

## Psychiatric Morbidities and Socioeconomic Background - An Evaluation from a District Level Government Hospital

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### Abstract

**Background:** Sociodemographic variations exert a profound influence on treatment-seeking behavior among mental health patients, shaping patterns of access, utilization, and engagement with mental health services. This study aimed to observe the socioeconomic presentation of patients attending district level government hospital for psychiatric treatment.

**Methods:** The medical records of patients attending the outpatient department (OPD) at Shaheed Syed Nazrul Islam Medical College in Kishoreganj, Bangladesh, between February 2023 and November 2023, were reviewed. Data on demographic details and psychiatric diagnoses were extracted from records that were complete and accessible. Patients with incomplete records were excluded. Diagnostic categorization followed the guidelines of the International Classification of Diseases, 10th Revision (ICD-10).

**Result:** This study observed cases of 521 patients, the majority of whom were aged between 20 and 40 years (60.50%). Females constitute 67.20% of the sample. Educational attainment of the sample showed that, 16.70% had no literacy, 24.80% had completed primary education, 29.94% had studied up to secondary or higher secondary level, and 28.60% hold a graduate degree or studied higher. 64.10% of the sample resided in urban areas and 53.20% were married. About half of the sample (52.40%) had a monthly income between BDT 16,000 to 30,000. “Anxiety, Stress-Related, Somatoform, and Other Nonpsychotic Mental Disorders (F40-F48)” and “Mood [Affective] Disorders (F30-F39)” accounted for majority of the cases (40.31% and 22.26% respectively). Females were more affected than males in almost all categories, however, phobic anxiety disorders (55.56%), obsessive-compulsive disorder (OCD) (52.94%), and substance abuse disorders (62.50%) were more common in men.

**Conclusion:** This study demonstrated district level presentation of patients with psychiatric morbidity and their socioeconomic diversities where anxiety, stress, and mood-related disorders were common with a female predominance. It is essential to achieve a more comprehensive representation of socioeconomic backgrounds by including participants from diverse settings beyond government district hospitals, such as private healthcare facilities, community health centers, and house-to-house visits to understand the general situation of mental health disorders in Bangladesh.

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## Introduction

Mental health care remains a marginalized healthcare concern in Bangladesh, often overlooked amidst competing priorities in the healthcare sector.<sup>1</sup> Despite significant efforts in improving overall healthcare infrastructure and access to medical services, mental health care continues to face systemic challenges and neglect.<sup>2,3</sup> According to estimates from the World Health Organization (WHO), neuropsychiatric disorders account for 11.2% of the overall disease burden in Bangladesh.<sup>4</sup> This may under-represent the current situation. Internationally, there is a substantial disparity between the demand for mental health treatment and its availability, stemming from an insufficient response to the actual burden of mental health issues, which is even more intense in low and middle income countries.<sup>5,6</sup> Stigma and misconceptions surrounding mental illness persist, leading to social marginalization and reluctance to seek treatment among affected individuals.<sup>7</sup> Limited resources, both financial and human, further exacerbate the issue, resulting in inadequate mental health services and a dearth of trained professionals.<sup>8,9</sup> Additionally, the prioritization of physical health concerns over mental well-being within healthcare policies and resource allocation perpetuates the marginalization of mental health care in low socioeconomic condition.<sup>10</sup> Integrating mental health care equitably requires understanding the sociodemographic factors influencing treatment-seeking behavior, enabling targeted interventions to reduce disparities.

### Objective

This study aimed to investigate the socioeconomic characteristics of patients seeking psychiatric treatment at a district-level government hospital. The objective was to examine the prevalence of psychiatric disorders and healthcare-seeking behavior

among individuals from diverse socioeconomic backgrounds.

## Methods

### Study Design

A retrospective cross-sectional approach was adopted to observe the distribution of disorders of mental health among individuals seeking psychiatric assessment and care at the outpatient facility of Shaheed Syed Nazrul Islam Medical College in Kishoreganj, Bangladesh. The investigation spanned a six-month duration from October 2023 to March 2024. Patient records from February 2023 to November 2023 were scrutinized to gather pertinent details on demographics (such as age, gender, and socio-economic status) and psychiatric diagnoses. Incomplete or insufficiently documented medical records were excluded from the analysis.

### Utilization of Diagnostic Guidelines

The International Classification of Diseases, 10th Revision (ICD-10) had been utilized as the standard framework for diagnosing cases [9]. Each patient's symptoms, behaviors, and medical history were meticulously assessed according to the criteria outlined in the ICD-10 guidelines. Subsequently, corresponding diagnostic codes were assigned to the patient records, ensuring a comprehensive and standardized classification system for mental health disorders.

### Data Collection and Analysis

Demographic data, clinical histories, investigation findings, diagnostic classifications, and codes were systematically recorded in a structured data collection form. The collected data were summarized in terms of frequency and percentage across general categories and subtypes of mental health disorders as per the ICD-10 classification. Statistical analysis was conducted using IBM-SPSS software version 25 (SPSS Inc, Chicago, IL, USA) to analyze the results.

## Results

Majority of the sample fall within the 20 to 40 years age group (60.50%), followed by the 19 years or less age group (23.25%). The gender distribution data reveals that females constitute 67.20% of the population. Analysis of educational attainment of the sample showed that, 16.70% had no literacy, 24.80% had completed primary education, 29.94% had studied up to secondary or higher

secondary level, and 28.60% hold a graduate degree or studied higher. In terms of residence, 64.10% resided in urban areas, while 35.90% lived in rural settings. Regarding marital status, 53.20% were married, while 46.80% were unmarried. Monthly family income distribution indicated that half of the sample (52.40%) had a monthly income between BDT 16000 and 30000

Table I: Distribution of the sample by educational attainment, religion, residence, marital state and monthly family income (N=521)

		N	%
Age	19 or less	121	23.25
	20 to 40	315	60.5%
	41-60	67	12.9%
	61 or more	18	3.5%
Gender	Male	171	32.8%
	Female	350	67.2%
Educational attainment	No literacy	87	16.7%
	Primary	129	24.8%
	Secondary or Higher secondary	156	29.94%
	Graduate or above	149	28.6%
Religion	Islam	473	90.79%
	Hindu	48	9.21%
Residence	Urban	334	64.1%
	Rural	187	35.9%
Marital state	Married	277	53.2%
	Unmarried	244	46.8%
Monthly family income	15000 or less	201	38.6%
	16000-30000	273	52.4%
	31000 or more	47	9.0%

In the Figure 1 patients were presented according to the general categories of ICD-10. Most prevalent category of mental health disorders among this set of patients observed was “Anxiety, Dissociative, Stress-Related, Somatoform, and Other Nonpsychotic Mental Disorders (F40-F48)”, accounting for 40.31% of the cases. Following this, “Mood [Affective] Disorders (F30-F39)” were the second most common, comprising 22.26% of the cases.

Table II to Table V displayed the age wise distribution of patients with various psychiatric disorders. Age group of 20 to 40 years mostly presented with generalized anxiety (60.53%), depression (66.67%), mixed anxiety and depressive disorder, PTSD (63.33%), bipolar affective disorder (77.27%), schizophrenia (75.00%), psychosis (62.5%) and borderline personality disorder (68.97%). The age group of <19 years were prevalent with ADHD (87.50%), conduct disorder (66.67%), oppositional defiant disorder (77.78%), epilepsy (66.67%), tension-type headache (100.00%), extrapyramidal and movement disorders (66.67%) and nocturnal enuresis (100.00%). Additionally, mild cognitive disorder was only prevalent in the age group of 41-60 (100.00%) and dementia was predominantly found in the age group of 61 or more (83.33%).

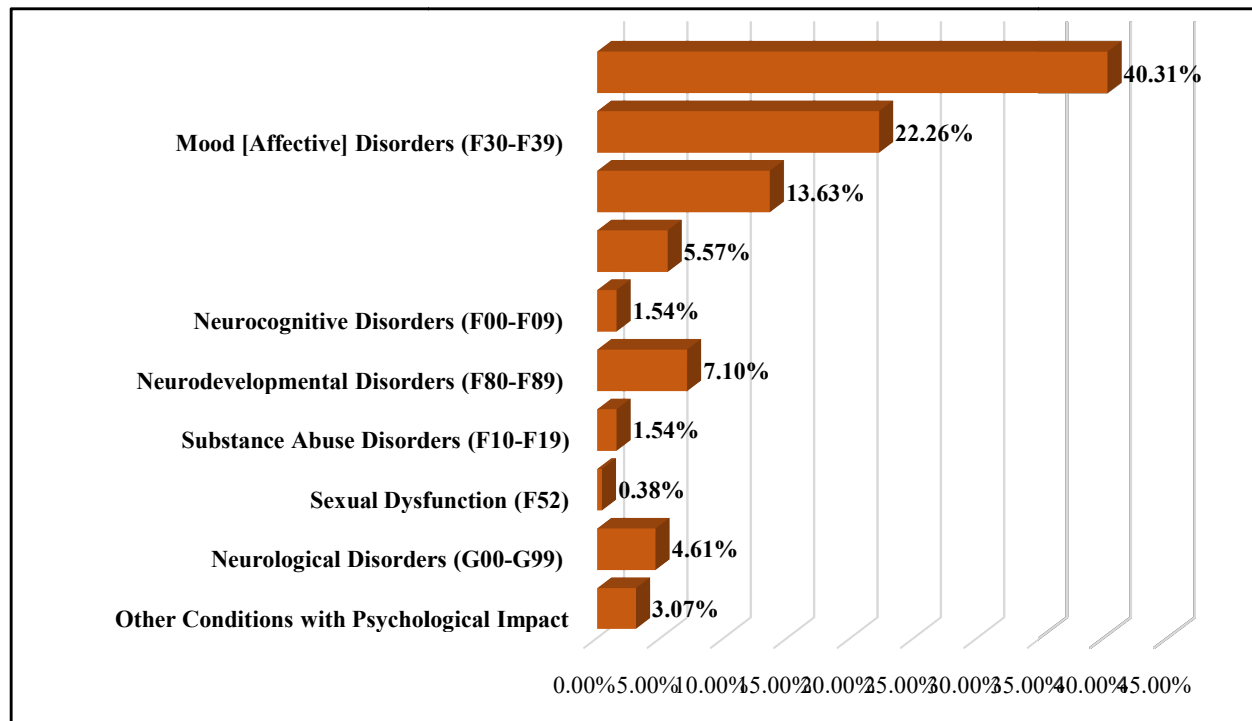


Figure 1. Distribution of the sample by ICD-10 (General Category) diagnosis of mental health disorders (N=521)

Table II: Distribution of the sample (psychiatric disorders category F40-F48) by age

Disorders	Total	19 or less	20 to 40	41-60	61 or more
	N (%)	N (%)	N (%)	N (%)	N (%)
F40: Phobic Anxiety Disorders	9 (1.73%)	1 (11.11%)	7 (77.78%)	1 (11.11%)	0 (0.00%)
F41: Generalized Anxiety Disorder	76 (14.59%)	13 (17.11%)	46 (60.53%)	15 (19.74%)	2 (2.63%)
F41.2 Mixed anxiety and depressive disorder	5 (0.96%)	1 (20.00%)	4 (80.00%)	0 (0.00%)	0 (0.00%)
F43: Reaction to Severe Stress, and Adjustment Disorders (PTSD and Adjustment Disorder)	30 (5.76%)	6 (20.00%)	19 (63.33%)	3 (10.00%)	2 (6.67%)
F43.0 Acute stress reaction	8 (1.54%)	1 (12.50%)	5 (62.50%)	1 (12.50%)	1 (12.50%)
F43.81 Prolonged grief disorder	1 (0.19%)	0 (0.00%)	1 (100.00%)	0 (0.00%)	0 (0.00%)
F44: Dissociative (Conversion) Disorders	34 (6.53%)	17 (50.00%)	17 (50.00%)	0 (0.00%)	0 (0.00%)
F45: Somatoform Disorders	43 (8.25%)	4 (9.30%)	23 (53.49%)	12 (27.91%)	4 (9.30%)
F48.0: Neurasthenia (Generalized Weakness)	4 (0.77%)	1 (25.00%)	3 (75.00%)	0 (0.00%)	0 (0.00%)

Table III: Distribution of the sample (psychiatric disorders category F20-39) by age

Disorders	Total	19 or less	20 to 40	41-60	61 or more
	N (%)	N (%)	N (%)	N (%)	N (%)
F20: Schizophrenia	28 (5.37%)	3 (10.71%)	21 (75.00%)	4 (14.29%)	0 (0.00%)
F22: Persistent Delusional Disorders	2 (0.38%)	1 (50.00%)	0 (0.00%)	1 (50.00%)	0 (0.00%)
F22.8: Pathological Jealousy	1 (0.19%)	0 (0.00%)	0 (0.00%)	1 (100.00%)	0 (0.00%)
F23: Psychosis	40 (7.68%)	9 (22.5%)	25 (62.5%)	6 (15.0%)	0 (0.00%)
2. Mood [Affective] Disorders (F30-F39) (n=116)					
F30 Manic episode	2 (0.38%)	0 (0.00%)	2 (100.00%)	0 (0.00%)	0 (0.00%)
F32: Depressive Episode	51 (9.79%)	9 (17.64%)	34 (66.67%)	10 (20.41%)	0 (0.00%)
F31: Bipolar Affective Disorder (BPD)	22 (4.22%)	0 (0.00%)	17 (77.27%)	4 (18.18%)	1 (4.55%)
F34.1: Dysthymia (Seasonal Affective Disorder)	4 (0.77%)	1 (25.00%)	2 (50.00%)	1 (25.00%)	0 (0.00%)
F39 Unspecified mood [affective] disorder	1 (0.19%)	1 (100.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)

Table IV: Distribution of the sample (psychiatric disorders category F42,F60-F69, F80-F89, F90, F10-F19, G00-G99, S06) by age

Disorders	Total	19 or less	20 to 40	41-60	61 or more
	N (%)	N (%)	N (%)	N (%)	N (%)
F42: Obsessive-Compulsive Disorder (OCD)	34 (6.53%)	4 (11.76%)	27 (79.41%)	2 (5.88%)	1 (2.94%)
F60.3: Borderline personality disorder(BPD)	29 (5.57%)	6 (20.69%)	20 (68.97%)	3 (10.34%)	0 (0.00%)
6. Neurocognitive Disorders (F00-F09) (n=8)					
F00-F03: Dementia	6 (1.15%)	0 (0.00%)	0 (0.00%)	1 (16.67%)	5 (83.33%)
F06.7: Mild Cognitive Disorder	2 (0.38%)	0 (0.00%)	0 (0.00%)	2 (100.00%)	0 (0.00%)
7. Neurodevelopmental Disorders (F80-F89) (n=37)					
F84: Autism Spectrum Disorder (ASD)	2 (0.38%)	1 (50.00%)	1 (50.00%)	0 (0.00%)	0 (0.00%)
F90: Attention-Deficit/Hyperactivity Disorder (ADHD)	8 (1.54%)	7 (87.50%)	1 (12.50%)	0 (0.00%)	0 (0.00%)
F91: Conduct Disorder	18 (3.45%)	12 (66.67%)	6 (33.33%)	0 (0.00%)	0 (0.00%)
F91.3: Oppositional Defiant Disorder	9 (1.73%)	7 (77.78%)	2 (22.22%)	0 (0.00%)	0 (0.00%)
8. F10-F19: Substance Abuse Disorders (n=8)	8 (1.54%)	3 (37.50%)	5 (62.50%)	0 (0.00%)	0 (0.00%)
9. F52: Sexual Dysfunction (n=2)	2 (0.38%)	0 (0.00%)	2 (100.00%)	0 (0.00%)	0 (0.00%)
10. Neurological Disorders (G00-G99) (n=24)					
G40: Epilepsy	3 (0.58%)	2 (66.67%)	1 (33.33%)	0 (0.00%)	0 (0.00%)
G43: Migraine	4 (0.77%)	1 (25.00%)	3 (75.00%)	0 (0.00%)	0 (0.00%)
G44.2: Tension-Type Headache	13 (2.50%)	13 (100.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
G25: Other Extrapyrimal and Movement Disorders	3 (0.58%)	2 (66.67%)	0 (0.00%)	0 (0.00%)	1 (33.33%)
S06: Head Injury	1 (0.19%)	1 (100.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)

Table V: Distribution of the sample (Other conditions with psychological impact) by age

Disorders	Total	19 or less	20 to 40	41-60	61 or more
	N (%)	N (%)	N (%)	N (%)	N (%)
11. Other Conditions with Psychological Impact (n=16)					
G47: Sleep Disorders	8 (1.54%)	2 (25.00%)	5 (62.50%)	0 (0.00%)	1 (12.50%)
F50.9: Eating Disorder (Morbid Obesity)	1 (0.19%)	0 (0.00%)	1 (100.00%)	0 (0.00%)	0 (0.00%)
F45.8: Other Somatoform Disorders (IBS)	1 (0.19%)	0 (0.00%)	1 (100.00%)	0 (0.00%)	0 (0.00%)
R32: Nocturnal Enuresis	2 (0.38%)	2 (100.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
K25-K28: Peptic Ulcer Disease (PUD)	1 (0.19%)	0 (0.00%)	1 (100.00%)	0 (0.00%)	0 (0.00%)
N39.0: Urinary Tract Infection (UTI)	2 (0.38%)	1 (50.00%)	1 (50.00%)	0 (0.00%)	0 (0.00%)
N95.1: Post-Menopausal Syndrome	1 (0.19%)	0 (0.00%)	1 (100.00%)	0 (0.00%)	0 (0.00%)

Table VI, VII, VIII reveals gender differences in the prevalence of various mental health disorders, showing that females were more affected than males in almost all categories. However, there were exceptions where males were more prevalent than females: phobic anxiety disorders (55.56%), obsessive-compulsive disorder (OCD) (52.94%), substance abuse disorders (62.50%).

Table VI: Distribution of the sample (psychiatric disorders category F40-F48) by gender

Disorders	Total	Male	Female
	N (%)	N (%)	N (%)
Anxiety, Dissociative, Stress-Related, Somatoform, and Other Nonpsychotic Mental Disorders (F40-F48) (n=210)			
F40: Phobic Anxiety Disorders	9 (1.73%)	5 (55.56%)	4 (44.44%)
F41: Generalized Anxiety Disorder	76 (14.59%)	12 (15.79%)	64 (84.21%)
F41.2 Mixed anxiety and depressive disorder	5 (0.96%)	1 (20.00%)	4 (80.00%)
F43: Reaction to Severe Stress, and Adjustment Disorders (PTSD and Adjustment Disorder)	30 (5.76%)	6 (20.0%)	24 (80.0%)
F43.0 Acute stress reaction	8 (1.54%)	1 (12.50%)	7 (87.50%)
F43.81 Prolonged grief disorder	1 (0.19%)	0 (0.00%)	1 (100.00%)
F44: Dissociative (Conversion) Disorders	34 (6.53%)	15 (44.12%)	19 (55.88%)
F45: Somatoform Disorders	43 (8.25%)	12 (27.91%)	31 (72.09%)
F48.0: Neurasthenia (Generalized Weakness)	4 (0.77%)	0 (0.00%)	4 (100.00%)

Table VII: Distribution of the sample (psychiatric disorders category F20-39) by gender

Disorders	Total	Male	Female
	N (%)	N (%)	N (%)
Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders (F20-F29) (n=71)			
F20: Schizophrenia	28 (5.37%)	14 (50.00%)	14 (50.00%)
F22: Persistent Delusional Disorders	2 (0.38%)	1 (50.00%)	1 (50.00%)
F22.8: Pathological Jealousy	1 (0.19%)	0 (0.00%)	1 (100.00%)
F23: Psychosis	40 (7.68%)	13 (32.5%)	14 (67.5%)
Mood [Affective] Disorders (F30-F39) (n=112)			
F30 Manic episode	2 (0.38%)	1 (50.00%)	1 (50.00%)
F32: Depressive Episode	51 (9.79%)	16 (31.37%)	35 (68.63%)
F31: Bipolar Affective Disorder (BPD)	22 (4.22%)	10 (45.45%)	12 (54.55%)
F34.1: Dysthymia (Seasonal Affective Disorder)	4 (0.77%)	2 (50.00%)	2 (50.00%)
F39 Unspecified mood [affective] disorder	1 (0.19%)	0 (0.00%)	1 (100.00%)



Table VIII: Distribution of the sample (psychiatric disorders category F42, F60-F69, F80-F89, F90, F10-F19, G00-G99, S06) by gender

Disorders	Total	Male	Female
	N (%)	N (%)	N (%)
F42: Obsessive-Compulsive Disorder (OCD)	34 (6.53%)	18 (52.94%)	16 (47.06%)
Schizophrenia, Schizotypal, Delusional, and Other Non-Mood Psychotic Disorders (F20-F29) (n=71)			
F20: Schizophrenia	28 (5.37%)	14 (50.00%)	14 (50.00%)
F22: Persistent Delusional Disorders	2 (0.38%)	1 (50.00%)	1 (50.00%)
F22.8: Pathological Jealousy	1 (0.19%)	0 (0.00%)	1 (100.00%)
F23: Psychosis	40 (7.68%)	13 (32.5%)	14 (67.5%)
5. Personality Disorders and Behavior Disorders (F60-F69) (n=29)			
F60.3: Borderline Personality Disorder (BPD)	29 (5.57%)	6 (20.69%)	23 (79.31%)
Neurocognitive Disorders (F00-F09) (n=8)			
F00-F03: Dementia	6 (1.15%)	2 (33.33%)	4 (66.67%)
F06.7: Mild Cognitive Disorder	2 (0.38%)	0 (0.00%)	2 (100.00%)
Neurodevelopmental Disorders (F80-F89) (n=37)			
F84: Autism Spectrum Disorder (ASD)	2 (0.38%)	1 (50.00%)	1 (50.00%)
F90: Attention-Deficit/Hyperactivity Disorder (ADHD)	8 (1.54%)	4 (50.00%)	4 (50.00%)
F91: Conduct Disorder	18 (3.45%)	6 (33.33%)	12 (66.67%)
F91.3: Oppositional Defiant Disorder	9 (1.73%)	5 (55.56%)	4 (44.44%)
F10-F19: Substance Abuse Disorders (n=8)	8 (1.54%)	5 (62.50%)	3 (37.50%)
F52: Sexual Dysfunction (n=2)	2 (0.38%)	1 (50.00%)	1 (50.00%)
10. Neurological Disorders (G00-G99) (n=24)			
G40: Epilepsy	3 (0.58%)	2 (66.67%)	1 (33.33%)
G43: Migraine	4 (0.77%)	0 (0.00%)	3 (100.00%)
G44.2: Tension-Type Headache	13 (2.50%)	2 (15.38%)	11 (84.61%)
G25: Other Extrapyrarnidal and Movement Disorders	3 (0.58%)	2 (66.67%)	1 (33.33%)
S06: Head Injury	1 (0.19%)	1 (100.00%)	0 (0.00%)



Table IX: Distribution of the sample (Other conditions with psychological impact) by gender

Disorders	Total	Male	Female
	N (%)	N (%)	N (%)
Other Conditions with Psychological Impact (n=16)			
G47: Sleep Disorders	8 (1.54%)	4 (50.00%)	4 (50.00%)
F50.9: Eating Disorder (Morbid Obesity)	1 (0.19%)	0 (0.00%)	1 (100.00%)
F45.8: Other Somatoform Disorders (IBS)	1 (0.19%)	0 (0.00%)	1 (100.00%)
R32: Nocturnal Enuresis	2 (0.38%)	0 (0.00%)	2 (100.00%)
K25-K28: Peptic Ulcer Disease (PUD)	1 (0.19%)	0 (0.00%)	1 (100.00%)
N39.0: Urinary Tract Infection (UTI)	2 (0.38%)	0 (0.00%)	2 (100.00%)
N95.1: Post-Menopausal Syndrome	1 (0.19%)	0 (0.00%)	1 (100.00%)

### Discussion

In a low-income country such as Bangladesh, it is imperative to acknowledge the multitude of challenges that individuals encounter in accessing mental health care. The diverse socioeconomic characteristics of the patients seeking mental health care underscore the profound impact of these diversities on their mental health-related concerns and overall well-being. This intricacy may elucidate why certain mental health issues receive clinical attention more frequently than others. Over the past 15 years, the utilization of outpatient and inpatient mental health services in Bangladesh has notably increased,<sup>1</sup> reflecting a growing acknowledgment and proactive approach toward mental health needs despite enduring challenges such as limited resources, stigma, and accessibility issues in low-income settings.

This study revealed a predominant age distribution among patients, with a substantial majority falling between 20 to 40 years old age group (60.50%), followed by those aged 19 years or younger (23.25%). This demographic profile underscores the significant representation of younger adults seeking mental health care services in this study setting. These findings align with other studies with a significant concentration of mental health issues among

younger age groups- a study reported that young adults aged 18-25 years had the highest prevalence of any mental illness (33.7%).<sup>2</sup> Similarly, a study in Bangladesh found that, the highest number of patients in both the OPD (53.1%) and inpatient department (61.8%) were those aged 15-30 years.<sup>1</sup> A nationwide survey in Bangladesh indicated that 42.7% of mental health patients were 18-30 years old.<sup>3</sup> In another study, 77% of the patients with mental health problems were aged between 18-37 years old.<sup>4</sup> In this study the male and females constitute 32.80% and 67.20% of the sample. In another study in Bangladesh, who evaluated indoor patients with mental health disorders showed male predominance, which they explained due to the higher male to female bed ratio and the male predominance in treatment seeking behavior in our country.<sup>5</sup> However, consistent to our study findings, several national and international researches found prevalence of mental health issues to be more prevalent in women than men.<sup>3,6</sup> Analysis of educational attainment of the sample showed that, 16.70% had no literacy, 24.80% had completed primary education, 29.94% had studied up to secondary or higher secondary level, and 28.60% hold a graduate degree or studied higher. The educational background of the respondents with mental health disorders in

this study is consistent with existing research,<sup>3,5,7</sup> yet our study revealed a notably higher proportion of individuals with graduate-level education. In terms of residence, 64.10% of the sample resided in urban areas, while 35.90% resided in rural settings. Regarding marital status, 53.20% were married, while 46.80% were unmarried. The study area has a higher proportion of urban residents, indicating potentially greater access to urban amenities and services. More than half of the sample, had a monthly income between BDT 16,000 to 30,000, suggesting a lower-middle-income group of sample. This economic situation can contribute to financial stress, which is a known factor of mental health issues.<sup>13</sup> Other studies in Bangladesh also have depicted a similar socioeconomic background seeking care from govt. mental healthcare facilities.<sup>3,7,12</sup>

In this study, the broader category of “Anxiety, Stress-Related, Somatoform, and Other Nonpsychotic Mental Disorders (F40-F48)”, accounted for majority of the cases (40.31%), followed by “Mood [Affective] Disorders (F30-F39)” (22.26%). These results reflect worldwide trends, highlighting anxiety and depressive disorders as the most commonly occurring mental health issues.<sup>14-17</sup> Though previous studies in Bangladesh found that the most common mental disorder to seek clinical attention is schizophrenia.<sup>1,5,18</sup> In another studies in Bangladesh, depressive disorders, anxiety, somatoform disorders, sleep-waking and schizophrenia was predominant.<sup>19</sup> These disparities in the prevalence and predominance of disorders among the study findings can be explained by a potential regional or methodological difference in the presentation or diagnosis of mental health conditions as well as the care seeking attitude for different mental health problems.<sup>20</sup> When assessed with subtypes of the general category of ICD-10 in regards to the age distribution of the sample, generalized

anxiety (60.53%), depression (66.67%), mixed anxiety and depressive disorder, PTSD (63.33%), somatoform disorders (27.91%), bipolar affective disorder (77.27%), schizophrenia (75.00%), psychosis (62.5%), borderline personality disorder (68.97%) predominantly affects those aged 20 to 40 years. Another study also found this age group to be highly prevalent with anxiety and depression reflect high stress due to life transition.<sup>21</sup> Disorders which were more common in the age group of less than 19 years were ADHD 87.50%, conduct disorder (66.67%), oppositional defiant disorder (77.78%), epilepsy (66.67%), tension-type headache (100.00%), extrapyramidal and movement disorders (66.67%), nocturnal enuresis (100.00%) substantiate with their commonness in this age group.<sup>22</sup> Additionally, dementia was predominantly found in the age group of 61 or more (83.33%), which also found by other studies.<sup>23</sup> This study indicates that female were more affected than male across various mental health categories, with a few exceptions where males show higher prevalence: phobic anxiety disorders (55.56%), obsessive-compulsive disorder (OCD) (52.94%), and substance abuse disorders (62.50%). Comparably, in another research, major depressive disorder, generalized anxiety disorder, somatoform disorder, and panic disorder were found to be more prevalent among females than males.<sup>12</sup> On the other hand, substance abuse and OCD are more common among men than women according to other study finding.<sup>3</sup>

### *Conclusion*

This study encompassed a primarily young to middle-aged demographic, mostly female, from a low socioeconomic background residing mainly in urban areas, with generally adequate literacy levels. The patients seeking psychiatric treatment exhibited a higher prevalence of anxiety, stress, and mood-related disorders, with females showing

higher susceptibility compared to males. Phobic anxiety, obsessive-compulsive disorder, and substance abuse disorders were notably more prevalent among male patients.

#### *Limitation*

This study predominantly comprised individuals from lower socioeconomic strata who sought treatment at a government district hospital. Consequently, the sample may not adequately represent the socioeconomic diversity and prevalence of mental disorders in the community at large.

#### *Recommendation*

To ensure a more comprehensive representation of socioeconomic backgrounds by including participants from diverse settings beyond government district hospitals, such as private healthcare facilities, community health centers, and house-to-house visits is essential.

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