables	Frequency (Percentage)
Self Before Illness	Friendly	15(20.0%)
	Sociable	11(14.7%)
	Religious	5(6.7%)
	Hardworking	11(14.7%)
	Loving	9(12%)
	Consultative	2(2.7%)
	Hostile	5(6.7%)
	Lazy	5(6.7%)
	Disrespectful	4(5.3%)
	Obedient	4(5.3%)
	No response	4(5.3%)

Table 4 presents data on the premorbid (before illness) characteristics of a group of individuals with mental illness. The table includes information on self-reported descriptions of the individuals' personalities and behaviors before they experienced a mental illness.

According to the table, the most commonly self-reported premorbid characteristics for this group of individuals were friendly (20.0%), sociable (14.7%), and hardworking (14.7%). A smaller percentage of individuals described themselves as religious (6.7%), loving (12%), or consultative (2.7%). The table also shows that a small percentage of individuals in the group self-reported premorbid characteristics that could be considered negative, such as hostile (6.7%), lazy (6.7%), disrespectful (5.3%), or obedient (5.3%). A small percentage (5.3%) did not provide a response for this question.

4. Discussion

This study determined the pattern of psychiatric presentation among a population of mentally ill patients at the Neuropsychiatric Outpatient Clinic of the University of Port Harcourt Teaching Hospital, Port Harcourt. 75 Patients with diverse psychiatric presentations were self-administered a standardized questionnaire encompassing socio-demographic parameters and other parameters of interest and selected using a random sampling technique.

The results of this study revealed that mental illness affects people of all ages. Therefore, mental disease could affect everybody on the earth. This is supported by the World Health Organization's (2022) statement that physical health cannot exist without mental health. Even people who do not have a mental illness will struggle with their mental health at some point in their lives. On the other hand, Ahmed *et al.* (2020) contend that people between the ages of 21 and 30 are more likely to experience mental illnesses. According to Degenhardt *et al.* (2019), who also confirmed that this number is approximately 1 in 7, a person has one or more mental health disorders.

According to the finding of this present study, the most common psychiatric presentation among the studied mentally ill individuals include depression 19(25.3%), followed by anxiety disorder 16(21.3%), BAD 12(16.0%), substance misuse 9(12.0%), schizophrenia 11(14.7%), sleep 1(1.3%), and personality disorder 1(1.3%). Therefore, depression is the most prevalent psychiatric presentation among the mentally ill. This is similar to the finding of Snaychuk & O'Neill

(2020) in which respondents showed high levels of depressive symptoms. This study revealed that substance misuse accounted for 12% of the psychiatric presentations among the mentally ill individuals. This corroborates the position of the 2019 study from the National Institute on Drug Abuse, which revealed that the use of psychoactive substances constitute a major cause of mental illness. Numerous mental illnesses are associated with the use of psychoactive drugs. Gobbi *et al.* (2019), for instance, found that regular cannabis use can raise the chance of developing anxiety or depression. Additionally, there is a link between cannabis use and a higher incidence of schizophrenia or psychosis (Marconi *et al.*, 2016).

This study also found out that the duration of treatment of mental illness was majorly within the last 5 years with the highest percentage representation (34.7%). This suggests that treatment of several psychiatric presentations among the mentally ill appear to be on the rise in recent times, and as such deserves more attention from all stakeholders including psychiatrists, psychologists mental health experts, government agencies and NGOs.

5. Conclusion

This study has shown that mental illness affects people of all ages. According to the study, depression is the most prevalent mental disorder among the mentally ill individuals followed by the use of substances of abuse. More medical, social and financial support should be given to the mentally ill as most of them have very high chances of developing depression. The study also found out that the duration of treatment of mental illness was majorly within the last 5 years with the highest percentage representation (34.7%). This suggests that treatment of several psychiatric presentations among the mentally ill appear to be on the rise in recent times, and as such deserves more attention from all stakeholders including psychiatrists, psychologists mental health experts, government agencies and NGOs.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors declare no conflict of interest.

Statement of ethical approval

Ethical approval was obtained from the research ethical committee of the University of Port Harcourt Teaching Hospital.

Statement of informed consent

Informed consent was obtained from participants of the study. Also, subjects who declined participating in the research were not denied their treatment care right.

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