The Research of Medical Science Review

Received: 17 November, 2024
Accepted: 28 December, 2024
Published: 15 January, 2025

ISSN: 3007-1208 | 3007-1216
Volume 3, Issue 1, 2025

PRESENTATION OF PSYCHOLOGICAL DISTRESS IN PSYCHIATRIC CLIENTELE IN TERTIARY CARE UNITS

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DOI: https://doi.org/10.5281/zenodo.14773965

ABSTRACT

Literature underscores the significance of addressing psychological distress in psychiatric patients in a holistic and compassionate manner as this can have a profound impact on their quality of life by influencing their overall wellbeing. The present research followed a descriptive cross sectional research design and attempted to identify the role of psychological distress on mental health and general wellbeing of psychiatric clients presented in tertiary care setups. For this purpose, 200 individuals attending tertiary care psychiatric treatment facilities were selected through purposive sampling technique. All participants were diagnosed with a clinically significant psychological disorder and were between the age of 18 and 65 years. The educational level ranged from illiteracy to post graduation. Significant variations in presentation of rates of different dimensions of psychological distress was observed. Gender was found to be a leading element behind variations in the presentation of different dimensions of psychological distress in the present sample. The findings were discussed in the light of research studies conducted in Pakistan and abroad.
Keywords: *Psychological distress, Brief symptom inventory, Psychological disorders, Tertiary care.*

INTRODUCTION

Psychological distress is usually described as an umbrella term referring to a range of psychological states from subclinical conditions to clinical disorders like PTSD, obsessive compulsive or depressive disorders. Psychological distress is often linked with a broad range of adverse physical and psychological health outcomes (Shutta et al., 2021). Diagnostic and Statistical Manual of Mental disorders defines psychologial distress as undifferentiated set of symptoms which may get reflected in functional impairments, behavioral problems, personality traits and symptoms of rather more defined psychopathologies like anxiety and depression (Battle, 2013). Sometimes its is also described as a transient condition associated with specific contexts and stressors characterized by a range of physical and psychological symptoms (Horwitz et al., 2007).

Psychological distress is not an uncommon phenomena as the prevalence rate in general population is reported to as high as 27 percent (Belay et al., 2021) which elevated to as high as 79.6% in some countries during COVID-19 (Collie et al., 2020). The number of people suffering from psychological disorders increases every year which has drastically inflated after covid-19 pandemic with depressive and anxiety disorders listed as two most common psychological disorders globally (Charlson et al, 2019). In Pakistan twenty-million or more individuals are diagnosed with a psychiatric disorder which makes up ten percent of the entire population (Nisar et al, 2019). The prevalence of psychiatric disorders is on rise in Pakistan, a recent nationwide survey revealed that the current and life time morbidity of psychiatric problems is 37.91 percent with neurotic and stress related disorders having a prevalence rate of 24.81 percent (Rehman et al., 2024).

Psychological distress can lead to psychological disorders, can be an associated feature and sometimes it is an outcome of psychological disorders (Faiza & Malik, 2018; Necho et al., 2021). There are multiple factors that serve as significant risk factor leading to psychological distress. The common reasons that most often lead to psychological distress are prolonged emotional or psychological stress, high work load and or work related stress, poor living conditions, lower education, younger age, lack of social support (Mehnert & Koch, 2008; Wong et al., 2016), financial burdens, various forms of social pressures, psychological disorders and natural disasters (Beaglehole et al., 2018).

Psychological distress in individuals suffering from psychiatric disorders is a complex and multifaceted issue that requires careful consideration and understanding (Iasevoli et al., 2021). Individuals with history of psychiatric disorders often experience a range of emotional, cognitive, and behavioral symptoms that can significantly impact their overall well-being and quality of life (Gadit, 2005).

One of the primary factors contributing to the development of psychological distress in psychiatric patients is the presence of mental health disorders such as anxiety, depression, schizophrenia, bipolar affective disorder and post-traumatic stress disorder which all include distress as a common feature (Kroenke,2003; Lee et al.,2018). These conditions can manifest in a variety of ways, including persistent feelings of sadness, worry, fear, hallucinations, delusions, and intrusive memories of traumatic events. The symptoms associated with these disorders can be debilitating and overwhelming, leading to significant distress and impairment in daily functioning (Compen et al.,2018).

In addition to the symptoms of mental health disorders, psychiatric patients may also experience social isolation, stigma, discrimination, and lack of social support, which can further exacerbate their psychological distress. The stigma surrounding mental illness can lead to feelings of shame, guilt, and self-blame, making it difficult for patients to seek help and support from others. Social isolation can also contribute to feelings of loneliness, hopelessness, and despair, further worsening the patient's mental health.

Furthermore, the experience of psychological distress in psychiatric patients can have a profound impact on their overall mental health and well-being (Lee et al.,2018). Untreated psychological distress can lead to a worsening of symptoms, increased risk of self-harm or suicide, and decreased quality of life (Mehnert & Koch, 2008). Patients may also experience difficulties in maintaining relationships, holding down a job, and engaging in daily activities, further contributing to their distress and sense of helplessness (Hamer, 2009).

It is essential to address psychological distress in psychiatric patients in a holistic and compassionate manner. This includes providing comprehensive mental health assessments, individualized treatment plans, psychotherapy, medication management, social support services, and access to community resources. It is crucial for healthcare providers to approach patients with empathy, understanding, and respect, creating a safe and supportive environment for them to express their feelings and concerns.These can be achieved by developing contextual understanding in the developmental and expression of psychological distress in different cultural backgrounds. As various personal, religious and cultural factors play an instrumental role in defining an individual's expression of psychological distress, its presentation and perception of this phenomena (Cai et al., 2020). Other than cultural context, gender is another contextual factor which leads to variations in psychological distress.

Literature at large has revealed significant variation in prevalence and symptom manifestation of psychological distress across gender (Mommersteeg et al., 2024). Psychosocial distress is seen to be more

commonly expressed by women than men, there can be multiple reasons for it ranging from physiological, biological to sociocultural attributes (Idowu et al., 2022).
Pakistan is a developing country struggling with a plethora of struggles resulted in appalling increase in psychological distress and disorders in in the country (Husain, 2018; Khalily, 2011). These attributional factors include a broad range factors including but not restricted to political unrest, financial struggles, persistent waves of violence and rapid changes in socio cultural fabric of the country (Gadit, 2005; Khalily, 2011).
The present study explored various aspects of psychological distress in psychiatric patients and to investigate the role of gender contributing to any differences associated with symptomology of psychological distress.

Materials and Method
A descriptive cross sectional research design was employed to study the main objectives. The study sample comprised 200 participants selected through non-probability purposive sampling method. The participants were between the age range of 18 and 65 years and seeking psychiatric services for various psychological disorders from different public hospitals of Lahore.
Instruments- Following measure along with a detailed demographic questionnaire were used to assess the participants of the present study.
Brief Symptom Inventory **-** was a 53 items instrument developed to measure the psychological distress across nine different symptom dimensions namely depression, somatization, anxiety, obsession-compulsion, hostility, interpersonal sensitivity, phobic anxiety, psychoticism and paranoid ideation. Brief symptoms inventory is frequently used by a majority of mental health professionals to record various forms of psychological distress. It is reported to have satisfactory to high psychometric features with values ranging from .71 to .98 (Derogatis & Melisaratos, 1983; Parvaneh et al., 2010) The Urdu version of BSI was employed in the present study as the study sample had difficulty comprehending English language.

Procedure
After seeking necessary approvals from the concerned ethical and research review boards, the study was initiated according to the approved protocol. Permission to record data was taken from the concerned and relevant authorities and informed consent was obtained from all participants individually. The participants were approached through clinical psychologists and or psychiatrists working at various health facilities offering management and treatment services to individuals suffering from psychological disorders. Only those participants were approached directly who were diagnosed with a psychological disorder and only have had one or two sessions with clinical psychologist or psychiatrist. The participants were given details about the study objectives, their rights as study participants and details of confidentiality procedures. After seeking consent of the participants, they were requested to individually fill the demographic form and brief symptom inventory Urdu version. Both instruments were typed written in Urdu language. The participants were thanked for their cooperation and participation.

Results
All the data sets were coded and analyzed through SPSS, both descriptive and inferential statistical analyses were carried out to systematically evaluate the research data. The mean age of the sample was calculated to be 29.98 (*SD*= 17.09) years. The participants of the present study were seeking mental health services and were diagnosed patients of specific psychological disorders. Anxiety disorders were observed to be the most common diagnosis in participants (*n*= 79; 39.5 %), followed by depression (*n*= 51; 25.5 %), neurological functional disorder (*n*= 31; 15.5%), obsessive compulsive disorder (*n*= 22; 11 %), phobias (*n*= 12; 6 %) and schizophrenia and related disorders (*n* = 5; 2.5 %).

Table 1
Demographic Characteristics of the Sample

Variables	*Frequency*	*Percentage (%)*
Gender		
Male	116	58 %
female	84	42 %
Family system		
Nuclear	40	20 %
Joint	160	80 %
Education		
None	30	15 %
Uptil Matric	96	48 %
Intermediate	42	21 %
Graduation	20	10 %
Postgraduation	12	6 %

In the present sample, men (*n*= 116) outnumbered women. A large majority (48 percent) of the sample attained education till 10th grade and a small number completed education till postgraduation (6 percent). Moreover, almost 42 percent of the participant reported their monthly income be lower than 50 thousand per month.

Table 2
Participant's Score Composition on Distress Dimensions

	Frequency	*Percentage (%)*
Depression	50	25 %
Anxiety	80	40 %
Obsession-Compulsion	18	9 %
Psychoticism	8	4 %
Somatization	26	13 %
Hostility	18	9 %

Table 2 represents score composition of the participants on various dimensions of psychological distress across subscales of brief symptom inventory. A significant majority of the sample scored highest on anxiety dimension (40 percent) and lowest on psychoticism (4 percent). In general, almost 63 percent of the sample observed to have scores above the cutoff point revealing significant levels of psychological distress. The gender distribution across all subscales revealed an interesting pattern, for instance, on depression more men (18 %) scored above the cutoff than women (7%). On anxiety subscale however, more women (27 %) scored above cutoff point than men (13%). There were women (6%) getting significant score on obsessive compulsive subscale then men (3%), however, more men (3%) than women (1%) scored higher on psychoticism. On somatization, more women (9%) scored above the cutoff point and men (4%), however, more men (7%) scored above the cutoff point on hostility subscale than women (2%).

Discussion

Psychological distress is one of the primary phenomena affecting the general mental health and well being of individuals. This is a significant clinical phenomena affecting both clinical and non-clinical populations (Necho et al., 2021). Psychological distress in psychiatric patients is a significant issue that requires careful consideration. By understanding the factors contributing to distress, the impact it has on mental health, and the importance of addressing these issues in a holistic and compassionate manner, healthcare providers can help improve the overall well-being and quality of life of psychiatric patients (Ritsner et al., 2002). It is essential to prioritize mental health care and support for individuals experiencing psychological distress to ensure they receive the help and resources they need to recover and prevent the relapse. Regardless of the

importance of psychological distress for psychiatric population, this has long been neglected (Ritsner et al., 2002).
The present study only presents the preliminary findings on psychological distress among individuals with known history of psychiatric disorders. Anxiety was the psychological problem observed to be the diagnosed to majority of the participants in present study and schizophrenia was the diagnosis of the small number of participants. This trend aligned to the general prevalence trend reported in clinical population in Pakistan and abroad (Alam et al., 2024; Greene et al., 2021; Rahman et al., 2022).
Majority of the participants scored above the cutoff point on anxiety and depression dimension which aligned well with the findings of the previous researches (Yang et al.,2021). One possibility of having this trend might be that both anxiety and depression have symptom overlap with psychological distress (Arvidsdotter et al., 2016), and another reason might be that anxiety and depression both are amongst the most ommonly observed psychotic disorders in both general population and clinical cohorts having the striking impact on the global burden of disease (Yang et al., 2021) as is described in the literature that depression is one of the most common mental disorders which affects more than 250 million people and is likely to become the leading disorder by 2030 (Bimerew et al., 2024), whereas, anxiety is reported to have affected 4.05 % of world population (Javaid et al., 2023) or 45.82 million incident cases recorded till 2019 (Yang etal.,2021).
Gender differences presented a mixed picture as both men and women have had higher frequency on same number of distress dimensions that is three which differed from the trend presented in previous researches indicating higher prevalence of psychological disorders in women (Alam et al., 2024; Salk et al., 2017). However, a close look on results clearly revealed that the distress dimensions based on the clinical conditions were more prevalent in women compared to men. Women had higher prevalence of anxiety, obsession and compulsion and somatization, these are the psychological states indicating higher levels of distress and emotional repression which many at times reported to be significantly higher in women (Li et al,2023; Silverstein, 2002). Literature generally describes women to be higher on somatic disorders (Bener et al.,2018; Delisle, 2012) and somatic symptoms of even non-somatic disorders (Singh et al.,2022). This trend is further supported by the findings of the present study, one possibility of the results might be that women generally are easily accepted when they report somatic problems, other reasons given in the literature are changes in appetite and nutrients consumed, neurotransmitters and cultural factors (Singh et al.,2022) Men on the other hand, showed higher frequency of depression, psychoticism and hostility which was observed to be higher in men even in previous studies. Possible reasons might be that the women particularly in low and middle income countries are more vulnerable to domestic and social violence, social, economic repression and injustice, less access to healthcare facilities and lower education, all these factors make women more susceptible to psychological distress and more specifically psychological disorders (Shawon et al., 2024). Gender differences in the expression of psychological distress and disorders can also be attributed to different psychosocial experiences men and women have from varying temperament, stereotypical gender roles, biological differences, socialization and cultural expectations (Singh et al., 2022; Verdonk et al., 2005).
This study provides the findings based on the initial exploration of psychological distress experienced by clinical clientele approached mainly in the psychiatric departments of the public hospitals of Lahore. It would have been interesting to take a more heterogenous sample based on the socioeconomic and other differing characteristics to make cross group comparisons. Another limitation was that the study instrument was a self report measure which might have involved response biases usually involved in self report measures. A relatively large and diverse clinical sample might be useful to enhance the findings and would have added to the richness of the study. Despite these limitations, the present study still provided with some valuable information that can be of good practical use for mental health professionals understanding their clientele and conceptualized more effective management plan considering their individualistic needs.

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Conclusions:

Psychological distress is a pertinent variable directly affecting overall well-being of individuals particularly those who are already more vulnerable. Assessing and monitoring the psychological distress of psychiatric clientele can be important to improve their prognosis and enhance treatment outcomes.

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